HC-One Limited

Tenlands Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 20 and 26 June 2018 and was unannounced. At our last inspection in April 2016 we awarded an overall rating of Good. At this inspection we found the provider had improved and was now rated Outstanding.

Tenlands 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 care home accommodates 39 people across two floors. At the time of the inspection 34 people were being supported in the home, 16 of which required nursing care.

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

People received exceptional end of life care which was personal to them and their relatives. Relatives felt staff provided excellent care and support and demonstrated a high level of compassion and kindness to people at the end of their lives. Relatives were supported during the time up to and following the death of their loved ones.

People, relatives and staff we spoke with, told us the service was extremely well-led and managed. A vision to drive improvement was central to the service's ethos and this was evidenced in the quality assurance system along with the actions of the registered manager and staff across the service.

Staff were particulary positive about the registered manager. They confirmed they felt supported and could raise concerns at any time. We observed the registered manager was visible in the service and found they interacted with people and their relatives in an open friendly manner. People and relatives felt the management of the home was extremely positive. The provider recognised the importance of staff input by regularly giving out achievement awards.

Staff were aware of safeguarding processes and knew how to raise their concerns. Where lessons could be learnt from safeguarding these were used to improve the quality of the service. Accidents and incidents were recorded in detail and monitored as part of the provider's audit process.

Medicines were administered by trained staff who had their competencies to administer medicines checked regularly. Policies and procedures were in place for safe handling of medicines for staff to refer to for information and guidance.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates were in place which reflected fire inspections and gas safety checks.

Recruitment processes were in place with necessary checks completed before staff commenced employment. The provider checked nurse's personal identification numbers (PINs) to ensure they were up to date. Staff completed an induction into the home on commencement of their employment. Inductions included mandatory training and an introduction in the provider's policies and procedures.

Staff levels were appropriate to the needs of people using the service. The provider used a dependency tool to ensure staff levels met the needs of the people living in Tenlands.

Risks to people and the environment were assessed and plans put in place to mitigate against these. The provider had a continuity plan in place for staff guidance in case of an emergency. Personal Emergency Evacuation Plans (PEEPS) in place for people which were updated regularly providing support and guidance for staff in case of an emergency.

The provider used best practice and current legislation when assessing people's needs to develop effective outcomes.

Where people were at risk of poor nutrition, risk assessments were in place with associated care plans to provide support and guidance for staff to follow. Specialist diets were provided for people with specific needs.

Staff received regular supervision and an annual appraisal. Opportunities were available for staff to discuss performance and development. Staff's mandatory training was up to date. The provider's training system covered clinical training and support for nurses.

Staff understood the Mental Capacity Act and gained consent prior to any care being delivered. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice

People and relatives felt the service was caring. Staff provided support in a respectful manner ensuring people's privacy and dignity was acknowledged and promoted. Staff encouraged people to be as independent as possible. Equality and diversity was acknowledged by staff. Staff knew people well and understood their care and support needs. Information about advocacy services was accessible to people and visitors.

Care plans were in place setting out individual needs, likes, dislikes and preferences. People and relatives were involved in care planning where ever possible. Care plans were reviewed and updated whenever there was a change in need.

People enjoyed a range of activities both inside and outside the home. The service had positive links with the community with people accessing local landmarks and shops.

The provider had a complaints process in place which was accessible to people and relatives. Compliments were recorded and cards of thanks were available.

The premises were suited to people's needs, with dining and communal spaces for people to socialise. Bedrooms were personalised to people's individual taste, containing personal effects and pieces of furniture

brought from home. Bathrooms were designed to incorporate needs of the people living at the home. The garden area was well kept and accessible to people and relatives.

The provider worked closely with outside agencies and other stakeholders such as commissioners and social workers. The registered manager attended best practice groups to drive improvement sharing learning with the staff team in order to improve outcomes for people. Statutory notifications were submitted to CQC. People's personal records were held securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding

The service was extremely responsive.

