Beckedge Limited

The Byars Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 20 and 22 September 2016 and was unannounced. The Byars Nursing Home provides accommodation and personal care for up to 30 older people, including people with dementia. On the day of our inspection 30 people were using the service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run. People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm.

People were supported by a team of staff who were skilled and given on-going training and opportunities to develop. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People received ongoing healthcare support from a range of external healthcare professionals and people's health and nutrition were effectively monitored and responded to in line with nationally recognised practice. The registered manager took a pro-active approach to ensuring people who lived with a dementia related illness received care based on best practice.

People were supported with care and compassion and there was an ethos of care which was person-centred, valuing people as individuals. People received a personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them from the moment they moved into the service.

The service was committed to ensuring strong links with the community and placed a strong emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities. Complaints were taken seriously, thoroughly investigated and lessons learnt from them.

The service was managed by an experienced, knowledgeable and motivated registered manager who worked in partnership with other organisations to develop new and best practice. There was a strong commitment to deliver a high standard of personalised care and continued improvement based on the views of people who used the service and the enhancement of their lives.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People were provided with information which would ensure they could recognise if they were unsafe.

People received their medicines as prescribed and medicines were managed safely. There were robust systems in place to ensure people risks in relation to the environment were minimised.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Outstanding

The service was exceptionally effective.

People were supported by a team of staff who were skilled in meeting people's needs and received on-going training and development to enable them to deliver the most effective service.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People received ongoing healthcare support from a range of external healthcare professionals and staff used innovative ways of supporting people to eat enough. People's health and nutrition were effectively monitored and responded to in line with nationally recognised practice and the registered manager took a pro-active approach to ensuring people who lived with a dementia related illness received care based on best practice.

Is the service caring?

Outstanding

The service was exceptionally caring

People who used the service and their relatives consistently said staff supported them with care and compassion and got to know people exceptionally well. Positive relationships were cultivated between people who used the service, their relatives and staff and this resulted in people being valued and an ethos of care which was person-centred, valuing people as individuals.

People could express their views and make decisions, which staff acted on and people's rights to privacy and dignity were valued.

People receiving end of life care were treated love and compassion, as were their relatives and those that mattered to them.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

People received a personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them from the moment they moved into the service.

The service was committed to ensuring strong links with the community and placed a strong emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

People felt they could raise concerns and complaints were taken seriously, investigated and lessons learned to develop the service in a positive way.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

A clear ethos, which promoted mental and physical wellbeing, was clearly embedded throughout the home with a strong commitment to deliver a high standard of personalised care and continued improvement.

New and innovative ways of further enhancing people's lives were continually being explored and the registered manager worked with other organisations to promote and embed best and new practice.

People, relatives and staff felt their views were listened to and there was a strong positive culture throughout the service. Robust quality assurance systems were in place which took into

account people's views and experiences.

The Byars 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 was 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 20 and 22 September 2016 and was unannounced. The inspection was carried out by two inspectors, an inspection manager and a specialist advisor who was a qualified nurse and specialised in end of life care.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted social and healthcare professionals who visited the service, and commissioners who fund the care for some people using the service, and asked them for their views. 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.

During the visit we spoke with seven people who lived at the service and the relatives of three people. We also spoke with four members of care staff, a member of the social care staff, the cook, maintenance staff and members of the management team which included a nurse, service manager for social care, the company director and the registered manager. We observed care and support in communal areas including lunch being served. We looked at the care records of five people who used the service. We also saw a range of records which related to the running of the service, which included staff training records and records of internal audits carried out.

A high number of people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like and so we undertook observations of care and support being given. We also 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.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse and avoidable harm. People we spoke with told us they felt safe in the service. One person told us, "I can talk to staff if I am worried about anything and they make me feel better." Another person told us, "I feel completely safe here. I have lots of people (staff) coming in." One relative told us, "[Relation] is safe and well looked after." Another relative told us, "Staff are so kind, they make sure things are okay." We saw a relative had completed a recent survey and commented, 'I always felt my [relations] were treated with respect and dignity, that their needs were met and above all else they were safe.'

We saw that during meetings held for people who used the service there were regular discussions held about the categories of abuse so that people could recognise if there were any concerns they should raise. During the most recent meeting we saw people had made comments about their safety. One person had said, 'I would tell my friend if I was concerned about anything. Failing that I would speak with a senior member of staff. I have known some of them for a long time now and they would put things right.' Another person had said, 'I have faith in staff here, if there was anything untoward I know I could talk with someone.' There was information displayed throughout the service, including in people's bedrooms, informing people of how to raise concerns if they suspected a person was at risk of harm.

People were supported by staff who recognised the signs of potential abuse and knew how to minimise the risk of people who used the service coming to harm. In recognition of 'World elder abuse awareness day' the registered manager had implemented a programme of focused training themed upon elder abuse to raise knowledge and ensure people who used the service and staff would recognise and react to any indication of abuse. We saw staff received regular training and guidance in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and how to escalate concerns to the registered manager or to external organisations including the local authority, who lead on any safeguarding concerns. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. The registered manager had implemented a 'Stages in raising and escalating concerns pathway' which provided detailed guidance for staff. We spoke with a nurse about this who described how the pathway was explained to staff each year as a recap during safeguarding training. The nurse delivered safeguarding refresher training to staff and told us how they used case studies to provide staff with examples about safeguarding, and how they should respond as well as the consequences of them not providing people with safe care.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Staff we spoke with told us that the registered manager had undertaken checks to ensure they were suitable to work in the service prior to them commencing employment. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

We saw from the staff files we viewed that there were some areas of improvement needed to ensure there

was a thorough audit trail of discussions held with staff where there were discrepancies on their application form. The registered manager was very receptive and responsive to our comments and took steps to make the improvements. They also described how this would be incorporated into their lessons learnt log and would be used to inform their future practice.

Risks to individuals were thoroughly assessed and extensive information and control measures were put in place for staff to follow. These maximised people's opportunities for independence whilst minimising the risks they faced. For example one person was at high risk of falls and had fallen prior to moving into the service. There was an extensive plan in place which detailed the risks and how this linked to aspects of the person's health needs. This included considering what support the person required to be able to access the garden and to maintain their independence with their mobility as they wished. There were clear actions detailed how to reduce the risk of falls and any near misses which took into account the person's history, medicines taken and their physical condition. This had resulted in the reduction of falls the person had sustained compared to the number they had prior to moving into the service. In fact the person had only sustained one fall since admission, which was a considerable reduction whilst they were still maintaining their independence. Following the fall that did occur an assessment was undertaken to see how this had occurred and if there were any improvements that could be made to the person's support which would further reduce the risk of a further fall.

People were living in a safe, well maintained environment. People described how well the service was maintained and our observations supported what we had been told. There were systems in place to ensure any maintenance needed was responded to promptly and to ensure routine checks were made to confirm the environment and equipment used were safe. The main garden area had been designed to support people with cognitive or mobility impairment to access safely on their own if they wished, and this was maintained on a regular basis. One relative told us, "The environment is really good. [Relation] can walk around the gardens safely if they want to."

