

Cavendish Close Limited

The Close Care Home

Inspection report

Abingdon Road
Burcot
Abingdon
Oxfordshire
OX14 3DP

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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 Close Care Home is a care home providing personal and nursing care for up to 90 people with a range of conditions. At the time of our inspection there were 80 people using the service. The accommodation is divided over four areas. Two registered managers were jointly responsible for the management of the service. There were extensive, attractive grounds that were easily accessible for people to enjoy. There was a Bistro that formed a central social space which was enjoyed by people and their relatives.

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

The provider, registered managers and staff showed exceptional skill and innovative thinking when looking for ways to reduce risks for, whilst encouraging and enabling maximum independence. People were protected from the risks of abuse and felt safe living at the service.

People were supported to achieve highly positive outcomes through the strength of their relationships with staff. The management and culture of the service demonstrated a caring approach and staff were also valued and cared about. People were treated with the utmost respect and their dignity was continually upheld. This was confirmed by people and their relatives who provided exceptional feedback.

People received a truly person-centred service which included supporting their independence and having control over their lives. People received care and support that was personalised to meet their individual needs.

People received highly effective care and support from staff who knew them well and were well trained. People's rights to make their own decisions were protected. Staff worked well together for the benefit of people and were completely focused on meeting the personal, health and social care needs of people living at the service.

The provider, registered managers and staff team were highly motivated and proud of the service they delivered to people. There were consistently high levels of engagement with people using the service, families and other professionals. There was a strong commitment to ensure the service was inclusive and that people had the opportunity to extend their lives in the community.

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 were treated with exceptional care and kindness. They and their relatives thought very highly of the staff and praised their caring, thoughtfulness and willingness to go above and beyond for them. The provider, registered managers and staff had created lasting and meaningful relationships with people.

People's diverse needs were identified and met and their right to confidentiality was always protected. Staff

recruitment and staffing levels supported people to stay safe while going about their daily lives. Medicines were handled correctly and safely. People were fully involved, and the provider was open and transparent when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe 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 Close Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector. A specialist advisor nurse, two assistant inspectors and two Experts 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 Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers 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 since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with 26 people who used the service and 11 relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered managers, service manager, two nurses, the activities coordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now 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 Close used innovative ways to manage risk and sought out new technology and other solutions to make sure that people lived with as few restrictions as possible. For example, the service had actively sought out new technology to make sure that safe practices are discreet and free from restrictions. This new technology monitored people's movements and vital signs when staff are not present during the day or at night. This meant people were safe at night, or when otherwise alone, but were free from disturbance caused by physical checks by staff.
- Staff completed robust risk assessments relevant to people's needs that focused on how to support people to maintain their independence and achieve their goals in the least restrictive way. Positive risk taking was promoted and people were empowered to take maximum control of their lives. For example, due to one person's ongoing medical condition they were unable to meet with their relatives in areas where it was hot. This person previous risk assessment prior to coming to the home guided staff to ensure that curtains were closed, and rooms were kept dark. The provider and relatives felt this was restrictive and sometimes undignified, therefore the provider took action to install an air conditioning unit in the persons room to allow them to meet with their loved ones in a more natural and person centred environment, whilst remaining safe. The persons relative said "The maintenance man arranged to bring in the air conditioning unit from the Home's cinema, but it was still hot, and we had a word with [provider] and he had no hesitation and ordered a bigger unit for us and it was here within three days".
- People were empowered to take maximum control of their lives. For example, one person expressed the need to be involved in the domestic jobs within the home. The staff team worked with this person to ensure a risk assessment was in place that allowed the person to carry out the domestic tasks they wanted to and when they wanted to. The person was given their own uniform for when they worked with staff. They told us "I work here sometimes, I help (staff) in charge of the Bistro".