End of life support was outstanding. People's wishes were acknowledged and valued with care plans developed in a personalised manner.

Care plans were personalised and contained people's likes, dislikes and preferences. Care plans were reviewed regularly. Relatives were involved in care planning where ever possible.

Relatives and volunteers confirmed staff supported people at the end of their lives in an extremely compassionate manner. Relatives felt supported by staff during such an emotional time.

The provider's complaints procedure was accessible to people, relatives and visitors. Complaints were investigated and outcome letters provided to the complainant.

Is the service well-led?

Outstanding

The service is extremely well led.

The registered manager and provider were committed to keeping up to date with best practice. Staff were provided with training and support to ensure they were able to provide people with the highest standards of care.

There was a clear emphasis on continually striving to improve the service. The provider had a strong governance system in place to drive improvements which demonstrated positive

outcomes for people.

Feedback from people who used the service, their relatives and staff was consistently positive.

Tenlands Care Home

Detailed findings

Background to this inspection

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

The first day of this inspection took place on 20 June 2018 and was unannounced. This meant the provider did not know we were coming. We also visited the home on 26 June 2018 to finalise our inspection.

The first day of the inspection was carried out by two adult social care inspectors. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information, we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local Healthwatch team and obtained information from the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with five people who lived at Tenlands. We spoke with the registered manager, deputy manager, one nurse, one nursing assistant, three care workers, one catering assistant, the chef and well-being coordinator. We also spoke with four visitors/friends, five relatives of people who used the service. We also spoke with five health care professionals.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of five people, medicine administration records of five people, recruitment records of three staff, training and supervision records of four staff and records in relation to the management of the service.

Good

Is the service safe?

Our findings

At our inspection in April 2016 we rated this domain as "good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives told us they felt the care they received in Tenlands was safe. One person told us, "I have a lovely room so I am safe." Another said, "I have nothing bad to say about this place, I'm happy, safe, to be honest everything is great." One relative told us, "I have nothing but praise, [name] is looked after here, so very well."

We spoke with three people who visit the home regularly from a local church. They advised when they carryout communion a staff member also came along in case anyone who requested communion was at risk of choking.

We found appropriate risk assessments were in place. Such as, moving and assisting and skin integrity risk assessments. These were reviewed regularly and contained a clear level of detail for staff to provide control measures to reduce the risk.

Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls and kitchen safety. These were reviewed on a regular basis and were accessible for staff support and guidance.

Recruitment processes were robust. We found the provider carried out checks with the Disclosure and Barring Service (DBS) to make sure perspective employees were able to work with vulnerable adults and that they could do so without restriction. The provider checked nurse's personal identification numbers (PIN) as part of the recruitment process to ensure they were up to date. A PIN is given to nurses to demonstrate they are registered with the Nursing and Midwifery Council (NMC) and are fit to practice in the role of 'Nurse'. The NMC is the regulator for nursing and midwifery professions which maintains a register of all nurses, midwives and specialist community public health nurses eligible to practise within the UK.

Staff had received training in safeguarding which was refreshed on a regular basis. One staff member told us, "I would report anything I was worried about." Staff understood the definition of abuse and could give examples of how people may present if they were being abused. Such as becoming withdrawn, frightened and having unexplained bruises or marks. Staff told us they felt the registered manager would act on any concerns.

The service had a range of policies and procedures to keep people safe, such as safeguarding and whistleblowing policies. The registered manager held a log of all safeguarding incidents. Investigation records were available with outcomes. Where lessons had been learnt these had been discussed with staff during team meetings or supervisions.

Medicines were managed in a safe manner. Medicine administration records (MAR) were completed with no

gaps or anomalies. Temperatures of the medicine room and refrigerator used to store medicines, which needed to be kept at below a certain temperature, were recorded daily.