The provider told us in their PIR that they ensured the safety of the service in a number of ways. These included making the appropriate provision adjustments to meet presenting need, robust maintenance systems and using equipment correctly, in line with statutory requirements. We spoke with staff employed to carry out maintenance in the service and they told us that first and foremost their job was to ensure everywhere was safe. They described the registered manager as being passionate about safety stating, "They (registered manager) will always ask me if something is safe." The maintenance person described a routine of weekly and monthly safety checks and when we looked at the records of these checks they were well detailed and up to date. There was a 'maintenance post box' in the reception of the service so that people who used the service, their relatives and staff could report any maintenance issues which required attention. Any new maintenance request was put on to a fault report sheet and maintenance staff prioritised the repairs with regard to safety and urgency.

People received the care and support they needed in a timely way. One person we spoke with told us, "They (staff) usually come in a short period of time." A relative told us, "There are enough staff. I have never seen anyone who has been left needing help." We observed during our inspection that there were always a number of staff available when people needed help, support or simply a member of staff to chat with.

The company director told us that staffing levels were assessed on a daily basis by the registered manager. They said checks were made to ensure there were adequate numbers of staff on duty by speaking with staff and assessing people's health needs. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service. One member of staff told us, "There are definitely enough staff, we have never struggled. We have time to sit with people and motivate them, they love it." A nurse told us, "On

the whole I do think we have enough staff and we have been recruiting."

People we spoke with told us that staff gave them their medicines when they were supposed to and relatives said they were happy with the way staff managed their relations' medicines. One person told us, "I have lots of pills, and one of the nurses brings them to me."

We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols and records showed that the registered manager looked at ways of continually improving their medicines systems. We saw she had requested an amendment to the medicines administration records to ensure staff were working within the National Institute for Health and Care Excellence (NICE) guidance, aimed at improving health and social care. Each nurse who administered people's medicines had undergone an observed competency assessment. These were undertaken annually and as well as observing the nurse throughout an administration process they included the nurse's reflection on their practice. Records showed that nurses had commented this had been a positive experience and had provided them with an opportunity to reflect on their practice.

Care staff who were required to act as a witness to the administration of certain medicines also underwent a competency assessment. This was to ensure they understood the procedures to be followed and their responsibilities when witnessing the administration. Care staff were also assessed for their competency in applying any creams and ointments. These competency assessments were also undertaken annually. Robust audits were carried out by the nursing staff and registered manager to ensure medicines were stored, managed and administered safely.

Outstanding ☆

Is the service effective?

Our findings

People were supported by staff who were trained, given opportunities to development and to achieve qualifications. People who used the service and relatives we spoke with consistently praised the skills of staff working in the service. One person told us, "Staff are good at what they do and are trained to do this." A relative we spoke with told us they felt the staff were well trained and said, "They are good at their job." We saw a relative had written in a recent survey, 'The strength of The Byars lies in the staff it employs; they are always so pleasant and welcoming to me when I visit and one cannot help but be impressed by the compassion, dignity and respect they show to residents, they are good professional carers.' People who used the service and their relatives were given a regular update on staff development via a newsletter which was circulated. Each newsletter gave an update of what certified training individual staff had achieved, along with any staff who had achieved qualifications such as a diploma in health and social care.

When staff started working in the service they commenced an induction to ensure they developed the skills and knowledge needed to support people safely. Staff enrolled on the care certificate which is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. One member of staff we spoke with had been working in the service for several months and described their initial induction, which had included an orientation into practice used at the service. They told us, "The training is brilliant. If I don't know something I have had 100 % support." An established member of staff commented on the quality of the induction new staff received and told us, "I can tell when someone new has done the induction by the way they work."

The provider told us in their PIR that they ensured the service was effective in relation to making sure staff had the appropriate skills and knowledge through their commitment to a workforce plan, which encouraged staff to develop and promote good practice. Staff we spoke with praised the training they were provided with and told us they felt this was appropriate in helping them develop the skills and knowledge they needed to support the people who used the service. One member of staff told us, "I have been given a terrific amount of training." Care staff told us they were constantly provided with training updates and were encouraged and supported to undertake external training, including professional qualifications. We saw records which showed that staff had been given training in various aspects of care delivery and also in relation to the individual needs of people. For example staff received training in how to support people who lived with a dementia related illness and accredited training for the assessment, prevention and management of people who had episodes of confusion and could behave unpredictably. Throughout our inspection we saw this training had a positive impact on the way staff supported people who lived with a dementia related illness and sometimes communicated through their behaviour.

The nurses employed in the service were given support to keep up to date with and develop their clinical practice. A senior nurse we spoke with described a number of specialist and clinical skills training opportunities they had capitalised on such as a dementia care matters training course. This is an external programme run by a leading dementia care and culture change training organisation. The registered manager had included the senior nurse in the participation of the National Prevalence Measurement of Quality of Care (LPZ) which is an annual, independent measurement of care quality in the healthcare sector.

As a result of this systems had been implemented in the service to improve the analysis of pressure area care, continence, malnutrition, dehydration and falls. This had led to improvements being made to the care people received in these areas of need. One member of the care staff had been empowered and supported to have a break from their employment and had completed their nursing training and returned to the service as a registered nurse.

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 were supported to make decisions and choose what they did on a day to day basis. People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit and we observed staff gave people information to enable them to make an informed choice. On one occasion a person was unsure about taking part in an activity and the staff member kindly said, "The last time you did this you enjoyed it." We saw one person had commented at a recent meeting held for people who used the service, 'I like the fact there is not set routine. The staff let me set my own pace and work around me.' We saw a relative had written to the registered manager and commented, 'The consequences of decisions were always clearly communicated to [relation] and then [relation] was listened to as [relation] made their own choice and this choice was always respected.'

People were supported by staff who had a good knowledge and understanding of the MCA and how to apply the principles of the act to people's care and support. People's support plans contained clear information about the level of capacity people had to make their own decisions and where they may need support. The registered manager was proactive in advance planning for people who had capacity at certain times, known as fluctuating capacity. There was a data sheet in the care plans we looked at for three people, which was made up of information gathered when people who had fluctuating capacity were able to indicate their preferences and from discussions with their significant others. This was used as a benchmark for the times when the person did not have capacity to express their wishes. We saw that detailed assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. For example one person was declining their medicines and the registered manager had assessed the person's capacity to see if they understood the risks of not taking their medicines. The assessment detailed that the most suitable environment for the conversation and the best time of day had been considered. The person had been assessed as not having the capacity and so a best interests decision meeting had been held with a multi-disciplinary team, including the person's family and GP where a decision was reached and recorded.

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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had assessed people who used the service that lacked the capacity to make certain decisions to identify if a DoLS application needed to be made and doing so when it was required. The registered manager was proactive in seeking advice from the granting authority and following up progress on applications that had been made. We saw there was an up to date DoLS authorisation in place for one

person and they were being supported in line with the directives in the authorisation.

People with a dementia related illness who sometimes communicated through their behaviour were supported by a team of staff who recognised each individual's potential and the benefits of strategies to achieve positive outcomes. This resulted in people being able to express themselves and have their needs met without experiencing the stress and frustration that led to certain behaviours. Staff received training as part of the Dementia Care Matters incentive which is a leading dementia care, culture change training organisation. We saw this had a significant impact on the support people who lived with a dementia related illness received and brought about a reduction in people communicating through their behaviour. We saw one relative had written to the registered manager describing how their relation had needed to move homes several times due to their challenging behaviour and complex needs. The relative went on to say, 'Once [relation] arrived (at The Byars Nursing Home) we knew we had found a place that was going to be proactive in managing [relation]'s needs and behaviours.'