Staffing and recruitment

- People were involved in staff recruitment where ever possible. This included supporting staff with the interview process and observing the behaviours and attitudes of potential new staff to ensure their values were aligned with the service. We saw evidence of how this ensured that those staff employed had values which aligned to The Close's ethos of caring, compassionate approach.
- The staffing rotas confirmed, there were sufficient staff to meet people's needs.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Systems and processes to safeguard people from the risk of abuse

- Every person and relative we spoke with told us the care they received was safe. They told us staff helped them learn how to keep safe from abuse, not just in service but also in the community, one person said, "Whatever we are doing or wherever we are I always feel safe with staff. They look after me".
- Staff invested in time in educating and reminding people what being safe really meant and this contributed to people's wellbeing. One person told us "I am confident I can talk to the staff about anything and they would be on it".
- Staff had very good knowledge on safeguarding and how to keep people safe. If concerns were raised, prompt investigations were undertaken, and referrals made to the local authorities. Staff had completed safeguarding training and had access to a safeguarding policy. Safeguarding was also regularly discussed at staff supervisions and team meetings.
- Investigations were transparent, and people using the service, relatives, staff and other health and social care professionals were involved at all levels. Outcomes of safeguarding investigations and any learning were shared across the whole service.
- The providers and registered managers were able to share examples where they had used targeted reflective workshops with staff following safeguarding alerts. This supported staff to reflect on how shortfalls and mistakes could affect people in their care. The shared learning that proceeded these workshops was exceptional and concentrated on developing reflection skills, empathy and the impact on people using the service.

Learning lessons when things go wrong

- There was a genuinely open culture in which concerns relating to people's wellbeing were raised and thought out to mitigate future occurrences or risk. For example, the provider had experienced a problem when a lift in the service was unavailable. The provider, staff and registered managers took appropriate action to ensure people could move between the different floors. However, during this process, the management team experienced barriers with the lift provider. As a result, the provider installed a chair lift to ensure if a re occurrence was to happen then people could still move freely across the service with no restrictions.
- Procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons could be learnt when things went wrong. Records we saw showed the procedures were followed.

Using medicines safely

- People received their medicines as prescribed. Staff completed training to administer medicines and their competency was checked regularly.
- People's medicines were managed safely. Processes were in place for the timely ordering of medicines. Medicines administration records (MAR) showed people received their medicines as prescribed. This was confirmed by the people we spoke with.
- There was detailed guidance in place for people receiving 'as needed' (PRN) medicines. 'As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious or are in pain. MAR charts showed when people were administered PRN and why.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- The premises were extremely clean and tidy, and people were protected from the risk of infection. Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly

cleaned.

- We observed staff using personal protective clothing and equipment safely.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

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

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

- The service was exemplary in keeping up to date with new developments and best practice. For example, National guidance (IDDSI) has recently been given surrounding the consistencies of food to meet specific and complex dietary requirements, for those people who have swallowing difficulties. Some people within the service required their food to be pureed which was in line with IDDSI guidance and recommendations made by professionals. The leadership team wanted to ensure that people who required pureed food still experienced the same standards and experience as everyone else. Therefore, they employed a specific chef whose job it was to puree and re mould food to its original state. Following the initial success of the IDDSI developments, the provider decided to expand the catering team and build a purpose built IDDSI kitchen. We saw many examples of how the service had made this possible with a wide range of menu options ranging from full English breakfasts, roast dinners, cottage pies and baked beans on toast. To ensure that this truly unique way of delivering food to a standard were everyone one was equal was not just decorative, the provider had a robust quality monitoring system in place to ensure they and kitchen staff tried the food first before giving it as a choice to people. This meant that creative ways were implemented to encourage food to be as attractive as possible for people on specific diets.
- Following the success of this best practice initiative the management team took action to share their learning with other providers within the area. The leadership team set up a 'chefs club' where the catering teams from other care homes were invited to sessions at The Close to learn the techniques and secrets behind the reconstruction of purred meals and creating a person centred approach to the dining experience of people. Following our inspection of The Close care home we received feedback from other Inspectors from CQC informing us how this good practice had been shared with other providers in Oxfordshire and contributed to the effectiveness of their services. The meant the service also shared their learning and contributed to the development of best practice and good leadership with other agencies and services.
- As part of the providers dementia strategy they had recognised that there was a need to adapt innovative methods to encourage those people living with dementia who got up in the night and slept longer during the day to maintain a well-balanced nutritional diet. Therefore, the provider and leadership team introduced a way of making their own microwavable TV dinners. The provider told us "I was out shopping late one evening and purchased a TV dinner from (a supermarket chain). It dawned on me that we could do the same quick convenient foods for our residents 24 hours a day with a balanced and nutritious meal if we just made our own. That way if someone wakes up at 3am wanting a good meal and thinks its lunch time we can". The provider the briefed the catering team and sought advice from the environmental health team for the correct procedures. The service then went ahead and sourced the correct packaging and sealing

equipment. They then made many tests runs and after further consultation with people and relatives put the TV dinners into production. This meant the service had identified people's individual preferences and patterns of eating and drinking and was flexible to meet their needs.