The provider used a dependency tool to ascertain safe levels of staff. The staffing rotas we looked at were appropriate to the needs of the service. We found staff were visible in the home and call bells were answered in a timely manner. Health care professionals we spoke with all felt the staffing levels were appropriate.

Records demonstrated the provider ensured the maintenance of equipment used by people and in the service. Certificates were in place to show gas safety checks, portable appliance checks, and mobile hoist and sling checks had been carried out.

A business continuity plan was in place to ensure staff had information and guidance in case of an emergency. People had personal emergency evacuation plans in place that were available to staff.

There were no odours in the home and all furniture and furnishing were of a good standard. Infection control policies and procedures were in place. Staff received infection control training and we saw a good supply of personal protective equipment.

Good

Is the service effective?

Our findings

At our inspection in April 2016 we rated this domain as "good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

We found the provider considered current legislation and national guidance when planning outcomes for people. For example, nutritional guidance from the NHS regarding nutrition was used in developing eating and drinking care plans with an outcome of providing a nutritionally safe diet.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Appraisals were carried out with staff on an annual basis.

People and relatives we spoke with felt staff were appropriately trained. One person told us, "I love these girls, they know what they are doing." Another said, "The nurses are brilliant, the best around here." One relative told us, "They must be trained, they are on the ball."

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. We saw that staff were trained in how to offer people the support they needed at the end of their lives. One staff member told us, "We have end of life training, it's continuing, we get updates all the time."

Nurses were supported with their development and revalidation. Revalidation is a process nurses must complete to provide evidence to demonstrate to the NMC they continue to meet the NMC's code of conduct to retain their registration to practice.

The provider employed nursing assistants. Nursing assistants are members of staff who have undertaken a specific course to develop clinical skills, to allow them to support the nurse in charge in their position. We observed the nursing assistant supporting the nurse during medicine administration. Other tasks they complete as part of their role included phlebotomy (taking blood), simple dressings and physical observations.

We reviewed how people were supported with their nutritional needs. People were offered a healthy, varied diet. Observation at lunchtime provided good evidence that the staff were skilled in terms of their approach to supporting the nutritional needs of people. We found appropriately modified textures were provided for each person requiring specialised diets. Such as pureed or fork mashable food.

Staff supported people in a dignified manner. Staff were aware of the need to wait for the person to swallow/clear their mouth before more food was given. People were offered protection for their clothes,

such as bids or aprons. Drinks and re-fills were regular offered during the meal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good knowledge of the rationale for DoLS. We found details of MCA assessments and the decision-making process with people being fully involved. This was reflected in care plans with a clear rationale for action set out to inform both the person and staff. Staff understood the importance of supporting people to make as many of their own decisions as possible.

We saw people had access to a range of external healthcare professionals. The service had good links with people's G.P.'s and other specialists such as dietitians and speech and language therapists. One health care professional told us, "I have visited the home for seven years, I would recommend this home." Another told us, "They follow our advice. They ring into the office for patients if they have concerns."

From the health and safety audit the staircase and banister had been altered to ensure maximum safety for all within the home. New fire doors and patio areas had been completed to ensure that people with bariatric needs had a safe escape route from their bedrooms. To ensure the high-risk areas, such as the sluices, remain locked at all times an electronic key pad had been installed on each door. Meal times had been altered following a residents meeting where people had asked for the main meal to be served at lunch time.

People had access to communal areas. We found lots of space for activities and for people to spend time together with relatives and friends.

Facilities were large enough to accommodate wheelchairs and other mobility equipment. Signage was in place for people's orientation.

Good

Is the service caring?

Our findings

At our inspection in April 2016 we rated this domain as "good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives, we spoke with felt the service was caring. One person told us, "I am so happy to be here, everyone is helpful." Another person took us to see their room. They told us, "I have a lovely room, they did it our specially for me, it's just how I want it." One volunteer told us, "I would not be here if it was not a nice environment, the girls are excellent, it's just a brilliant place."

Relatives told us they were made to feel welcome and could visit at any time. One relative told us, "We are always offered a tea, they [staff] are so friendly. It's the best house around here."