The registered manager applied dementia care mapping, which is an established approach to achieving and embedding person-centred care for people with dementia run by the University of Bradford. She told us the mapping was triggered due to various reasons, such as an admission to the service or the support planned for a person not being effective. We saw this involved well-being assessments and details of how this had been recently been used for one person who lived with a dementia related illness. Records for this person provided evidence that the registered manager had implemented extensive care planning and strategies which staff then used to work with the person to explore different strategies to reduce certain aspects of their behaviour and promote the person's wellbeing. This had included evaluating each strategy and working with the community phycology nurse to establish the most effective ways of working with the person. We saw this had a positive effect on the person and records showed that they were much more settled and less anxious than they had been prior to admission. This had a positive impact on the person's emotional wellbeing and medicines which had been needed for unpredictable outbursts prior to them moving into the service were no longer needed. We observed an example of where the strategies were used on the day we visited and saw they were effective in avoiding the person becoming distressed and instead resulting in a positive experience.

Another person had significant behavioural incidents prior to moving into the Byars Nursing Home and we saw staff had worked hard with this person to reduce these incidents, exploring strategies until the most effective had been identified. We observed the person on both days we visited and saw staff working with the person to avoid any potential for incidents using different distraction techniques, linked with the person's hobbies. Throughout our two day visit the person looked calm, content and happy. They responded positively to the techniques staff were using. The relative of another person described the positive ways their relation had been supported with their behaviour. They described their experience saying that the service their relation had been in prior to moving into The Byars had told them they needed to find a home for a person who was 'challenging and rude'. They described how since moving into The Byars staff had worked hard to get to know their relation and had put strategies in place to prevent behaviour which may challenge others . They told us, "They are dealing with things before they escalate, going out of their way to work with [relation]. Supporting [relation] to make decisions so [relation] can make choices and feel in control."

People were provided with whatever support they needed to eat and drink well. One person who used the service told us, "There is some food I don't like but there are alternatives." A relative told us, "[Relation] likes the home cooking." Staff we spoke with told us they felt people were supported to eat and drink the amount they needed to promote and maintain their well being. One member of staff told us, "The food choices are brilliant and people have as much to drink as they want. There are plenty of snacks and they (people who

use the service) can have what they want to eat." We saw during a recent meeting held for people who used the service that one person had commented, 'The food is amazing. There is such a choice, it is like a hotel.'

Innovative methods were used to tantalise people's appetite, capture an interest in food and boost their nutritional intake. On the day we visited we saw a member of staff dress up as an ice cream vendor, with a uniform which people who used the service would recognise from their era. The staff member took round the ice cream cart loaded with ice cream and toppings to tempt people to have a snack. We observed this was well received and people sat and enjoyed their ice cream which provided them with additional nutrients and calories. The cook told us this was a weekly event and said there was a different themed event each day including 'chocolate Monday' and 'ice cream Tuesday'. Throughout our discussions with the cook they demonstrated their skills and enthusiasm in providing each person with a diet in a way that suited them, that they enjoyed and contributed to their overall wellbeing. One person had said at a recent meeting held for people who used the service, 'I love the ice cream day and fairy cake Fridays. We always seem to be having something special.' People spoke of the 'fish and chip suppers' which occurred once a week and involved a mobile fish and chip van visiting the service.

The registered manager recognised the value of implementing pilots and projects in relation to nutrition and hydration. Information about a 'water and healthy aging' hydration best practice toolkit was detailed in the newsletter circulated to people who used the service, and there were leaflets promoting these initiative throughout the service. We observed people had continual access to drinks in communal areas and their bedrooms which we observed staff prompting them with on a frequent basis.

People's nutritional needs were assessed regularly and there was extensive information in support plans detailing people's nutritional preferences and needs. The care plans of three people showed they were nutritionally at risk and we saw detailed plans had been put in place to guide staff in how to support them to gain weight and to prevent further weight loss. This included advice sought from a dietician, increased frequency of weight assessment and adding extra calories to food. We saw this had been effective with all three people gaining some weight since admission to the service. Staff told us they felt people were supported with nutrition and one member of staff described how people had their own snack boxes of their preferred snacks in their rooms and a cheeseboard was available when anyone wanted this. The senior nurse we spoke with told us that people were supported with their nutrition and said, "Staff go round with snacks on a regular basis."

A proactive approach to healthcare needs was used to support people with health issues. From the point of admission to the service people were assessed in relation to their health needs so that care plans could be implemented to ensure they received the monitoring and support they needed. People had their health needs assessed by the GP used by the service within five days of admission; along with a review of the medication they were prescribed. The registered provider told us in their PIR that they then ensured effective healthcare by monitoring clinical health indicators and responding to changes with evidence based support and intervention. We saw this included planning people's care based not only on people's current health but also preparing for the risk of health decline, and how their support may need to change to reflect this.

People's health and wellbeing was then closely monitored. A monthly clinical profile identified any interventions that had taken place for each person, such as whether they had been given any new medicines, had a GP visit or contact with the out of hours service. This also identified if the person was facing any risk to their health and wellbeing, such as the risk of tissue damage or weight loss. Where people had health care conditions there were comprehensive care plans in place. For example one person had diabetes and there was an in-depth assessment of how the condition affected the individual, what risks were presented and what measures were needed to keep the person's blood sugars stable and minimise

any complications to their health.

People told us they could access the GP if they needed to and that they were supported to see the dentist, chiropodist and optician. Records confirmed what people had told us and we saw the registered manager had worked to create relationships with key people from a variety of health support organisations. There was a booklet in people's bedrooms with details of the link person from each of the external professional health organisations who visited the service regularly, such as the dentist, optician and chiropodist. The information was written in larger print and included a photograph of each health professional to support people with recognition when they had an appointment.

The provider told us in their PIR that they facilitated prompt referrals to the enhanced health services when indicated through clinical health indicators. We found evidence to show this was the case and staff sought advice from external professionals when people's physical and mental health changed. Relationships with a local GP practice had been established and there was a designated GP linked to the service who made routine visits to check on the healthcare of people. We spoke with this GP and they told us that staff were quick to identify any decline or signs of possible decline in people's health. They told us staff were 'on the ball' and if anything was requested, such as samples requiring analysis being obtained, this was done.

Outstanding ☆

Is the service caring?

Our findings

The provider told us in the PIR that staff were motivated to provide compassionate care, continually reflecting on practice to improve the care and support people received. Without exception people who used the service, relatives and health professionals echoed what the provider had told us in relation to staff compassion. One person we spoke with told us, "Staff are exceptionally kind and caring." We saw people had been asked about what they thought of the staff at a recent meeting and one person had said, 'The staff have all been exceptional.' A relative told us, "It is a lovely atmosphere. Very friendly. Anything you need, nothing too much bother." Another relative told us, "The staff are excellent, kind and friendly." We saw one relative had written in a recent survey, 'The Byars staff are inspirational in their professionalism, compassion and care.' We saw a different relative had sent feedback to the registered manager stating, '[Relation] was treated with great kindness, care and compassion, and all the staff with whom I and [relation]'s friends came into contact, were unfailingly welcoming, considerate and sympathetic.'

People were cared for by staff who valued them and demonstrated genuine love and pride of working at the service. One member of staff described how much they enjoyed helping people who used the service and told us, "It gives me a sense of personal achievement to be able to work with people who live with dementia." Another member of staff told us, "I love seeing them (people who used the service) happy, even if it is simply a walk in the garden with the noise of the wind chimes. Everybody here cares so much." A third member of staff told us, "I like to see them (people who used the service) laugh and enjoy things." This member of staff went on to say, "I love working here, everyone is happy and the feeling you get when you walk through the door is brilliant."

