

Beckedge Limited

# The Byars Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

**Outstanding** 

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

### About the service

The Byars Nursing Home is owned and managed by Beckedge Limited. It is situated in the village of Caythorpe in Nottinghamshire and offers accommodation for up to 30 older people. At the time of our inspection 28 people lived at the service.

### People's experience of using this service

The service clearly demonstrated how it continued and consistently met the characteristics of providing excellent care. People were at the heart of the service and staff were clearly committed and compassionate, striving to provide excellent care at all times. The registered manager had developed innovative ways of involving people in how the service developed and was a part of the local community. There was an open, transparent and person-centred culture that was driven by a motivated and committed staff team. They constantly looked for ways to improve the service and ensured people received the outstanding care they deserved. This motivation resulted in a whole team who were totally supportive and committed to providing high quality, individualised care. The staff team told us they were truly valued and respected. Staff were highly skilled, motivated and knowledgeable. They were also very well trained and supported and encouraged to progress and develop.

There was a homely welcoming atmosphere at the service and we observed very positive and caring relationships between people using the service and the staff who cared for them. Staff worked hard to promote people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received excellent opportunities to participate in a variety of social and recreational activities and opportunities. These included activities important to people and supported interests and hobbies. The service had many animals that lived at The Byars Nursing Home and people enjoyed their company and got great comfort and joy from their presence. People received opportunities to participate in their local community. The registered manager had developed positive links with organisations and encouraged and welcomed their contribution and involvement in the development of the service.

People received excellent end of life care where they were fully supported in how they received care and support at the end of their life. Care was delivered in partnership with people and their families and people were always asked for their consent to their care. Effective, personalised steps were taken to ensure people who lacked capacity to make decisions received care that was in their best interest and met their needs.

People consistently told us they felt safe and staff, and the provider used creative and innovative methods to ensure that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs. Staff had received comprehensive training to ensure they had detailed

knowledge to protect people from the risk of avoidable harm or abuse, whilst enabling them to live fulfilled unrestricted lives. People were protected from the risk of an acquired health infection, as the service employed dedicated cleaning staff to ensure the environment was clean. There were appropriate infection control and prevention policies and procedures in place, which were regularly reviewed to ensure effectiveness, to monitor and reduce the risk.

The service was exceptionally well-led. The registered manager demonstrated how their open and listening management style and robust quality assurance systems had sustained continual development and improvement at the service. They had demonstrated ways of working that ultimately improved the outcomes for people living at The Byars Nursing Home. They were clear about their expectations relating to how the service should be provided and led by example.

#### Rating at last inspection

At the last inspection we rated the service as Outstanding for four domains and Outstanding overall. At this inspection, we found the service had improved to Outstanding in all domains.

#### Why we inspected

This was a planned inspection to assess if the service was meeting the requirements of the Health and Social care Act 2014.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our effective findings below.

Outstanding 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

# The Byars Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Byars Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse and accidents; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and eight relatives to ask about their

experience of the care provided. In addition, we received feedback from two health professionals and a further three relatives following our inspection.

We spoke with twelve members of staff including the nominated individual, registered manager, clinical leads, senior carer workers, care workers, maintenance manager, housekeepers activity coordinators, and the catering manager. We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at staff files in relation to recruitment and supervision records along with records relating to the management of the home. We also reviewed a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