We found several cards and compliments had been made about the caring nature of the service and staff. Comments included, "friendly staff", "open and welcoming" and "staff are attentive."

People were treated with kindness and compassion in their day-to-day care and support. Staff were attentive to people's needs and responded quickly to people's requests. People appeared comfortable in the company of staff members. Staff we spoke with had knowledge of people's life and family history, methods of communication and likes and dislikes.

We noticed one person became slightly upset whilst having morning coffee. A staff member approached them smiling and offered support. The staff member said, "Would you like a hand with that [drink]. I can get you a napkin." Two other staff members were supporting people with moving and assisting using equipment. We heard them reassure the person and ensured their clothing was adjusted to maintain their dignity throughout the procedure.

We observed genuine relationships between people and staff. There was lots of laughter in the home and people reacted in a positive manner with staff smiling and chatting together. It was clear staff knew people well and understood gestures, body language and facial expressions.

We asked staff how they would support someone's privacy and dignity. They told us they knocked on people's doors before entering rooms and always asked before helping with a task. We saw staff ensured doors were closed when they were supporting people with personal care. People were asked if they wished to go to their room when visitors arrived for privacy. We found independence was promoted by staff in a range of ways. Such as providing adapted cutlery to enable the person to eat unaided.

Staff were aware of people's communication needs and could meaningfully engage with people. We saw one person used non-verbal behavioural indicators such as facial expressions and gestures. Staff told us they had taken time to get to know the people they supported by reading care records and spending quality time with them.

People's personal information was held securely and was only accessible by staff members who required the information to perform their role.

Information regarding advocacy services was available to people, relatives and visitors. Advocates help to ensure that people's views and preferences are heard.

Outstanding ☆

Is the service responsive?

Our findings

At our inspection in April 2016 we rated this domain as 'good.' At this inspection we found this domain had improved to 'outstanding'.

The service provided exceptional end of life care. Relatives told us the end of life care was, "wonderful" and "extremely caring". Two relatives specifically came in to speak with us about their experience of the care provided by Tenlands. They said, "From [cleaning staff member] to [Registered manager], they were all so supportive, lovely and considerate at every point. [Person] was treated as an individual, this is a superior home, intimate and considerate all the time." Another relative told us, "[Person] was made comfortable, to staff the family was just as important. The staff cared exactly how [person] would have wanted. They cared for me all the way through and after." They went on to explain, it gave them comfort to know how staff had remained with the person so they were never alone. Members of the clergy were contacted when requested.

Relatives had sent thank you cards which contained positives comments. For example, "Excellent, kind, compassionate staff nothing is ever too much trouble," "Thanking all the staff for the love and kindness shown to [Name] in the last weeks of her life" and "comfortable and dignified care."

Staff had access to sensory lights to use in people's rooms. The registered manager told us, "These were donated to us and we use them in bedrooms, they [people] appear to like the projected light on the ceiling." There were fragrant oils and candles available for people to have in their rooms if they wished to provide a pleasant calming environment.

The provider had considered the needs of relatives at this difficult time to make them feel welcome and as comfortable as possible. Overnight accommodation was available. A 'comfort box' was provided which contained a soft blanket and essential toiletries for relatives or friends who wished to stay overnight. Trays of food and drink were offered during the day and night.

The registered manager had taken the lead in the development of a bespoke training package for staff on end of life care working with the provider's learning and development team. This had been endorsed by the National Council for Palliative Care [NCPC]. One staff member told us, "The training we have makes you think about how to care for them [people] at such a sad time."

Highly detailed end of life care plans were in place for people and plans were written in partnership with people, relatives and health care professionals. Best practice was used in line with National Institute of Clinical Excellence [NICE] End of Life for Adults 2017 when developing care plans.