The majority of staff had been working in the service for many years and people we spoke with told us they felt this had helped to create a strong team. We saw a relative had written to the registered manager praising a member of staff and saying, 'We were chatting and [staff member] showed amazing compassion and appreciation of the values of older people and what lies behind the face.' Another relative had written, 'The affection that all the carers have shown [relation] is truly inspiring.' We saw one person who used the service had commented in a recent meeting held for people who used the service, 'They have a wonderful team here. I think having regular staff helps. I have not seen many changes in my time here.' We saw people who used the service had positive relationships with staff. An example of this was evident during a discussion held at a recent meeting where people who used the service had requested, and been supported to, send a new baby card to a staff member on maternity leave. People also invited the staff member and their baby to visit. We saw a relative had sent a letter to the registered manager which said that their relation had wanted their primary nurse to be there when they reached the end of their life. The relative had written, "[Relation] had grown to love and trust [primary nurse]. I am delighted that in the event [relation] got their wish." We spoke with the company director about this and they told us that the nurse rota had been specifically arranged over a period of four days to increase the likelihood of this nurse being present at the end of the person's life. They told us that when it became clear that the person was in the last hours of life they arranged for the nurse to be supernumerary to the shift so they could provide one-to-one end of life care.

We observed staff interacting with people throughout the day in a happy and cheerful manner. There was frequent laughter between staff and people who used the service and it was clear that staff made a huge amount of effort to provide people with a fulfilling day, no matter what role the staff member held and understood how their role at the service contributed to people's care and wellbeing. A good example of this was the actions of the person employed to carry out maintenance in the service. We observed this member of staff and it was clear they knew people and their personalities in as much detail as the care staff and interacted with them in a jovial manner throughout the day. We saw the staff member dress as an ice cream vendor in the morning and then continue with their maintenance work. Later in the day they were dressed in a Hawaiian costume, along with care staff, making cocktails for people who used the service. On the second day of our visit we saw they were again in costume ready to be a vendor of popcorn and snacks for the movie event. It was clear that people who used the service loved this interaction and they commented positively on this member of staff saying things like they were, "So good, very kind and happy." One person had commented at a recent meeting held for people who used the service, 'The maintenance man was very helpful when I moved in nothing has been too much trouble.'

We observed another member of staff who spent a lot of time sitting with people who used the service, chatting and listening intently to what they had to say. They offered reassurance and diversion to people who lived with a dementia related illness and responded to people's requests. This was done in a way that demonstrated the compassionate, caring and understanding values required by experienced care staff. One person responded by saying, "You are very kind." We were surprised to later discover that this member of staff was not a member of the care staff but was the cook. On the second day of our visit we observed one person who lived with a dementia related illness becoming upset when they could not find their room key. The cook intervened and gave reassurance and helped them to find it. The person visibly calmed down and appeared more content.

Staff we spoke with felt the service went the extra mile to enhance the lives of people who used the service One member of staff described a recent occasion when a life time friend of one person who used the service had passed away and the person had expressed a wish to attend the funeral. The member of staff told us the management team had funded the cost, including transport costs, of a member of staff to take the person to the funeral which was a considerable distance away.

One aspect of the ethos of the service was to create a family type environment where people who used the service and their relatives were a family. We saw examples of this and of people's relationships with their relatives being valued and cultivated. For example one person was unable to see their relative due to their relative having a health procedure. Staff recognised the impact this would have on the person and so occupied them in making a personalised photograph card to send to their relative. Another person's relative was about to celebrate a significant event overseas. To ensure that the person felt a part of this, staff had photographed the person holding up a large personalised card with a message for their relative and had emailed it to the family to be included in the celebration. We saw that one person who used the service had commented in a recent survey, 'They look after me like their own. It is like one big family. There is a lovely atmosphere here. The staff have got to know me well. That is a lovely feeling.' A relative described the "family friendly" ethos and how their relative was supported by staff to regularly visit their spouse, who still lived at their marital home. They told us their relative had always placed great importance on how they dressed and when they went to visit their spouse staff supported them to dress in the way they preferred. Another relative told us, "I am always made welcome." "It is very nice." People's relatives were welcome to dine with their relation in the service and this was actively encouraged on the day we visited.

The service catered for a large number of people who lived with a dementia related illness. The registered manager had a degree in dementia studies and had shaped the service based on the Bradford university

dementia care mapping, which is an established approach to achieving and embedding person-centred care for people with dementia, recognised by the National Institute for Health and Clinical Excellence.

The skills and experience of the staff had resulted in positive changes for people who lived with a dementia related illness. For example the environment had been tailored to support people to find their way around the service and be surrounded by familiarity. Throughout the service there was a vast array of tools to support people with their orientation. There were framed pictures on all doors which were made up from a selection of photographs and pictures of people's past and present as well as some of their key life events. This would help people find their way back to their bedrooms and also give staff information about individual lives and achievements. For example there was displayed on one door a wedding photo, army battalion crest, darts board and the name of the town where the person had lived for the majority of their life. The corridors contained a number of trolleys loaded with items aimed at providing sensory stimulation and staff told us people regularly wheeled the trolleys up and down the corridor. One staff member told us how sometimes people used these when they were awake during the night.

There were a variety of lounge areas for people to choose from, and in each one there were objects of reference which people would recognise from their past, such as old typewriters, radios and telephones. Walls had been filled with display cabinets which displayed themes with further objects of reference and pictures which people would provide orientation and recognition, for example an old village post office and the women's institute. There were VDU display screens in corridors and communal areas showing slideshows of photographs of people's achievements and activities they had taken part in. Thought had also been given to the views from these rooms and there were bird tables, animals pens or coops built providing a stimulating and interesting view for people.

We saw positive outcomes the care experience provided at The Byars could have on people's well being. Prior to moving into the service one person had been unsettled and had periods of distress which led to behaviours which challenged staff and had negative outcomes on the person's wellbeing. There was evidence of considerable positive changes in the person in relation to their emotional and physical wellbeing, and in their behaviour. We observed the person now looked happy, healthy and content. We spoke with staff about the person and they described working hard to establish strategies to give the person stimulation and diversion. One staff member described working with the person to develop new skills such as gardening and told us that due to the layout of the garden the person was able to walk with purpose in a safe environment. The staff member told us, "We are going with what works and what makes [person] happy." Developing these strategies had resulted in the person being settled and improving in relation to their emotional wellbeing. We saw relatives had commented on similar changes in their relations. One relative had written in a recent survey, 'I think [relation] has been the most settled and content I've seen [relation] at The Byars since [relation] was diagnosed with dementia.' Another had written, 'My [relation] has been in The Byars care for two and a quarter years and in that time has improved in well-being, happiness and contentedness.'

People who lived with a dementia related illness had extensive care plans and pathways for care in place. For example, one person had received input from a clinical psychologist and their report was used to inform the care plan in place. This included a risk based approach and information on enabling the person's independence based upon what the condition allowed. The plan was centred on the individual's experience of the illness and how it affected them which would give staff the information they needed to support the person. We received feedback from a visiting health professional and they told us, "I have always found The Byars care home to be very thorough in carrying out their own assessment of needs and to be very committed to providing a high standard of care for those suffering mental illness. It is my experience that the care home maintain high standards in regards to their, care plans and in ensuring changed needs are

identified and met. It is also my opinion that The Byars care home have demonstrated, in regards to those suffering mental illness and presenting with difficult behaviour, that they provide a good quality of life for those they are caring for."