### Assessing risk, safety monitoring and management

- The Byars Nursing Home's approach to how risks and safety were managed was exceptionally person centred. Staff considered people's needs and safety positively, with the aim of ensuring people's wellbeing. People and or their relative, were involved in decisions about how risks were managed. This promoted choice, control and empowerment. People told us, and relatives confirmed, the staff were exceptional at managing known risks. They felt staff's positive and person-centred approach, meant safety and risks were not viewed in isolation or a barrier, but were of equal importance to a person's welfare. A relative whose relation had complex health needs told us the approach to safety was exceptional. Comments included, "Before going there, (the service) we tried three other homes, and none came anywhere near the standard of The Byars."
- Feedback from partner agencies without exception, consistently reflected the innovative approaches to how risks were assessed and managed. For example, the relationship with the GP had enabled excellent communication channels. The GP received comprehensive information about a person before they moved into the service, this ensured safe treatment was arranged at the point of admission.
- Staff used a multifactorial risk assessment tool, co designed by the University of Nottingham in conjunction with care home and NHS staff and based on NICE clinical guidelines as part of the process to manage falls.
- People were supported by staff who had acquired knowledge and skills through training and ongoing collaboration with the CCG specialist falls management service, and associated Outreach Services. This had a positive impact on enabling people with the support of staff, to have a realistic focus of promoting independence whilst maintaining their safety.
- The Byars actively engaged with the East Midlands Academic Health Science Network (EMAHSN) Patient Safety Collaborative and they have partaken in the - UK Care Homes Launch Project. In addition to this they have also worked with a multiagency initiative, Improving Quality and safety in Care Homes. Taking part in these evidence-based initiatives had demonstrated a significant impact for people. For example, 'React to Red'; a pressure ulcer prevention campaign has been successfully used at The Byars. This had ensured that people's risk to pressure ulcers was significantly reduced, to the point of there being no Stage 3 pressure ulcers. Despite supporting people who present with a range of clinical complexity which invariably associates with skin integrity problems and/or heightened indicators of pressure ulcer development risks.
- People were supported to take risks that helped them live a fulfilled life. The positive approach in the management of known risks had resulted in positive outcomes for people. An example of positive risk taking included, a person who had been identified at risk of leaving the building. Their risk assessment provided staff with guidance about how to support the person to be active and experience opportunities to be outside. It also highlighted when there was an increase in risk when visitors were leaving, and additional observations were required. This approach reduced risks whilst positively supporting the person's well-

being.

- Innovative methods were used to ensure people's safety needs were always maintained, whilst supporting people to be active. For example, special bedroom doors with easily opened closures were used. This allowed people the opportunity and freedom to express themselves by moving independently around the service. However, prevented them entering other people's bedrooms, keeping people safe. The registered manager was a member of a variety of health and social care research committees and projects that enhanced the staff's approach to safety. An example was the approach to falls prevention and pressure care management.
- Staff were provided with very detailed guidance of how to support people safely to reduce known risks. Staff were very knowledgeable about people's needs in relation to safety and all staff, regardless of roles worked with people in a positive way to mitigate risks in a meaningful way. Equipment assessed as required to assist in the management of risks was available and being used. For example, sensor systems were utilised to alert staff for people assessed to be at risk of falls. Pressure relieving mattresses and cushions were used to reduce the risk of people developing pressure ulcers. The equipment, premises and environment were regularly monitored for health and safety.

#### Staffing and recruitment

- Staffing levels were exceptionally good, flexible and responsive to people's individual needs. The turnover of staff was very low, people were therefore cared for by staff who knew them very well. A bank of staff employed by the provider to cover any shortfalls due to leave or sickness, meant people could be assured they received consistency and continuity in care. People and relatives were exceptionally positive about the staffing levels provided. A relative said, "You can tell they have got the balance right with the mix of experience and skill of staff. I've never seen a time when people are calling for help or left unattended, there's always lots of staff around."
- Staff were very positive about the staffing levels. A staff member said, "The manager will recruit over and above the actual staffing level." The registered manager told us how they assessed people's dependency needs and deployed staff. They said, "The way that we manage and organise our services ensures that the care teams and clinicians are totally focused on the delivery of care (we take the admin burden from them)." The involvement of the provider was apparent and meant they could be both reactive and proactive in providing the required resources.
- Staff recruitment processes were in place and utilised to ensure that applicants were suitably matched to their prospective role. Checks were completed to ensure nursing staff were registered with the Nursing and Midwifery Council to provide safe practice.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. The robust pre-assessment process considered people's behaviours and known triggers. This assisted in safeguarding the people living in the service and allowed for positive risk taking. Staff were aware of safeguarding individuals and were also very alert to situations where someone may be experiencing harm. A relative told us how a safeguarding concern had been responded to by the registered manager, they described them being exceptionally sensitive and supportive.
- People told us they felt safe living at The Byars Nursing Home and attributed this to how the staff cared for them. Relatives were equally positive and felt their relations received excellent care and treatment. A relative said, "I know [relation] is safe, I know I can turn up at any time and the care will be the same. It's very reassuring." Another relative said, "[Relation] is safe without doubt, the difference in my own outlook and health, people can see I'm so much more relaxed because I'm so reassured and know [they] are safe now."
- Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and had access to the provider's policies and procedures. People were provided with detailed

safeguarding information in the monthly newsletter. This gave contact details of how to report safeguarding concerns internally and externally to appropriate organisations. This showed an open and transparent approach, in the management and prevention of avoidable harm.