- There was a strong emphasis on the importance of eating and drinking well. The service provided good quality food with a variety of different options and choices. For example, the service offered three different meal options a day as well as an additional option choice in the morning in case people had changed their minds. In addition to this the provider and leadership team had introduced a 'Takeaway night'. The provider told us "We were inspired by our hairdresser who brought in a takeaway menu from a local take away joint that had just opened. The thought of a takeaway kept me hungry and excited all day and my appetite grew in turn. Whilst I was tucking into my takeaway that night, I thought that this may be a good activity to introduce to encourage some people to eat. Our residents have lived a life where they have ordered takeaways, so why not now, the fact that they are in care should not be a barrier. The very next day I challenged the kitchen team to come up with something".
- We saw evidence of how the service had fully involved people to come up with their preferred takeaway options and how these events were turned into a social occasion for some people, for example we saw how one group of people had ordered a curry and met in one of the services lounges to watch a game of football. Another group of people had met to have a Chinese style takeaway around a friend's room. On the morning of the takeaway night menus were put in people's rooms to so they could inform the staff of what they wanted. We saw evidence of how the service had ensured that these meals were available to people on soft diets and in line with their outstanding IDDSI standards.

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

- The provider and registered manager went to extraordinary lengths to ensure that the building was adapted to meet people's needs and ensure their accommodation was truly individualised and personal. For example, one person's wife moved into The Close after they had moved in. Unfortunately, the rooms at the close although spacious are designed for single occupancy. Therefore, the provider ensured the room next to the husband was empty and then proceeded to knock down the adjoining wall to make a larger room so both husband and wife could be together.
- The design and decoration of the service met people's needs. People had been properly involved in the decoration and design of the service and their choices had been catered for, for example following feedback from people and relatives the provider adapted one part of the grounds to become a sensory garden which provides a safe area for people to enjoy flowers, shrubs and herbs.
- The areas of the service where people were living with dementia were decorated and adapted in line with best practice. For example, there was good lighting which reduced black shadow areas, the sensitive use of colours throughout the building ensured that hand rails stood out and appropriate signage enabled people to orientate themselves. At meal times we observed that people living with dementia had access to special coloured and adaptive cutlery and plates which follow best practice in encouraging people to eat.

Staff support: induction, training, skills and experience

- The Close Care Home is an outward looking service which continuously and proactively looking to further support and develop its staff to ensure they could deliver high-quality care and support to people. For example, the registered managers encouraged staff to go on placement with a local hospice and complete an 11 week training programme designed around best practice in 'End of Life' care.
- The service recognises the needs of relatives as well as staff in relation to understanding conditions such as Alzheimer's disease, Parkinson's disease and Multiple Sclerosis. We saw evidence of how the service had sourced Alzheimer's disease, Parkinson's disease and Multiple Sclerosis specific training and seminars for relatives of people living with these conditions. The relatives we spoke with described the positive impact this had on them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff were passionate in supporting people to exercise their human rights and be heard. For example, a person wanted to take a decision which was seen as an unwise decision by others. Staff went to exceptional lengths to ensure the person's rights were protected and that the person was supported to continue with their decision in a safe way which was aligned to their best interests.
- People told us staff always asked for their consent before they carried out any aspects of their care. One person said, "They always ask permission".

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

- The provider and Registered Managers developed many excellent relationships with social care professionals, NHS staff in the hospitals, Doctors, District Nurses and the Voluntary sector.
- The provider sought other professionals' advice where this was required. For example, when a person required specialist equipment following a fall, staff worked alongside CHSS (Care Home Support Service) to assess their needs and ensure the right equipment was in place.
- People's care records contained information of health professionals involved in their care such as district nurses and their GP.

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 now remained the same.