People who had limited verbal communication were supported to make choices in relation to what they ate by the use of visual prompts. On the day we visited we saw people were offered a choice of dessert with staff showing people the two options and giving them time to choose. Catering staff had designed and implemented a picture book showing people the options of food available. Each food had a picture of the food in its raw state and also after preparation to support people who may recognise one or the other. There was detailed information in people's care plans giving information on how people communicated and how staff could support people in the best way. Records showed another person who had communication difficulties had been supported with personalised communication strategies. There was a care plan in place which detailed strategies staff needed to use to maximise the person's communication skills, which had been completed with input from an external communication specialist. The plan detailed the person's abilities and goals, with clear actions set to enable effective communication.

The registered manager followed the principles of the Gold Standards Framework (GSF) indicators to identify people who may be close to the end of their life and to plan for this eventuality. The GSF is an accreditation services can work towards and achieve and is aimed at improving the quality of care for all people nearing the end of life, in line with their preferences. The registered manager and a senior nurse had attended GSF training in palliative and end of life care and initiatives had been established as a result. The registered manager told us this had resulted in people who used the service being able to receive end of life care at the service and avoid admission to hospital. At the time of our inspection none of the people who used the service were considered by the nursing team to be nearing the end of their life and so we looked at records of feedback from the relatives of people who had ended their life in the service, and feedback from health professionals to assess the impact of this.

We saw there had been many letters and cards sent to the registered manager from other relatives praising the staff for the care given to their relations when they reached the end of their life. Comments included, '[Relation] received a quality of holistic care that surpassed our expectations', 'I was delighted and very moved to witness my [relation] receiving care of the highest quality', '[Relation] was treated with care, compassion, friendship and respect ', 'We would also like to send our sincere thanks and gratitude for looking after [relation]. We were very impressed with the professionalism and care shown to [relation] especially in the last few days, everyone was genuinely concerned and could not have done more for [relation] or my family. You should be very proud of all your staff and the service you provide', 'It gave us peace of mind that [relation] was well looked after and cared for, especially in [relation's] last few days. You could not have done more, and we were very impressed with you all' and '[Relation] had such a peaceful end and you made it a special time.'

Visiting health and social care professionals described to us their impression of how the service supported people when they reached the end of their life. One health professional told us, "The management team care passionately about end of life care and there is an extensive package in place which includes aftercare for relatives." Another told us, "I found that The Byars provided palliative care of the highest quality." A third told us they felt the service had a, "Commendable focus for getting things right for patients at the end of life."

Relatives were given support and compassion following the loss of their loved one. The registered manager and director had developed a leaflet to support relatives in relation to coping with the death of a loved one and this detailed a practical guide of what steps relatives needed to take and how to understand and cope

with grief. Following the death of a person a card and letter were sent to the relatives to offer condolences. Staff were also supported following the death of a person they had cared for, and staff were able to attend the funeral if this was in line with the wishes of the person's relatives. We received feedback from a relative who told us, "During the year that [relation] spent at The Byars [relation] received care that surpassed all of our expectations, especially during the last two months of her life. She received holistic care of the highest quality and her needs and choices were respected until her death. The staff also cared for us as a family, and fully involved us in our [relative]'s care." We saw a visitor had written in a recent survey, 'When my friend was nearing the end of life we were supported in such a kind and considerate way.' A relative had also written to thank the staff saying, 'I will remember your kindness to me too, I was grateful for your friendship.'

The registered manager described reflections and developments made to further support how the principles of GSF were used, such as the use of 'After Death Analysis' (ADA) used to identify what went well and what could have gone better so that there was a learning and improvements made to future care. A nurse we spoke with described 'debrief' sessions which were offered following the death We saw that people's care plans contained an advance care plan detailing people's needs, preferences and wishes and the involvement of relatives and health professionals.

The six strands of equality and diversity were assessed and recorded on admission and then embedded into people's care plans. We saw evidence of this being respected in practice. For example one person had always followed their preferred religion and we saw this was embedded throughout their care plan and staff knew what the person liked to do in relation to this religion. They knew when and how the person liked to pray and recognised the importance of the person receiving regular visits by a representative from their chosen place of worship. We saw there was information in people's bedrooms and in communal areas with information about local religious services and how people could access them. Records showed that religious and pastoral services were also discussed at meetings held for people who used the service and a member of the social care team described representatives from different congregations visiting to meet people's preferred religious preferences.

'The registered manager told us there was no one currently using an advocate but that people were given the information and support if they needed to access one. She told us that she was currently looking into the benefits of using a 'worry catcher' which involved volunteers visiting the service to speak with people about any worries they had. We saw there was information about the advocacy services in people's bedrooms and this included a photograph of the 'Resident's representative' and details of how to contact them. We received feedback from a local advocacy service and they told us the registered manager had been proactive in responding to their annual surveys. They told us that through the last survey the registered manager had responded saying, 'We see [advocacy service] as an ally and actively promote you to our residents.

People were supported to have their privacy and were treated with dignity. One person we spoke with described how staff respected their privacy by knocking at their bedroom door prior to entering and said, "I like to keep myself to myself and they (staff) respect this." Regular meetings were held for people who used the service and we saw these included discussions about each of the dignity values and what these meant. This was broken up into one of the ten values per meeting to ensure a valuable discussion could be held. During one such meeting we saw one person had commented, 'I have found the nurses here to be careful and thoughtful. They speak to me not about me and I appreciate this.' Prior to our inspection we received feedback from a visiting health professional and they told us, "My view is that all the staff show the residents a lot of kindness, giving them the respect they deserve and ensuring their dignity is preserved at all times."

All but the newly employed members of staff working in the service had committed to the dignity champion

pledge to ensure they understood the values and their role in relation to observing a 10 point dignity challenge. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. One visiting health professional told us, "My view is that all the staff show the residents a lot of kindness, giving them the respect they deserve and ensuring their dignity is preserved at all times."

The registered manager had signed up to Dignity Action Day 2016 and along with creating opportunities for people who used the service to get involved in this incentive it had prompted further promotion of the dignity values people should expect. This had included a focus on staff training, with staff being encouraged to develop their understanding, and the staff who had not already assigned themselves to the dignity champions pledge formally committed by registering with the National Dignity Council. The incentive also led to staff updating the dignity action board in the service, which displayed the values of dignity along with information about how to support people with dignity.

People had extensive plans in place which detailed the different aspects of how staff should support them with privacy and dignity to promote individualised care. These included guidance for staff on how to promote people's sense of belonging and worth in the service, including being supported to stamp their own identity, such as having ownership over their belongings.

Outstanding ☆

Is the service responsive?

Our findings

People's potential for achieving a fulfilling life in the service with their preferences for care and support were placed at the heart of care planning. Care delivery was achieved through established pathways started at the time people decided they wanted to live in the service. The provider told us in the PIR that the service used creative and innovative ways to enable people to live as full a life as possible by asking people what was important to them and ensuring people received care and support in accordance with their preferences, interests and aspirations. We found this approach ensured care and support was centred on the person and fundamental in helping people to shape the way they received care and support.