- Care plans provided staff with guidance of any known triggers to a person's anxiety that affected their mood and behaviour. Staff were aware of the strategies required to support people safely and effectively. We saw staff supporting people at times of heightened anxiety, using diversional techniques. For example, we observed a staff member supporting a person experiencing heightened anxiety; they offered them the opportunity to sit watching the fields and wildlife. This had a positive impact and the person soon relaxed.

#### Using medicines safely

- The service worked in collaboration with the GP and local CCG enhanced service as part of the NHS proactive care management. This innovative initiative had significant impact on those experiencing long term conditions such as atrial fibrillation (heart condition). This had significantly reduced the risks people faced due to the side effects of their prescribed medicines. This enabled effective management of their symptoms whilst maintaining independence and safety.

- Staff also worked with the GP to review people's medicines that were considered not essential. An example of this was medicines prescribed for managing people's anxiety and behaviour. Staff used effective strategies to manage behaviour rather than use medicines which they used as a very last resort. Any changes to people's prescribed medicines were discussed with the person and or their relative and representative. This ensured that treatment decisions were well communicated, 'person focused' and reflected the person's preference, wishes or 'best interests'.

- Medicines systems were safely organised, and people were receiving their prescribed medicines when they should. People had experienced good outcomes in the management of their medicines. For example, a relative told us how their relation's medicine prescribed for anxiety had reduced since living at The Byars Nursing Home. Consideration was given if people could self-medicate, this was discussed during the assessment process. We saw people received their medicines safely, staff followed best practice guidance. People were advised of their medicines; pain relief was offered where required and staff remained with the person to ensure they had taken their medicines.

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicine management and administration. They also had competency assessments completed to check they followed national best practice guidance.

#### Preventing and controlling infection

- The service was found to be clean and people were protected from the risk and spread of infection. People told us they felt their bedroom and communal areas were kept clean. A person said about the cleanliness of their bedroom, "Yes, it's the way I like it."

- Staff were aware of infection prevention to reduce the risk and spread of infection to others. Housekeeping staff followed best practice guidance in how the service was cleaned.

- The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

#### Learning lessons when things go wrong

- Learning from incidents and accidents were shared and acted on to prevent future harm. The provider had developed an innovative and bespoke 'Falls Prevention Leaflet' which was made accessible to every person and their relative and or representative. All falls were reviewed as a significant incident and reported to the

GP and the community falls team if required. All incidents were critically reviewed in an effort to identify any recurring patterns. The service continues to be members of the new the Falls in Care Homes (FinCH) Data Monitoring and Ethics Committee. The service's involvement with local and national research agendas means that they were well placed to receive and act upon the latest evidence findings that relate to the themes of critical clinical risks.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same, Outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People consistently received exceptional care and treatment because staff had very detailed information about their physical, mental health and well-being needs. The registered manager told us how important the pre-assessment was and how the involvement of relatives, helped them feel listened to and involved in the care of their loved one. People and their relatives were given opportunities to express their views on health and preferred life outcomes, and these were reflected in their support plan that informed staff of the care required. We reviewed a significant number of compliments received by the provider from relatives, expressing their heartfelt thanks to staff for the excellent care their loved ones had received.
- Two relatives told us about their experience of the pre-assessment process and how impressed they were with the attention to detail. One relative said, "We spent a lot of time with the manager before [relation] came here. We were able to discuss our concerns about [their] care. You realise it's about the individual, they put the person above all else. The patients' needs come first and foremost." Another relative said, "The care plans are very detailed, they are great. It was a delight to do it because they (staff) were interested enough to know what [relation] was interested in, what their life was like, who was important to them. It just showed that they cared and wanted to know." This demonstrated a person-centred approach, where people were seen to be at the heart of the care and treatment they received.
- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. Recognised assessment tools were used for the care and management of people's needs; such as with skin, falls, nutrition and oral care. The registered manager consistently researched best practice guidance and had a collaborative approach in supporting people to achieve good outcomes. This included working closely with external professionals and participating in social care research programmes. The registered manager fully embraced new initiatives. For example, we noted from the provider's monthly newsletter for people, during March 2019 the care team supported 'Nutrition and Hydration Week'. Information stated 'This annual observation aimed to reinforce and focus, energy, activity and engagement upon the nutritional health and well-being of people. Staff received focused training themed upon eating and drinking, whilst people were encouraged to take part in a range of activities designed to promote a positive dietary intake.' People, relatives and staff confirmed they had participated in this event.
- The provider had signed up to the Social Care Commitment, an initiative supported by the Department of Health. Our observations, review of the service, and the feedback received from people, relatives and external professionals has confirmed that the service is continuing to fulfil their promise and remains

committed to providing a high-quality care experience for all.

- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. The registered manager told us they recognised and respected people's diverse needs were important to understand, and these were discussed at the pre- assessment stage. Staff had also completed training in equality and diversity and showed great respect and a good understanding of people's diverse needs. A staff member said, "Everyone treats everyone the same. We all respect the right to religion, and for people to make cultural choices." An example of supporting people with a disability included the provision of a portable hearing loop, this is a communication aid used to facilitate communication.

Staff support: induction, training, skills and experience

- People were cared for by staff who were highly trained, skilled and experienced to meet their needs. Relatives were extremely complimentary about how well staff knew and understood their relations care needs. One relative said, "They (staff) understand [relation], very much. They very quickly picked up on [their] character, what makes [them] tick and what gives [them] anxiety." Another relative said, "Staff do a remarkable job here, they really do. Its brilliant care, it really is. I can say that truthfully set against [relations] care at a previous place which was the complete opposite. They understand [their] needs, what they don't know they speak to the experts about. They got [them] back to eating solid food after being in hospital where they only gave them pureed food, [they] now eats the food [they] want independently."
- Feedback from an external professional was very positive about the competency and skill of staff. Comments included, "The staff are exceptional with the residents and training is an important part of this. Staff retention is excellent which really reflects on the unique family culture they have fostered at the home."
- Staff received a structured and supportive induction and ongoing training and opportunities to discuss their work, training and development needs. Staff told us how the registered manager supported and encouraged staff to grow and develop in their roles by providing support and additional training. Staff were very positive about the training and support they received. A staff member said, "The induction involves a week of training and a week of shadowing experienced staff. Training is face to face and E-learning (electronic, computer based). Supervision is every six to eight weeks with an annual appraisal." Staff described the management team and provider as being very supportive and approachable. Information about the training staff received was in the monthly newsletter. This demonstrated an open and transparent approach and assured people and their relatives, how staff received ongoing training to keep their knowledge, skills and competency up to date.
- Staff had received a wide variety of training the registered manager had identified as required. They had a commitment in seeking additional training to enhance the skill of staff in meeting people's needs effectively. An example of this was how staff had received training in dementia care from a well-recognised and leading training provider in dementia care. They had adopted some of the dementia care approaches which had resulted in positive outcomes for people. For example, a relative who's relation was living with dementia told us since being at The Byars Nursing Home, their periods of 'sundowning' had decreased. This is a symptom of dementia also known as 'late day confusion'. This is where confusion and agitation may get worse in the late afternoon and evening in comparison where their symptoms may be less pronounced earlier in the day.

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

- People were supported to maintain healthy nutrition and hydration. Food looked appetising and people's mealtime was a positive communal experience. People received opportunities to feedback their views on the menu choice and were very complimentary of the options, quality and quantity of food provided. A person said, "I love the food. It's all nice. It's the food me mum used to do, all the old times." Another person said, "The food's great."

- Where people required staff assistance to eat and drink this was provided with great respect and dignity. Staff were unrushed, kind and patient, giving explanation as they talked with people, ensuring they were happy and relaxed. Independence was promoted. For example, people who had trouble with their hand dexterity were enabled to eat independently by using plates with a raised lip to prevent spillage. The use of a customised apron, bespoke table mat and named place setting, personalised their dining experience and so secured a high sense of dignity and self-worth.
- People's nutritional needs, preferences and allergies including any religious or cultural needs in relation to their diet, had been assessed and planned for. Staff were knowledgeable about people's individual support needs. People's weight was monitored to enable staff to act quickly if excessive weight gain or loss was identified. Any recommendations made by external healthcare professionals in how food and drinks should be provided was followed. Where people required their food pureed, this was presented nicely using food moulds to shape the food, to make it look appetising.

Staff working with other agencies to provide consistent, effective, timely care

- Positive feedback was received from an external healthcare professional of how staff worked with external agencies to achieve the best outcomes for people. Comments included, "The Byars care team collaborate and communicate excellently across a range of providers to coordinate their residents care. They take the lead in managing wounds and skin care, liaising directly with tissue viability when needed to take expert advice at the earliest opportunity. I have the utmost respect for their nurses knowledge and expertise in these areas."
- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs and has effectively proven to improve people's care experience and reduce the length of hospital stays.
- People's care records showed how staff worked with a variety of external health and social care professionals including the GP, community outreach dementia team, speech and language therapists, occupational therapists, physiotherapists and social workers. Any recommendations made were implemented into care plans to provide staff with guidance of the support required.