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

Respecting and promoting people's privacy, dignity and independence, supporting people to express their views and be involved in making decisions about their care

- Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. Staff and the management team were concerned that the use of plastic clothing protectors during meal times were neither dignified or personalised. As a result, staff and the management started collecting clothing from different sources and a member of staff turned these into individual clothing protectors. During our meal time observations, we watched people discussing what they were going to wear for lunch. Where people had limited communication, we saw staff using a variety of strategies to ensure people had a choice. This demonstrated a strong, dignified and visible person-centred culture.
- Since our last inspection the service had introduced 'Butterfly Time' which involved the provider, leadership team and staff spending time with people to ensure a consistent focus was maintained on people being treated and valued as individuals. This approach was exceptional at helping people to express their views so that staff and managers at all levels understood their experiences, preferences, wishes and choices. For example, during a person's 'Butterfly Time' they expressed a wish to try Mexican food as they had never tried it and also enjoyed spicy food. The provider who was present for this time arranged for the person to be taken by themselves to a well-known London Restaurant the following day. We saw that the person was encouraged to bring along another person, the provider also arranged for the chef to be present. We spoke with this person and they told us "It was the first time in a long time that I actually felt like an independent adult". Following the trip, the provider tasked the chef to re-create the meal that they had for everyone else at The Close as a meal choice. This demonstrated that regardless of seniority, staff in all roles were highly motivated to provide care and support that was exceptionally compassionate and kind.
- One person's health needs increased. It was very important to this person's wellbeing that they maintained frequent and regular contact with their relative. Unfortunately, the person's relative was not local therefore the provider sought help from a local volunteer group. As a result, they provided the relative with accommodation on different days during the week, so they could spend the time they needed with the person. As a result, the person's wellbeing improved. This meant that the provider made sure that the person and their family got the support they need by exploring and resolving barriers to their wellbeing.
- People were involved in decisions about their care. Staff were creative on how they enabled people with decision making. For example, one person said they missed shopping. Their care staff arranged time with the person to create a shopping list. Initially the staff supported this person, this supported the person to get their confidence and independence back which resulted in the person being able to go shopping by themselves. This showed staff were creative to enable people to make their own decisions.

- People were treated like they mattered. They were empowered to share their skills and experience. The registered managers and provider were well skilled at identifying what was important to people's wellbeing and encouraging them to share their skills and experiences with others in the service and the wider community club where people. For example, one person, had a love for drawing and sketching. The management team had designated a large communal area for the person to display their work. Another person wanted to share their experience of an ongoing health issue and describe the barriers they faced within their recovery. The provider supported this person to set up a daily internet blog. We saw evidence of how these interventions supported both people's wellbeing and recovery and supported them to feel valued.

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

- Staff knew people well and thought about what they should do to make people happy. Without exception, people, their relatives and care professionals told us the staff were extremely caring, kind, attentive and dedicated in their approach. We observed staff constantly interacting with people with warmth and dedication. One person told us "They [carers] are all good because you can tell them something and they listen to you. Staff are just so helpful, they make sure everyone is happy. Each and every one is a nice person".

- People's diversity was respected. The provider has systems and policies in place to provide support required by people protected under the characteristics of the Equality Act. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The registered manager told us they aimed to provide "Equality" to all people who used the service.

- The staff provided an inclusive and respectful environment for people to be able to discuss and explore their sexual views or gender expression. Traditional events such as weddings, valentine's day along with social events within the home were both advertised and organised in a way to promote opportunities to discuss what this meant for people and to talk about their feelings, opinions and sexuality. This demonstrated that The Close understood the needs of different people and groups of people, and designed care and support in a way that met peoples individual needs whilst promoting equality.

- Relatives were extremely positive about the care and support people received and told us they were always warmly welcomed. There were no restrictions in the home and relatives told us they appreciated how staff always went out of their way to make sure they were welcomed. We saw one example of how the provider had gone the extra mile to ensure a relative was cared for after their car developed a puncture during a visit to take one person out. Whilst the relatives were visiting the maintenance person, took the punctured wheel to a local garage and had this fixed for them so they could have a safe journey home.