Pathways were used to ensure people were involved in the planning of care and support from the time people first made the decision to move into the service. People were welcome to visit and try the service prior to making a decision about whether this was the right place for them. People and relatives we spoke with consistently told us that after looking at other services, once they had visited the Byars they felt it was the right place for them. The relative of one person told us, "I am thrilled. We looked at a lot of homes and The Byars was the only one we put [relation]'s name on." Another relative told us they had looked around many care homes and that they had not felt they were right, but after looking around The Byars they felt this was the right place for their relation. We saw one relative had commented in a recent survey, 'The help and advice we received prior to [relation] going to The Byars from hospital was of great help.' Another relative had written, 'The contact and information before [relation] arrived was excellent and helped put my mind at rest that we were very lucky for [relative] and the rest of the family [relation] was moving to The Byars.'

Once people had moved into the service they were made to feel at home and included in the day to day life of the service. One person who had recently moved in told us, "It is a marvellous place; I have had such a big welcome and made me feel at home already." We saw one person had commented at a recent meeting held for people who use the service, 'It has been a big change for me coming to live here but the staff have really helped me to cope.'

Upon admission people were allocated a primary named nurse who was responsible for overseeing the person's care and support, as part of the primary nursing scheme used by the service. A limited number of care staff were also allocated to the person to provide continuity of care and to develop relationships, in line with the primary nursing scheme used at the service. People's care needs and wishes were then explored and people commenced planning their care and support. One person described planning their care when they first moved into the service. They told us, "I discussed my care in detail when I had arrived at the home." People were then supported by staff who were given extensive information about their support needs prior to and during admission with an extensive range of information being sought and recorded. Throughout the admission process goals were set to support each person to adjust to life in the service and to build up knowledge of their skills and aspirations and how these could be developed. People's care was planned in a way which was responsive to their needs and was modelled on best practice used by health professionals.

Established best practice was used in the development of care planning and followed through to care delivery. For example, one person was at risk of developing pressure ulcers and we saw there was extensive

information in place guiding staff in how to monitor this and to reduce the risk. This plan was modelled on the NHS trust tissue viability team. There was clear evidence in the records for this person that when their skin had started to break down this had been quickly identified and managed to avoid further deterioration. This had been effective and the wound had healed quickly. Another person had been admitted to the service with pressure ulcers and there was evidence that the tissue viability nurse had attended very quickly and worked with The Byars nurses to establish a clinical plan. The clinical plan was followed through by the nurses in the service and clearly documented progress in caring for the wounds, some of which had healed.

There were care planning strategies which gave detailed guidance for staff on how to steer people towards personal objectives. For example one person who lived with a dementia related illness was at risk of social isolation and there were clear strategies for staff to steer the person towards integration and a more fulfilling life. Staff we spoke with had an exceptional knowledge of these objectives and how they needed to support the person. Records showed that staff were using the planned strategies and supporting the person to be less isolated.

People lived in a service where the importance of being supported to use and maintain links with the wider community and to develop and maintain relationships with people was valued. It was evident there were strong links with the local village and the people who lived there. People were an active part of the annual village show, which staff described as 'a huge community event.' People had been empowered to be a part of this event for some years and this year had, as usual, entered various competitions on the day of the event. This included growing their own vegetables and baking to enter into competitions, and creating a scarecrow for yet another competition. People had won various placements in the competitions and we saw photographs which showed people's engagement in the day.

People who had been a part of the local community prior to moving into the service were supported to continue with this sense of belonging. One person who used the service described living locally and visiting the service to attend open days prior to moving in. They told us, "I still feel a part of the community. I enjoy going to the pub and to a local meeting." Another person who used the service had always lived in the local area and been a part of the local community. When they recognised they could no longer live in their own home they had applied to move into The Byars Nursing Home, however there were no vacancies. The person did not want to leave the local area and so the registered manager had put in place a support strategy for the person to remain in their own home until there was a vacancy at The Byars.

People were supported to maintain their independence through taking part in daily living skills. A nurse and a member of the social activity team we spoke with described people getting involved in daily living tasks such as setting the table for meals, cleaning shoes, making beds, folding laundry, dusting and peeling vegetables. We observed this in practice during the inspection. We saw the care plan of one person described that the person enjoyed setting the dining tables and we observed the person doing this with staff prior to lunch being served. We saw another person who used the service had commented in a recent survey, 'We have lots of entertainment and games but I can help around the place too. I like to set the table or help with the gardening; this makes me feel useful.'

Individualised activities were used as a part of a positive and proactive approach to support people who sometimes communicated through their behaviour. We observed many occasions where people who lived with a dementia related illness walked through the lounge a member of staff directed them to carry out an activity such as folding tableware or sorting out the drinks trolley. We observed one person who sometimes communicated through their behaviour was supported by staff who had established what worked best to keep the person occupied. This person had a particular liking of colouring books and when we visited there was a table set up for the person to engage in this activity. We observed the person continually go back to

the table and engage in colouring and the person appeared calm and content. Another person sometimes communicated through their behaviour and the registered manager described how staff had worked with the person trying a range of activities to establish what worked well. The person had been employed in a creative role in the past and staff were currently recreating this theme in the person's bedroom for the person to enjoy. We saw a relative had commented in a recent survey, 'The care staff and nurses have been brilliant with [relation], coaxing [relation] to join in with activities with obvious benefits to [relation]'s overall health.' People had a private decking area which could be accessed from their bedroom and we saw that some people who had an interest in gardening had been supported to plant flowers in planters to place on their patio.

People were supported to follow their interests and develop new ones by 'social event staff' who used creative and innovative ideas to capture people's imagination. The social event staff took every opportunity to make sure people were involved in local and national events and the themes around the events were explored and implemented in creative detail, capturing the event in a way people who used the service could enjoy. For example, There had been a recent celebration of the Olympics and this had been planned by the social care staff with fine detail, lasting throughout the period of the Olympics. This had involved discussions with people about what sports they enjoyed and an adaptation of the games to 'The Byars Olympics' to fit the abilities and needs of the people who used the service. This had included games such as the egg and spoon race, darts and skittles and had resulted in people being awarded medals which were emblazoned with 'The Byars Olympics' wording. People we spoke with and their relatives described the event as being a great success and we saw photographs of the events and people were clearly having a good time and looked happy and engaged in the games. We saw at a recent meeting held for people who used the service one person had said, 'I enjoyed our own Olympics a lot of thought had gone into adapting games so that everyone could have a go.' A further example of The Byars inclusive approach was they followed their Olympic celebrations with events to coincide with the Paralympics. One relative who had visited the service recently and observed their relation taking part in an activity had written to the registered manager commenting, 'The highlight for us was the afternoon music session, when [relation] joined in the singing and for the first time in months we saw [relation] laugh and smile'.

This innovative way of creating events had also been used recently for events such as Royal Ascot ladies day where people who used the service and their relatives had been involved in making and wearing outrageous hats and drinking sparkling wine, a Wimbledon tennis final with afternoon tea, strawberries and fizz and St Valentine's day with candle-lit dinner and chocolates and flowers for each person who used the service. The social activity team showed us photographs which showed that each and every local and national event was celebrated with creativity. One person who used the service told us, "I am able to join in lots of different activities." We saw one person had commented in a recent survey, 'The entertainment here is exceptional. I feel as though my time is well occupied.' A relative told us, "There are a variety of activities [relation] can join in." Another relative told us, "They have a lot of entertainment."