Supporting people to live healthier lives, access healthcare services and support

- Staff maintained people's health in partnership with other professionals and showed a strong commitment to support people to achieve good outcomes. Feedback from an external healthcare professional was extremely positive in how staff worked proactively in supporting people's health care needs. Comments included, "Staff have an in-depth knowledge of each of their residents and therefore can often pre-empt and anticipate their needs."
- Staff had detailed guidance of people's care needs in relation to their health conditions and showed great understanding and awareness of people's care and treatment needs. Each person had a named nurse. The name of the nurse and their picture was in people's bedrooms to easily inform the person and their relative or advocate. A designated GP practice with a nominated GP, visited the service weekly. People's medicines were reviewed in collaboration with the NHS Clinical Commissioning Group Pharmacist at six-month intervals or earlier if required.
- People living at The Byars Nursing Home all had nursing care needs. The registered manager told us their ethos at the home was to improve and maintain as good a quality of life as possible and they did this by having a holistic approach. This means they considered the whole care needs of a person, including the physical, mental and emotional needs whilst taking social factors into consideration.
- People and their relatives, were provided with detailed information on a monthly basis of the visiting healthcare professionals who attended the service. This included the GP, optician, podiatrist and dementia outreach service. Details were also provided about a community dentist the service used. Information was

informative and included contact details, professional roles and service and a photograph of the person to help support recognition for people living with dementia.

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

- People were fully involved in the development of their environment, this included consultation via a number of communication routes such as meetings, newsletters and surveys. 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 maintenance person told us how they supported people and their relatives to make bedrooms individual to the person by moving people's own furniture in if requested. They said, "We always involve the person and their family to make sure it's what they want." We saw people's bedrooms were very personalised to their own taste and were of a high standard.
- People had access to safe, secure and well-maintained gardens that incorporated raised flower beds with integrated resting places. The gardens afforded changing views and varying points of interest, as people moved around the external spaces. Each bedroom had its own private balcony or patio area. There was good use of signage to support orientation and help people to find their way around their home. The environment was bright, spacious and stimulating. Memorabilia themed areas encouraged positive interaction and supported the creation of a relaxed and welcoming environment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the principles of the MCA and DoLS. Where people lacked mental capacity to consent to specific decisions, assessments and best interest decisions had been made. These had been completed with the involvement of other significant people such as relatives and the GP, and the least restrictive option had been considered. The registered manager told us how they consistently made decisions in the best interest of people. This included decisions of accepting new referrals, they considered if the placement was in the person's best interest and those people already living at the service. Whilst the registered manager acknowledged that the service participates in research studies, they told us that they only allow a person to join if they have capacity to give consent or if their involvement in a project meets the MCA best interest criteria.
- Relatives told us they were fully involved in decisions about their relations care and treatment. We saw how staff supported people with choices in daily living and how staff acted upon and respected people's decisions.
- Where people had an authorisation that restricted them of their freedom and liberty this was documented and understood by staff. DoLS was a standing agenda item at staff meetings, this ensured staff were fully aware of people's care and support needs in relation to restrictions of people's freedom and liberty.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same, Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People who used the service, relatives and an external professional without exception, were consistently and extremely positive about the care and approach of staff. We received many examples of how people had experienced positive outcomes as a result of the kindness, sensitivity and compassion shown by staff. An external professional said, "The staff have the most wonderful care relationship with the residents. Their relationships are often more like that of close family members and each resident is cared for as an individual. They know them intimately and respond seamlessly to their individual needs."
- Relatives commented on how friendly and welcoming the staff were. A relative said, "As soon as we walked in we felt it was right. Even if it was an hour away this is the one we would have chosen for [relation]." Another relative said, "I love it when staff come up and are excited to tell me [relation] has done something, you can tell that they are invested, and they really care. It's been a life saver, they have improved [their] quality of life beyond measure." And, "[Relation's] got the best quality of life [they] could have, I couldn't ask for anything more than that. It means so much."
- A relative told us how the staff's care, attention and encouragement supported their relation to recover from an illness. They said, "It's clear that because of the way they (staff) work with [relation] and take an interest, [they're] back to how [they] were (before illness). It shows the difference, they care, they go out of their way, they take time and trouble. [Relation] has been very, very happy since being here, the change in [them] has been a joy to see."
- Staff understood what was important to people and provided individualised care. For example, one person enjoyed an early morning walk and the activity coordinator supported the person to do this. Another person had a great passion for animals and was once a Shepherd. Staff used their initiative when sheep were moved to the nearby field. With bags on their feet they supported the person to visit the sheep. We were told how the person took great pride in demonstrating their knowledge and skills, and their confidence and self-esteem was evident. The registered manager went onto purchase wellington boots for the staff team so that visits to the sheep could continue anytime. This person's relative said, "For them (staff) to do that (time with the sheep) was incredible, we sent pictures to [Relation's] brothers and sisters and they couldn't believe it. It was amazing to see [Relation] happy and back in their element. They really go above and beyond."
- We saw many positive interactions of staff with people. Staff were attentive, had time to spend with people and it was clear from the jovial exchanges, smiles and laughter, people had developed positive and trusting relationships with staff. We saw a person tried to undress in a communal area. A staff member