Staff had a wealth of knowledge and experience in anticipating and providing support in end of life care. We spoke with one nurse who was a former Marie Curie nurse. They told us, "I have a degree in palliative care and like nothing better than to share my knowledge and experience with staff." Nurses were trained in the use of specialised equipment to manage symptoms associated with end of life care so people are pain free and comfortable. The nurse said, "It is my passion to care for them [people] and their families."

The deputy manager had volunteered with the rapid response team to gain experience of supporting people with end of life care. The team respond to people receiving palliative care living in the community to provide the care and support to prevent unnecessary admissions to hospital.

The registered manager worked with link organisations such as Macmillan Support, the local hospice and health care professionals to access training for staff. The registered manager told us, "We want to provide the best care we can. Not only to them [people] but the relatives as well." They told us of the pilot scheme the home had been part of in developing training for care staff in end of life. The pilot had resulted in a booklet developed for staff, giving information about end of life care which they can refer to for support and guidance. Staff also had access to an 'End of Life Care – Cultural and Diversity document which gave staff important guidance on how to support people and why it is vital for staff to recognise people's differences.

Staff spoke with compassion when they recalled how they had cared for people at the end of their lives and still maintained people's dignity. One staff member told us, "I still talk to them, they are still human even though they have gone. They are someone's Mam or Dad." Another said, "[Name] asked, don't leave me alone and put my family photos on the table". Staff had respected this person's wishes and followed their requests. Staff told us how relatives could bring in the person's pet dog so they could see them. One staff member said, "We are honest with them [other people] when someone dies, they miss them as well." Other people who used the service were supported to attend funerals and to send cards of condolence, this helped people emotionally, to understand and come to terms with the bereavement. Staff attended funerals and the registered manager arranged for sympathy cards to be sent to relatives.

Staff were proactive in working with health care professionals when supporting people at the end of their lives and used best practice in the management of end of life care. One health care professional told us, "They have a very proactive approach with the person and their relatives and can discuss the person's wishes." They went on to explain people were given the opportunity to discuss how they wished to be cared for in the event of deteriorating health and whether they wished to remain in the home or go to hospital, relatives were also involved in conversations. They said, "Staff have such a good understanding of the client and know them so very well the response to deterioration is excellent. For us they are proactive in every area, being very aware of the client's condition."

The provider used an innovative method of supporting people at the end of their life with mouth care making the experience less intrusive. Known as a 'bubble machine' by staff, the machine is used to change liquids into bubbles. Once the air pump is on, the machine creates bubbles which are then put on a spoon and used to freshen the person's mouth.

The provider had produced a booklet for relatives which gave support and guidance about end of life care, with important contact numbers for local organisations and a set of frequently asked questions. The registered manager told us, "It just helps to make things a bit easier, the frequently asked questions part really helped relatives".
We found the provider had a detailed pre-admission assessment process in place which was completed by highly trained staff to ensure the service could meet the needs of the person. Where ever possible the person and their relatives were involved in the process. Where the assessment took place in hospital, other health care professionals input was acknowledged, such as nursing staff or doctors. Assessment records detailed people's likes, dislikes and preferences on how they wished to be supported. Previous and current health needs were documented along with current prescribed medicines. Any specific interventions regarding medicines such as sub cutaneous administration were documented. This level of detail is important to ensure staff within the home are trained to deliver the care specified in the assessment.

Once admitted to the home staff completed an initial assessment, this along with the pre-assessment was used to develop outcomes for people. For example, to achieve a stable blood glucose level or to improve mobility with a view to return home. People, relatives and where appropriate, other health care professionals were involved in conversations when developing care plans. This meant that the provider ensured the person and those important to them were consulted throughout the development of care plans. One health care professional told us, "They are focused on the person and keenly aware of changing needs, knowing people's general health and what is a good day what is a bad day."