- People were treated with great kindness and compassion. They described the staff as empathetic, caring and took time to understand them. The provider had systems in place which ensured they employed staff whose values aligned with their ethos of caring and compassion.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to 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

- The care and support delivered was centred on each person's individual needs. Staff feedback showed they researched and used information about people's history and interests to provide care that reflected each person ongoing needs. For example, one person used to work on a market stall, so staff supported to go around with the tuck shop trolley and use their selling skills to barter and haggle with residents that had the capacity to understand the situation and participate in the role play. The impact of this was that it had a positive impact on the persons self-esteem and wellbeing because they were engaging in something that was important to them.
- The service had effective protocols to match staff to people who had similar interests and history. For example, staff wore lanyards which had information about their likes dislikes and values. We saw examples throughout the inspection were these lanyards created discussions about what staff and people had in common.
- People told us staff had taken time to understand their needs, likes and dislikes and ensured the support they received was according to their preferences. Relatives told us of how care staff tailored support to the personality of their loved ones. One relative described the impact that the services person centred approach had on their relative. They told us "Since [person] has been here (they have) improved immensely. It allows me so much more assurance. The can even tell the time now.. This is like heaven here for [person] and for me. [Person] was all closed up and frightened and never opened up when (they) moved here, now their life has been transformed". On the day of our inspection we saw how the service had arranged a surprise birthday party for the person and the staff and management team had bought the person a football shirt of their favourite team.
- People achieved their desired outcomes. We saw their care plans included short, and long- term goals they hoped to achieve with support. One person was admitted to The Close with complex physical and emotional needs, which included complex barriers to them recovering from their condition. The provider and registered managers worked with the person and the appropriate therapeutic teams, in a way that allowed the person to transform their physical wellbeing and return to their own home.
- Staff used innovative and individual ways of involving people and their families, friends and other carers in their care and support plans, so that they felt consulted, empowered, listened to and valued. For example, one person who was recently admitted to The Close demonstrated behaviours that may challenge others. The service through communicating with relatives and professional identified a number of fears which the person had communicated during their early diagnosis of an ongoing condition. The service created a holistic positive behavioural plan which was underpinned by alleviating these fears. This person relative

described the positive impact that this had on the person and their family's wellbeing. We saw examples of how this had helped the person to settle at The Close and become less agitated.

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

- The provider used innovation and best practice to ensure people's individual social needs were met so people could live as full a life as possible. For example, the provider had introduced a purpose-built mobile projector which was used to use for group and individual activities or in the case of people nursed in bed the interactive images can be projected on to a white cover placed on the person's bed. We saw evidence of how this had positive impacts on people who had sensory and communication difficulties.
- The home excelled at supporting people to participate in a wide range of activities that were important and relevant to their needs. One person had enjoyed fishing before moving to The Close, so staff arranged for them to fish in the river at the bottom of the grounds. We saw pictures of this person catching fish and enjoying themselves. Activities were fully inclusive regardless of people's psychological and physical needs.
- Activities included boat trips, garden centre visits, visits to a local crocodile sanctuary, 'Cuppa and cake' afternoons, gin club. Following the success of one activity where people could meet and discuss food with the chef and to continue to follow their interest in food. The provider made adaptations to the kitchen so people regardless of their health and ongoing conditions could still bake and cook homemade meals if they wished to.
- The service took a key role in the local community and actively sought and built further links. Community involvement was closely linked to the activity programme and included a monthly community café where people could speak with staff, other people and members of the local community. We saw how a 'toddler group' regularly visited to interact with people. This meant community resources and support networks were established and sustained.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard.
- People used a variety of assistive communication aids to express themselves which enabled staff to support people effectively to meet their needs. Examples included picture cards, assistive technology and personalised signs and gestures.

Improving care quality in response to complaints or concerns

- People knew how to raise any complaints they may have. They were confident their complaints would be dealt with promptly. One person told us, "No complaints, I am confident can talk to the staff about anything and they would be on it." A relative told us an issue they raised had been resolved immediately
- The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.

End of life care and support

- The service had extensive protocols in place for supporting people at the end of their life. The provider and registered manager were passionate about providing high quality palliative care.
- Staff received specialist training which equipped them to provide the support people needed to have a

comfortable and pain free death.