People described a recent themed event in which staff had recreated the seaside in the service and people spoke of the fun they had at the event. Social care staff we spoke with told us this had been created as part of reminiscence and had involved light houses and a beach with buckets and spades which people had particularly enjoyed. There had also been recent picnics held in the service with picnic hampers and specially prepared picnic food. They told us people had enjoyed these events which had stimulated much fun and laughter. A relative we spoke with described how much their relation had enjoyed these events and another relative spoke about the seaside event saying, "They had cockles and mussels and the day was finished with fish and chips. "One member of staff told us, "They (people who used the service) loved the picnics and parties in the afternoons, they had a good laugh."

The service had a range of pets which included indoor animals and outdoor chickens. These were used to provide people with 'pet therapy' on a regular basis and to create an opportunity for people to get involved in caring for the pets. Social activity staff told us people had been involved with a 'living egg project' during which an organisation had enabled people to watch the process of incubating chicken eggs and watch chicks being born. Following this people had expressed a desire to keep chicks and a run had been built and some of the chicks people had watched hatched were kept. We saw there were daily schedules advertised for feeding the chickens and we saw people got involved in this. People were clearly excited about having the chickens and spoke of collecting the eggs, which were used by the cook. One person described to us how much they enjoyed petting the guinea pig, feeding the chickens and bringing their eggs in. They told us there had been a recent discussion about purchasing some ducks to add to the chicken run and said these were being sourced by the social staff.

People knew what to do if they had any concerns. One person we spoke with told us, "I have never raised an issue but if I had one I would ask to see my nurses." A relative told us, "They (staff) always ask me if I have any concerns. If I did (have any concerns) I feel confident they would deal with these." Another relative told us, "There are four managers and they are approachable and listen to concerns and sort them out."

Staff told us they felt confident to raise any issues with the management team. One member of staff told us, "The management team work well together, they are approachable and get things sorted." They told us that any faults or problems were responded to promptly. Complaints were recognised throughout the staff team as a way of learning and making improvements to the service based on the findings. One member of staff we spoke with told us people felt confident to raise concerns and said this was positive as the management team were then able to know what needed to be done to improve.

We looked at the complaints recorded in the service and saw these were recorded in detail with evidence of them being investigated and resolved with the person raising the concern. Any concerns raised were assessed by the management team to see if any changes needed to be made to the service to minimise the risk of similar concerns being raised and to improve the quality of the service. Staff were aware of how to respond to complaints and records showed that discussions were held with people during regular meetings to embed the culture that people should feel able to complain without fear of retribution. We saw people had discussed this and one person had said, 'I have faith in staff here, if there was anything untoward I know I could talk with someone.' There were accessible and detailed complaints procedures displayed in the service so that people would know how to escalate their concerns if they needed to.

Outstanding ☆

Is the service well-led?

Our findings

The commitment to using innovative and creative ways of achieving high standards of care and providing people with a fulfilling life was evident throughout the planning and conducting of our inspection. The provider told us in their PIR that their purpose was to ensure that they continued to meet an exceptional standard of a well-led service as a matter of baseline. They told us they maintained an ongoing commitment to well led, high quality care that drove them forward to deliver a progressive, forward-thinking service which was person centred, well-led, innovative and that they constantly strove to improve. The evidence gathered throughout our inspection supported what the provider told us.

There was a registered manager in post and she was supported by the company director, who also worked full time in the service. People who used the service, their relatives, visiting professionals and staff consistently praised the registered manager and the company director's passion for delivering a high quality service and their commitment to enrich the lives of the people who used it. One person told us, "Its home from home. That is why I like it." We saw one person had said in a recent meeting for people who used the service, "I am struggling to think of anything to improve the place. Everywhere is bright, cheerful and interesting." The relative of one person who used the service told us, "[Registered manager] and [company director] are fantastic. They are on the ball and informative." We saw relatives had written to the registered manager with statements such as, 'The Byars seem to be quite unique in their care. Having been to a few homes over the past year, the thought that goes into day to day needs is never over looked', 'My experience of The Byars was entirely positive in every respect. I consider [relation]'s care to have been outstanding in those areas most important to me, kindness, patience and understanding' and 'You all have a special gift of caring with love and pride.'

Staff spoke about the registered manager and the company director's passion for the service describing examples of where they had picked up the cost of activities above and beyond what would usually be expected. One member of staff told us, "They (registered manager and company director) are passionate about giving the best care, they always have been. It cascades from the top." Two members of staff told us about a person who got great enjoyment out of a weekly activity but did not have the funds to pay for this and so the management team paid for it. One member of staff described a culture where staff were empowered to respond to people's wishes to go out with a particular member of staff and said this could be done after the staff members shift had finished. They told us this often happened and staff would be paid for the additional hours saying, "We can work additional hours without prior approval if we want to do something with or for a person (who used the service)."

Staff were led by the registered manager who was clearly passionate about ensuring people received high quality care with fulfilling lives and creating the opportunity for staff to enable this. A nurse we spoke with told us that they received good support from the management team and felt they were very approachable and looked after the nurses and the rest of the team very well. The nurses described support given to staff when they were unwell or dealing with personal pressures outside of their work situation. The nurse told us, "I have worked here since it opened; they are the best employers I have ever had. They are very approachable." One member of staff told us, "[Registered manager] and [company director] always put the

residents first. Anything the residents want they can have. They even buy birthday and Christmas presents for residents to unwrap. "

Prior to our visit we asked health professionals from a range of external organisations for feedback on the service and the feedback we received was consistently positive. Health professionals told us the service was dedicated to delivering the best outcomes for people. One visiting health professional told us, "The leadership from the management team has always emphasised the need to treat each resident as the individual they are; to keep them safe and ensure they have the best possible and happiest life they can." From the management team throughout the staff team we saw a clear and dedicated passion for achieving the best outcomes for people who used the service. Another health professional told us, "I haven't been into the Byars in over a year but have worked intensively with it in the past when it, and several of its residents, helped me with research projects. It was, for me at that time, the exemplar of patient-centred individualised care amongst all the homes I worked with." A further health professional told us, "In all my discussions with the care staff, their main concern is always 'Will the actions we take maintain or improve the client's quality of life'. Over the years that I have been associated with The Byars, I have had nothing but respect for their organisation."

Health professionals recognised the high quality care delivered and learned best practice from the service. We spoke with a visiting GP and they told us that newly qualified doctors went into the service and were able to learn in a competent environment. We also received feedback from a health professional who told us, "I still send PhD students starting out in care home research to the Byars as their first port of call to get a feel for what high quality care home can be like." We saw these students had thanked the registered manager for their support and guidance following their placement there with comments such as, 'Such fantastic employers. I am really sorry to be leaving.'

The registered manager and company director recognised the importance of capturing people's comments and sharing information via a range of different methods. There was a comments and a suggestions box in the reception area of the service, along with forms for people to either leave feedback on the service or make suggestions for improvements. The survey form was based on the CQC key questions of whether the service was safe, effective, caring, responsive and well led. People were asked to rate each of the questions based on their experience of the service. We saw one relative had written on a survey received, 'In respect of all 5 of the key questions we consider the level of service you delivered was outstanding.' A regular newsletter was circulated to people who used the service and their relatives and this gave information including an introduction to staff and what their area of delegation was, an update of staff training completed, details of social events, how to access health services and a record of any achievements in the service. Compliments were captured and used as a way of celebrating success with the staff and we saw there had been a vast amount of comliments received such as one relative saying, 'I will remember your individual acts of kindness, too numerous to list'.