gently and sensitively spoke to the person and re-dressed them in a very supportive and discreet manner. All staff regardless of their position spent time with people. We saw examples where staff interacted on a one to one basis with people, this included a person being supported to look through photographs. From the person's smile of engagement, it was clear they enjoyed reminiscing.

- Staff were extremely positive about their work and spoke about people with great empathy, kindness and showed an interest in people's wellbeing. A staff member said, "We can't change the world, but we can change residents lives." Another staff member said, "It's a team effort, everyone is here all together to look after this big family. Staff use every opportunity to engage with residents. Housekeepers will have a natter with people too. The maintenance person every night says goodbye to everyone."

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

- People had input into, and ownership of the design and review of their care needs. Care plans reflected people's current needs and anticipated future developments. People who used the service and relatives confirmed they were fully involved in discussions about the care and treatment provided. A relative said, "If I'm not here they (staff) will ring me and discuss any changes over the phone, when I am here we go through the care in the plan, I definitely feel involved."
- People received monthly opportunities to participate in resident meetings where they were encouraged to give feedback about different areas of the service. It was also used as an opportunity to discuss all aspects of the service such as staffing, development of the service, activities, maintenance, pastoral activities and social care services.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- Staff had a positive and respectful approach in how they provided care. People and relatives spoke highly of the staff's courteous and respectful manner. A relative said, "All the staff at the Byars are kind and nothing is too much trouble." A staff member said, "We need to remember, we work in people's home, they don't live in our workplace."
- The provider's feedback survey completed by people who use the service about privacy, independence, choice and control was extremely positive and evidenced care was consistently excellent. A person commented on how dignity screens were used when the staff supported them to transfer with the use of a hoist. Another person was reported to say, "They (staff) are very respectful here. They will laugh with you, but don't forget their manners. They always knock on my door before coming in, I feel as though I have my own private space, these things are important." Another person said, "The people here look after me so well I don't feel like I am just another person, they let me spend my day the way I want."
- A third person reported how well staff communicated and involved them in their care and respected their wishes. They said, "The staff are excellent at explaining things, they offer me choices in a way that I understand. The nurse makes sure that I take my tablets, they are very patient and don't rush me. I feel I get a lot of support from the staff to make my own decisions, even if I get stuck with some words they take their time to let me give my own opinion."
- When reporting on how independence was promoted a person said staff did this well and how this was important to them. They said, "They ask me if I would like to help feed the chickens, I feel useful doing little jobs." A person told us how they felt staff's approach to encouraging independence was very good. They said, "Staff just judge their involvement perfectly, so they know when to step back and give you time and when you need support."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the

information recorded.