We found care plans to be person-centred, containing people's likes, dislikes, wishes as well as care needs. Care plans were concise and easy to follow, whilst daily notes were comprehensive and in line with any guidance offered by healthcare specialists. Where specific techniques were required in terms of moving and assisting these were detailed for staff to follow. Details of the type of hoist, colour/size of sling and where specific loops were to be placed were recorded for staff support and guidance. We saw people's rights were protected and promoted through care planning, for example, we saw people were supported to practise their religion through regular services held in the home. One visiting church representative told us, "The home is extremely proactive we visit regularly and are always made to feel welcome."

The provider's care plan review system encouraged people and relatives to be involved in any discussion regarding changing need. We found where people with capacity did not wish to follow the advice of health care professionals, the risks of not doing so had been explained as part of the provider's 'right to make an unwise decision assessment'. For example, the assessments records demonstrated the health care professional had made entries to evidence the person wanted to go against their recommendations.

We found the provider had a 'Resident of the Day' system in place. This process helped staff understand what is important to each person and what makes a difference to them. Each aspect of their care and support formed part of the process. For example, the person is visited by the housekeeping staff as their room is deep cleaned, their nutritional needs are reviewed with the kitchen staff, and care/nursing staff spent time with them reviewing their health and well-being needs. The process enables staff to get to know the person so that care is tailored, reviewed and provided in such a way that people feel valued and included.

The provider employed a well-being coordinator who was responsible for engaging people with activities both in the home and in the local community. The well-being coordinator spent time with well-being coordinators from the provider's other services to share ideas about activities. They told us, "I found this brilliant when I first started, very useful". People were involved in the planning of activities in the home through regular meetings. One person told us, "There is always something going on, we have parties for special occasions." Another said, "There is an exercise man, games and competitions, we get looked after very well."

The provider ensured the home engaged in the wider community by advertising garden fetes and Christmas events to the public. A local speaker visited the home to give a presentation. Trips were organised to the sea side, countryside and cafes using the home's mini bus. The local school's brass band visited to entertain people. We saw an advert had been placed for public to come and spend time in the home, to have a meal and join in activities. This showed us that the provider acknowledged the home's status in the community making it accessible to everyone.

Staff had an excellent understanding of people's backgrounds and supported people to pursue their interests and hobbies, to have new experiences and try new activities. One staff member told us, "We know [Name] loved sports, so we have arranged a special place for them to watch in peace." One person told us,

"I only came for a short time, I am much happier here. They took the time to get to know all about me." Another said, "I spend time in here [their room], my choice, I am always asked if I want to join in. Sometimes I do. "Staff told us time was spent chatting to people, finding out what they liked to do so activities could be tailored to the person. For example, two people had a day out visiting their home towns. We found the provider engaged a reiki therapist as part of their activity programme. The therapist visited the home to give a taster session to see if this was something people would like to try. This proved to be extremely successful with people reporting how much better they felt after the sessions. Technology was used to provide recreational opportunities for people introducing using new innovative methods. For example, we saw people using virtual headsets to view local towns and country side. People were supported to use iPad to do online shopping.

The provider used evidence based activities to support people living with dementia. Regular "Singing for the Brain" sessions were organised for anyone who wanted to attend. Singing for the Brain groups are socially stimulating activity for people with dementia and memory loss, helping them to build new relationships, retain skills, and boost confidence. One person told us, "I love the sing songs, we have so much fun, it does not matter if you can't sing."

There were regular opportunities for people and relative to raise issues, concerns and compliments. The provider had a written complaints policy and procedure, information about how to complain was given to people on admission and was on display in the home for visitors. Complaints were fully investigated, outcomes shared with the complainant and their satisfaction checked. The registered manager told us, "It is important we respond, and learn from complaints." One person said, "There is nothing to complain about, but if there was…… well I would speak up." One relative told us, "If I had a problem I would tell them. I have nothing to say but good things."

Outstanding ☆

Is the service well-led?

Our findings

At our inspection in April 2016 we rated this domain as good. At this inspection we found this domain had improved to outstanding.