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 Good. At this inspection this key question has now improved to 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

- Without exception, people were highly confident in the leadership of the service. Comments included; "This isn't a good home, it's an outstanding one. The environment, the (leadership team) make it. The Bistro, the kitchen staff all work as a team, all there for each other", "I think that it is well managed. (Registered manager) is brilliant", "I think it is well managed. (provider) is always around" and "Most definitely well managed, wouldn't be such a happy place if it wasn't". A relative said "Outstanding management. I have a brilliant relationship".
- People were at the core the service. The systems and values within the service demonstrated their commitment to high standards of care for all people, this included challenging and supporting the wider community to care for and treat people with dignity. They did this through supporting and empowering established groups and organisations, and by creating new support networks. For example, the provider worked closely with the LGBT+ community and was involved in writing articles for a national magazine relating to care for people of the LGBT+ in later life. This meant The Close engaged constructively with staff, people and equality groups.
- Staff we spoke with were immensely proud of the service. They demonstrated a clear understanding of the impact of their role in people's wellbeing, and a commitment to making a difference to people's lives. The service empowered staff to be valued stakeholders in developing and delivering a high standard of care. The provider told us, "A staff member told us, "I love working here and I love being with people, talking to them, chat with them".
- There was a strong culture and emphasis on supporting, praising staff. We saw examples of recognition and rewards schemes designed to acknowledge the work carried out by staff in delivering person centred care.

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

- Alongside traditional ways to seek feedback such as annual feedback from stakeholders, the service had also adopted innovative and creative ways to empower people and relatives to voice their opinions.
- The provider had introduced 'feedback tubes', these clear tubes were placed in the reception area and every week people had a choice of three topics they would like to discuss that week. People could then use coloured balls to populate the tubes, the tubes with the highest number of balls were then discussed at the resident's meetings and during 'butterfly time'. This demonstrated a high level of engagement for people to

actively discuss any concerns and improvements.

- The service had a strong presence in the local community. They had established effective links across various sectors within the community to share information, provide support and training on providing positive outcomes for people. For example, were the provider had shared their best practice surrounding IDDSI with 12 separate providers of residential care. This showed how the provider shared and implemented high-quality, outstanding practice. We also saw examples of were the provider encouraged members of the community to attend social events such as summer fetes and a large bonfire and fireworks display.
- The provider had created strong links with local LGBT+ groups and we saw evidence how members from these groups came to The Close to speak with people and staff about the barriers the LGBT+ community can face when accessing care. This demonstrated the providers commitment to high levels of engagement with staff and people who use services, to recognise the importance of equality.
- People and relatives at the Close had expressed concerns that a local bus route into the local towns and surrounding areas had been cancelled, as a result the provider hired an additional driver and arranged regular drop offs and pick-ups from the local towns and surrounding areas so people could still access the community with ease.

Continuous learning and improving care

- The Close had a strong emphasis on continuous improvement. We saw many examples of how the service had taken the views and feedback to make person centred improvements. For example, people had requested that stakeholder meetings were more regular and accessible. As a result, the provider increased the level of meetings to include evening and weekend meetings. People had requested more BBQ and smoked food, as a result the provider obtained specialist equipment and employed a chef, who was specialised in this. One relative told us "We know [provider] very well, he comes from a hotel background and it amazes us that he never skimps in providing things for the home".
- As part of their continuous improvement, the provider and registered manager told us of initiatives which they discontinued following concerns they did not suit people that used the service and the visions of the service. We also saw the service responded promptly to incidents and concerns raised by people and staff. These showed feedback and incidents were used as a tool for learning and improving the service.

Working in partnership with others

- The provider had systems in place to sustain outstanding care and further improve the service. They supported other providers through local registered manager groups and the homecare association group.
- They worked collaboratively with professionals within and outside the health and social care sector to ensure people had access to relevant information and support. For example, they worked with a local NHS trust in helping them designed person centred care plans.
- The Close was an excellent role model for other services. It often worked in partnership with other providers to build positive experiences for people based on good practice.
- We saw examples of how the leadership team engaged with research in order to strive towards excellence. For example, the provider had engaged in both local and national research surrounding managing agitation and anxiety and developing a wider care home strategy with the local authority.
- There was a systematic approach to working with other organisations to improve care outcomes. Partners included local primary schools, good neighbours' scheme, toddler groups, local colleges, and faith based organisations.

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

- Oversight and governance was well-embedded into the service and played a major role in the development of its outstanding and innovative practices. For example, the microwavable TV dinners, the

dining experience of those people living with dementia and the wide range of person centred activities.

- The Close had experienced registered managers who understood their role and regulatory responsibilities. We saw examples of how the leadership team supported other providers to put people in the centre of delivering care services, they supported and led local care forums.
- The provider had won four awards and recognition which showed their commitment to high quality performance. This included awards in best individual care home, activities team of the year, best outdoor environment and best food, nutrition and dining experience.

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.