- There were no restrictions on when people received visitors.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same, Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care that was very personalised and extremely responsive to their needs. Pre-admission assessments were exceptionally detailed and personalised. Relatives and an external professional praised the assessment process. They felt this was excellent in assisting staff in getting to know and understand people's care needs, routines, preferences and history. A relative said, "Its very person centred, and the staff and owner are very approachable. The information they ask for is very reassuring, they want to know how your loved one was like before they became ill."
- An external healthcare professional said, "Every single resident is carefully and considerately cared for from long before they arrive in the Byars until long after their passing. I receive the admission documentation in the days preceding their arrival and can be setting up their medication and records the moment they are registered, which means that their care is as efficient as it possibly can be."
- The registered manager told us how they completed pre-assessments. Whilst other staff were trained to do this, the registered manager felt this was important for them to begin to develop a relationship and communication channels with the family. They believed this helped to develop open conversations around future decision making and explorations into more sensitive areas of care (such as end of life care).
- Care plans provided staff with excellent detailed information to enable them to deliver person focused care. Information was regularly reviewed to ensure staff had access to information that reflected people's current needs. There was a very comprehensive "All about me" folder in every person's bedroom. This provided staff with important information about the person's history and was used by staff to generate conversations and aid person centred themes of reminiscence. It also assisted staff to help reduce periods of heightened anxiety by understanding what the person may be expressing. People's religious and spiritual needs had been discussed with them and the support they required. Pastoral care was provided from visiting local community religious faiths leaders.
- Staff used good initiatives in meeting people's care needs. For example, a person was having problems maintaining their weight. Staff looked at ways of increasing a person's calorific intake and provided them with a personalised snack box. This contained the person's favourite chocolate bars and other kinds of high calorie snacks. The snack box was kept in the person's own room. The directives on the box label invited visitors to share the treats with the person, by way of encouraging them to eat.

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

- People received opportunities to participate in a wide range of social, recreational and pastoral activities. These were based on people's interests, hobbies and pastimes. The activity coordinator was very creative and resourceful, and they promoted social inclusion. For example, they involved people in entering village competitions such as the local scarecrow and gardening competitions. People participated in fundraising events for different charities they were interested in and local ones. Photographs of people enjoying activities were taken to share memories with their relatives and friends. The activity coordinator said with a smile, 'Every day is a good day. So today there is a chicken hatching.' They were very positive about their work and said, "I work with great people and I'm looking after great people."
- The service had many animals and pets which included a house rabbit, an outside rabbit, a dog, fish, guinea pig and chickens. The home invests in 'Living Egg Projects'. People were able to watch the imminent hatch of eggs that were kept in an indoor incubator.
- People were very positive about the activities available and from their smiles and responses, it was clear they gained great pleasure from what was offered. A person told us of the activities they enjoyed, and these included, going to garden centres, "I love flowers and I do like to go out." They also told us they enjoyed receiving the daily newspaper and we saw several people with the days paper and magazines. Another person told us how they liked to dance and loved animals and how they took the resident dog for a walk. We saw the afternoon entertainment was provided by two external singers playing 50/60s music. People positively responded to this, some were seen tapping their feet, clapping and dancing alone and with staff.
- Theme days and special calendar days were celebrated. At the time of our inspection, it was Easter and people were enjoying decorating Easter hats and the maintenance person dressed up as the Easter bunny and distributed Easter eggs to everyone. There was much fun and laughter. A relative praised the activities on offer. They said, "There's loads of stuff, [relation] loves all the animals, the singing, there's loads of things and they always invite me. We get invitations in the post to events. They made an Easter card, and they do one at Christmas that they send to us."

#### End of life care and support

- Feedback received from relatives and an external professional, described end of life care as excellent. A relative said, "The care is exceptional, they (staff) care for the family at the end of life as well as your loved one. They let me stay in the same room with [relation] for a week before they died. The fact that we talked about advanced care plans as soon as [relation] was admitted was really reassuring."
- People's wishes for end of life care were discussed and recorded in a sensitive manner. People were able to have informed involvement in discussions regarding their end of life care wishes. Care for people and their relatives was compassionate, caring and personal.
- The registered manager told us how the home sends flowers, a card and a representative to funerals, then calls the family after a few weeks to check how they are and invite them to future events, if they want to, to help keep in touch.
- The nurses regarded every death as a significant event and undertook a 'Gold Standards Framework' After-Death Analysis (ADA) to review each end of life care experience. As part of this critique, they reflected on what went well, what (if anything) did not go well and considered areas of care that could have been improved. Their learning was then used to reassure the effectiveness of current practice and inform the development of future practice. End of life care plans were discussed at the pre-assessment stage to ensure staff were fully aware of people's wishes at the introduction of their care. Advanced Care Plans were regularly reviewed so they captured and adapted to any change of need/wish.