The registered manager had been extremely proactive in sourcing and attending training to improve outcomes for people in terms of their nutritional needs incorporating risk factors associated with eating and drinking such as choking. One area was the International Dysphagia Diet Standardisation Initiative (IDDSI), a global framework adopted by The Royal College of Speech and Language Therapists and the British Dietetic Association. The aim of IDDSI is to maximise people's nutritional intake through thickened food and fluids. The registered manager and chef attended workshops and shared their learning with the staff team. The service now had IDDSI champions who promoted the initiative within the home.

By embracing the initiative to use thickening agents, people were supported with a wider choice of food and drink specifically for those at risk of choking. People's weights stabilised, and there had been a reduction in chest infections of those at risk of aspiration.

The registered manager contacted local health care professionals to source training in the promotion of good oral health. Following a National Health Service Oral Health Symposium, the registered manager implemented the use of a specialist brush for people who were unwell or unable to use a normal tooth brush.

The registered manager reported that some people who had found it difficult to brush their teeth were now in receipt of oral care. Three of whom now had visits from the community dentist where previously they refused to attend. A decline in one person's oral health was identified whilst using the soft brushes, previously they preferred not to accept support with a normal toothbrush. This meant by introducing the less invasive process people were now having positive outcomes in terms of oral health. The registered manager advised this had impacted on people's overall intake of fresh fruit and vegetables thereby improving nutritional intake.

People's dignity had improved and a reduction in urinary tract infections was observed due to the less invasive support for continence needs. The registered manager took a proactive approach to improving the dignity of people through reducing urinary tract infections. The registered manager had helped to develop the Patient Held Catheter passport in 2017, which reduced delays on people receiving the correct continence equipment and support when they were admitted to hospital. Records showed a reduction of people returning to the home with catheters.

We found a reduction in the use of antibiotics. The registered manager implemented the "To dip or not to dip", where by staff stopped testing urine samples using a dipstix method as clinical evidence did not support this method of identifying urinary infections as being effective. To go alongside the new process the registered manager organised a medicine review for people and reduced the usage of antibiotics. The home is the Antibiotic Champion in the local area and are registered as Antibiotic Guardians as part of the Public

Health England initiative.

Strong governance was embedded in the service with the registered manager completing numerous audits on a regular basis to cover areas such as medicines, health and safety and infection control as part of the provider's quality assurance system. If any trends or themes were identified, plans were in place to reduce risk. The area director used this information to inform the monthly monitoring visit they carried out focusing on areas which required action. This meant the area director had an oversight of the service and provided support to improve the quality of the service by meeting regularly with the registered manager and the clinical team. This support enabled the sharing of best practice and gave a platform to discuss issues and concerns collectively.

The provider used key performance and clinical indicators (KPI and CPI) as part of their monthly quality assurance process to monitor the home's performance. The registered manager submitted audit results and data regarding weight loss, falls and pressure areas to the area director on a weekly basis for analysis. We found performance management was effective showing improvements across several areas including a reduction of admissions hospital, a decrease in the number of falls and people's weight loss being reduced or maintained.

People and their relatives felt the service was exceptionally well run and managed. We found numerous positive comments from relatives to suggest they felt the management of the home was excellent rating it as five stars. Comments included, "This is the best managed care home in the North East. [Relative] has been here for three years and she loves it. The staff are first class. From the heart [person] couldn't be happier", "[Person] told me that the staff care for her well and do their best" and "[Registered manager] and the staff are the best. It's the best care home".

When speaking about the registered manager, one person told us, "[They are] always cheerful. Nothing is too much trouble, the home is extremely well organised." Another person told us, "She [the registered manager] is a lovely girl." A third told us, "Brilliant, just brilliant. From the day I came in here". One relative told us, "She is all over the home." Another said, "She is second to none, if there's anything I just ask."

The provider had a people and relative's survey, results demonstrated an improvement year on year. The results for 2018 showed 100% scores for both care and support.