The service had been involved in a range of projects, pilots and research and the registered manager told us this was used to enhance the lives of people who used the service and to encourage improvement in other services. She told us, "I want to make a difference to the lives of people who live here and want to be ahead of the game making sure we use the best and newest practice." We received feedback from a Clinical Associate Professor in the Medicine of Older People about The Byars involvement with one of these projects which was The National Prevalence Measurement of Quality of Care (the LPZ) which is an annual, independent measurement of care quality in the healthcare sector. The health professional told us, "They (the registered manager) recently participated in our region-wide LPZ care home benchmarking project for pressure ulcer and continence care and scored well. This involvement in an LPZ and the broader engagement with research and development is typical of a high performing home that feels it has much to

share. This is what I believe the Byars to be." The registered manager told us involvement in this research had made her look very closely at NICE guidance in relation to nutrition, hydration and pressure ulcer care and the need for optimum levels of people's mobility to support pressure ulcer risk. She told us this had led to a drive in increasing people's mobility and keeping people moving. A member of staff we spoke with verified what the registered manager had told us, saying, "the best way to prevent pressure ulcers is to keep people active." The registered manager established connections with the tissue viability nursing team and secured funding to enable a training package to be developed which was open to staff during the project.

The registered manager described research work the service had been involved in to reduce the risk of hospital admissions as part of work with a care home 'Crisis agenda' which was a strand of the LPZ research. This had led to different strands of work within the service to reduce hospital admissions and develop pathways other services could learn from. This included a head injury, pathway and the importance of screening a person quickly following a fall. Improvements and streamlining had also been made in relation to end of life care and having extensive packages in place to prevent a hospital admission being needed and people being supported to end their life in The Byars when the time came. Any hospital admission was now treated as a significant event in the service and the registered manager looked at the events leading up to the admission to see if there was any learning which could be applied to further potential admissions. We spoke with the GP who was assigned to the service as part of an 'enhanced service' aimed at giving care homes support for continuity in healthcare and prevent hospital admissions. The GP told us that any potential hospital admission was discussed with them first to establish if support could be offered and the admission prevented. The GP told us the nurses were proactive in having end of life care packages already set up and staff noticed and responded to any decline in people's health.

The service had also been involved in other research and projects such as Proactive Healthcare in Care Homes (PEACH) study aimed at the assessment and management of older people with frailty living in care homes and had been asked to participate in this again due to their engagement with the study. The registered manager had also taken part in a recent falls prevention project and had been selected to supervise the functioning of the Independent data monitoring committee for the Falls in Care Homes (FinCH) who contributed to the study of falls prevention interventions in care homes. The registered manager had been selected for this role due to the success of falls prevention work in The Byars Nursing Home. The registered manager told us, "We look at what is happening Nationally (in relation to the care of older people) and learn from failings to establish if there is a possibility of that occurring here." This involvement had led to pathways being improved in relation to analysing and learning from falls to pick up trends at an early stage.

It was clear that meetings held for people who used the service provided a place where people's opinions mattered. The meetings included a 'You say; we do' forum and we saw evidence of people making suggestions and these being acted on, for example, one person had recently suggested that raised planters should be placed outside one of the lounges and this had been acted on and planters had been installed. A discussion at the last meeting had been held to decide on what theme people would like in relation to the annual scarecrow competition the service entered into. The decision was based on ideas formulated at the meeting and also taking into consideration suggestions made by visitors to the service.

The registered manager, company director and social care team worked with staff and people who used the service to maintain and create links with the community and to celebrate national and regional initiatives. We saw examples of this and the hard work and dedication which had gone into creating inclusive celebrations which marked the initiatives. The service had taken part in Dignity Action Day 2016, which is an annual opportunity for health and social care workers, and members of the public to uphold people's rights to dignity and provide a truly memorable day for people who use care services. This had been used to

promote the values of dignity people who used the service should expect and to create a celebration for people who used the service, their visitors and staff could get involved in and attend. The service had been decorated into a party theme with banners and balloons and cakes decorated with the Dignity Action Day logo.

At the time of our inspection the service was midway through celebrating world Alzheimer's month and we saw some of the activities which had formed this celebration. World Alzheimer's month is an international campaign to raise awareness and challenge the stigma that surrounds dementia. The theme followed at The Byars was a purple theme and we saw staff had already completed a 'memory walk' dressed in purple tutus and feather boas, raising funds for the cause. There was a tree in the garden of the service and people who used the service and their relatives had been supported to write about a happy memory or achievement and these had been attached to the tree with purple ribbons as part of raising awareness. During the period of our inspection there was an afternoon tea party to celebrate and raise awareness and funds for the cause with activities such as a 'purple tombola'.

The service had also participated in the national care homes open day 2016, a national event aimed at creating opportunity to create links between people who lived in care homes and the local community. Members of the local community, along with relatives and friends of people who used the service were invited to attend the service and look around and hear about what the service did. People who used the service had been involved in the day, helping to serve refreshments and handing out leaflets about the service.

There was an open and inclusive ethos in the service where staff and management worked together to strive towards improvement. The registered manager and company director recognised the value of having staff with areas of responsibility in the service and this resulted in staff having a clear oversight of their area of expertise and feeling valued. Members of staff had been given different areas of responsibility in the service based on their skills and interest and we found all areas relating to the running of the service were organised and efficient. The registered manager and company director carried out a daily walk around the service to check people using the service were happy and receiving care and support which met their needs. They held discussions with staff to assess if they needed any additionally resources or support and to ensure they were clear in what was happening each day. We observed all designations of staff working well as a team, communication was efficient and resulted in people receiving care and support which met their preferences and need. One member of staff told us, "There is an open and approachable culture here." Staff were involved in discussions about the running of the home as well as the area of responsibility they had. Three monthly full staff meetings were held and staff had meetings in relation to their area of delegation such as nursing, catering and housekeeping staff meetings.

People lived in a service where there were robust and comprehensive methods of monitoring the quality of the service, which were used to consistently improve the service people received. We saw there were comprehensive and thorough auditing systems in place which covered all aspects of quality and safety. The audits were completed by the staff member who led on that area of service and included care based audits, medicines storage and administration, care documentation, maintenance, catering and social activity audits. There were also audits regarding the use and cleanliness of all pressure relieving equipment, health and safety checks and infection control.

Monthly audits were completed on any falls or 'near misses' that occurred. These were analysed to identify whether there had been any environmental hazard or identifiable trend. An assessment was also carried out to ensure staff had taken the appropriate and ongoing action needed to reduce the risk of further falls. Records of one analysis undertaken showed that a discussion had been held with the person's GP who had

stated they were happy to support the nursing decision made to reduce the risk of any further falls.

We saw auditing systems were kept under review and developed in line with published best practice to make them more robust and informative. For example the auditing form used to analyse any falls that occurred had been reviewed and replaced in June 2016 following a review in NICE guidance and designed to provide a greater insight into any fall that occurred. The audit resulted in identified actions that could be taken so that any further falls may be avoided for any person who had fallen. These details were then included in the person's care plan as part of the falls pathway. Medicine policies and audits had also been reviewed in June 2016 in response to various updates in best practice publications such as updates from NICE and the Nursing and Midwives Council (NMC).