#### Improving care quality in response to complaints or concerns

- People and staff had many opportunities to give feedback via staff and resident meetings and regular surveys. The complaints procedure had been available for people, relatives and visitors. People were confident they could raise a concern and it would be listened to. A relative said, "I've never had to complain. If I had, I know I could talk to them (staff) straight away." At the time of our inspection the provider had not

received any complaints.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider had a clear set of values that supported the vision and culture of the service. This included delivering consistent high-quality, person centred care that supported ongoing learning and innovation. People were at the heart of the service and the provider and staff continually strived to provide the very best care they could. The attention to detail to ensure people were comfortable and led active and fulfilling lives was exceptional. For example, the environment was of the highest standard and the layout of the internal and external environment was thoughtfully developed, making it stimulating and engaging for people. People enjoyed sitting looking out at beautiful views of open countryside and had binoculars to support them. The homes variety of animals and pets brought great joy and comfort to people. Activities and opportunities available for people were interesting, stimulating and based on people's wishes and what was important to them. This resulted in positive outcomes for people in both their physical and mental health well-being.
- People, relatives and visiting professionals were exceptionally positive and complimentary, about how the registered manager led, managed and facilitated the staff in providing excellent care. Their empowering approach and the staff's dedication, commitment and compassion maximised the impact on people. An external healthcare professional said, "I have never worked with a care home as well led, well organised and professional as The Byars, I consider myself lucky to have such a fantastic team of dedicated staff to work with on my visits." A relative said, "I'm extremely happy with the care here, the staff are very caring. Its very person centred, and the staff and owner are very approachable." Another relative said, "Everybody has respect for everybody else and that's what makes things work. Everyone is willing to work together for the best outcomes." These sentiments were echoed by every person and relative we spoke with.
- Staff were happy in their role and were seen to apply the provider's set of care values, they had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibilities. Staff confirmed there was good communication systems in place and felt positive they worked well as a team. Our observations confirmed this. A staff member said, "It's a team effort, everyone is here together to look after this big family. We all have a part to play." Another staff member said, "[Name of provider's] will help with all problems. They will give advice, they're like a big brother and sister."
- The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online

where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

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

- Feedback received from people, relatives, an external professional and staff described the provider and registered manager as being, "Open, honest and transparent." A relative said, "They (staff) are very honest and practical. They always tell you the truth about things." Another relative said, "It's obvious they've got years of experience and they've mastered tailoring the service to meet the needs of people who require nursing care. You can tell the passion they have and put into the care and business." A staff member said, "Everything they (provider and registered manager) do for a resident is person specific."
- The provider had up to date operational care policies and safety procedures that reflected current legislation, best practice guidance and set out what was expected of staff when supporting people. Staff confirmed they had access to this information.
- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.
- There was a system of audits and processes in place that continually checked on the quality and safety of people's care. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and incidents, and care plans. This ensured the service complied with legislative requirements and promoted best practice. There was clear accountability and oversight of the service.

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

- The registered manager worked closely with the local community and had formed very positive links that had achieved positive outcomes for people. For example, local school children visited regularly and sang to people which they told us they greatly enjoyed. People received opportunities to attend local community social and religious groups.
- Placements were also offered to young people completing their Duke of Edinburgh award (a youth vocational awards programme). This provided further social engagement for people living at the service.
- Regular newsletters shared information with people and their relatives about the service. This included a wide range of social activities and celebrations, internally and externally people could participate in. Feedback surveys were used frequently and offered people the opportunity to share their experience about the service and to make any suggestions. Resident and relative meetings and open days were also organised. These opportunities promoted a positive and inclusive approach, whereby people who used the service, relatives and staff were equal partners.

Continuous learning and improving care

Working in partnership with others

- The registered manager had a huge commitment, drive and determination to continually drive forward improvements. They had developed robust audits and checks that had proved to be effective in managing the service. Their analytical approach to situations meant they were always considering lessons learnt and shared any learning with staff.
- The registered manager took part in studies and national research projects with external organisations in

the health and care sector.

- The registered manager actively advocated in people's best interest. For example, they had adapted The National Institute for Health and Care Excellence (NICE) guidelines as implemented by local clinical commissioning group (CCG) in the management of head injury or falls, for people using anticoagulation drugs (which eliminate or reduce the risk of blood clots). Current guidance states majority of cases should be referred immediately to 999. However, in view of people's age, frailty, dementia and preference to remain out of hospital, a new approach had been endorsed by CCG. In discussion with the GP, CCG and relatives, the registered manager has developed an Anticoagulation alert directive for people prescribed these medicines. This included a best interest assessment and decision, stating management at the service was the most appropriate outcome. CCG identified this piece of work as best practice and have asked the registered manager if they can share the information with other services in the area. This shows a creative and forward-thinking approach to care and optimising the best outcome for people.
- The registered manager also ensured latest research and best practice guidance was considered in the delivery of care, an example of this was how they used a study in the care of skin to inform their practice.