There was a clear accessible management structure in place from the area director to the registered manager and deputy manager. People and relatives knew who the registered manager was and commented on how accessible they were.

The service had a positive ethos and drive to provide high quality, person centred care to people living in the home. Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management offered by the provider. We observed staff providing person centred care, people were treated as individuals with choices and options being offered. Staff told us how they enjoyed their jobs. One staff member told us, "We work as a team and are listened to by [registered manager] reading care plans regularly makes sure we are up to date."

We found following comments made at a resident's meeting, another lounge on the ground level had been provided. There was now a smaller quiet lounge with a TV and new furniture. The dining room was also now a separate room with double patio doors leading out into the garden. These improvements have made a light and quiet area that people enjoy having their meals in. This showed the service listened and acted

upon feedback from people. One relative told us, "There are meetings but you can always speak to [registered manager] she keeps us up to speed." The registered manager held a 'surgery for people or relatives to raise concerns or issues outside of the resident meeting. The registered manger told us, "My door is always open; I try to speak to everyone, they know they can catch me anytime."

The provider was proactive in supporting staff to achieve their professional objectives. The management of the service had an in-depth knowledge of the staff team and recognised when staff needed more support and provided this. Staff were motivated to gain experience and knowledge from accompanying local health care teams as part of their learning and development. For example, additional study and training opportunities were offered to staff who wished to progress to become nursing assistants. Nurses within the home shared their knowledge and skills in the workplace, ensuring opportunities for learning.

Staff felt included in the running of the service and were enabled to voice their views directly to the home manger or via team meeting meetings. They felt the registered manager was open and approachable. One staff member told us, [Registered manager] appreciates our skills, she is an inspiration." Another told us, "She's lovely and very approachable. She tries to help and works with us." A third told us, "She is there, working alongside us." A fourth told us, "I was encouraged to develop my professional skills and maintain them."

Regular meetings had been held with staff at all levels which further evidenced the culture of openness, information sharing and continuous development. Meetings had been used to provide additional training and support, for example learning from safeguarding incidents. Staff told us they felt comfortable in raising any issues or concerns with the registered manager.

The provider had a 'Kindness in Care Award' scheme for staff who had been nominated by people, relatives or staff for their kindness whilst providing support.
We saw lots of positive examples of partnership working, which evidenced links that had been formed with other healthcare services and the wider community. The registered manager attended a 'Team around Practice' meeting (TAP). These were multidisciplinary meetings with social workers, G.P.s and advanced nurse practitioners. The meeting agenda covered; falls, medicine management and preventative measure to reduce hospital admissions. The learning from the meetings was shared with the staff team. This meant the registered manager was proactive in utilising opportunities to share knowledge and best practice.

The service worked closely with the local GP. The registered manager met regularly with the GP as part of a multi-disciplinary team approach to care delivery. The registered manager advised the principles of the Gold Standard Framework (GSF) were used in the meetings to discuss care resulting in people receiving support which is based on best practice.

The service worked in partnership to forge working relationships with many agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. We found open communication between staff and agencies evident throughout records held and maintained by the provider. We found positive comments made by health care professionals who worked with the staff team. The intermediate care lead nurse acknowledged in an email, "I have found all staff to be proactive and professional, I feel reassured that patients' needs will be met." They went on to state, "I have confidence and trust in the care home."

The provider worked with the wider community in supporting people's health and wellbeing, interacting with local schools, churches and community groups. One person told us, "I absolutely love the visits, it is hard when you can't get out and about as much as before."

Regular meetings were held with people and relatives. These were recorded and made available for those who could not attend. People and relatives told us they were kept up to date with what was happening in the home. One person told us, "We get together, I enjoy that." Policies and procedures were provided to support staff in their day to day practice. These included policies on safeguarding, medicine management health and safety. People's care records were kept securely and confidentially, and in accordance with the legislative requirements.

Systems and processes relevant to the running of the service were well organised. The registered manager had notified CQC about significant events in line with their registration requirements.