

Colten Care Limited

# Newstone House

## Inspection report

Station Road  
Sturminster Newton  
Dorset  
DT10 1BD

Tel: 01258474530  
Website: [www.colten-care.co.uk](http://www.colten-care.co.uk)

Date of inspection visit:  
25 February 2020  
03 March 2020

Date of publication:  
14 April 2020

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Newstone House provides accommodation and nursing and personal care for up to 59 older people, including people living with dementia. There were 55 people living at the home when we visited.

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

People told us they were very happy living at the home and received excellent care. People received well planned, co-ordinated person-centred care that was appropriate and inclusive for them. Relatives were universal in the praise for the quality of care and for the staff team.

People and those close to them were at the heart of the service. The management team, staff and provider were committed to providing high-quality, person-centred care. Staff were passionate about their roles and the care they provided.

People said they were safe. Staff received training and knew how to identify abuse and protect people from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness, patience and compassion; people were respected and treated as equals. There was a very wide range of activities, entertainment, events and trips which people said they chose and thoroughly enjoyed. End of life care was excellent.

There was a very homely, relaxed atmosphere. The environment was stimulating, varied and maintained to a very high standard. People's interests and hobbies were incorporated into the design of the home and gardens in innovative ways.

Staff recruitment was safe, and staff were recruited in a way to ensure they shared the values of the service. Staffing levels were very high, so people's needs were quickly attended to. Staff were very proud to work at the home; they received excellent training and support.

The service was exceptionally well-led. Excellent initiatives and links with the community, external bodies and organisations had contributed to continual developments and improvements for people living at the home. There was a comprehensive governance structure in place to drive continuous improvement.

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

Rating at last inspection The last rating for this service was Good (Report published 15 September 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 re-inspection 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Newstone House

## 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

This inspection was carried out by one inspector and two specialist advisers in nursing and dementia care on the first day. The second day of inspection was carried out by one inspector and one specialist adviser in nursing and dementia care.

#### Service and service

Newstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who will register with the CQC. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 looked at the provider's website and the reviews and testimonials on the website Carehome.co.uk. We reviewed all previous inspection reports and notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care

people receive. We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with 10 people who lived in the home and with four visitors. We also spoke with 14 members of staff including nurses, care staff, members of the companionship team (who organised and led activities and trips) and the music and arts partner. We also spoke with the new home manager, the last acting home manager, the provider's quality manager, an 'Admiral Nurse' (who led on dementia care) and operations manager.

We observed staff support and interaction with people on all three floors of the home on both days of our visits. We observed the lunchtime experience on both the ground and first floors on the first day we visited. We looked at five people's care records, medication administration and storage, accident and incident reports, quality assurance processes and records, attended one daily morning staff meeting and watched videos of activities people had enjoyed.

After the inspection

We looked at satisfaction surveys, information about nutrition and end of life care, read several stories, reflective accounts and numerous testimonies from people and their relatives about the high quality of their care and experience. We read about community events and initiatives the home was involved in, looked at learning and development plans for staff and had privileged access to this years' nominations for the provider's annual staff awards.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Each person we spoke with said they felt safe living at the home and with staff who cared for them. One person said, "Oh yes, I do feel very safe. I would say all the staff are lovely, just lovely." Another told us, "Yes, of course it is safe. All of the staff are lovely to you here."
- Every relative we spoke with said the home was a safe place for their loved ones. They were reassured and confident people were safe when they left after their visits. One relative said, "It is so comforting knowing [name] is safe and well cared for when I'm not here. That is just so important to me."
- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse, which staff had read.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. None of the staff spoken with had any concerns about people's safety; they would raise these immediately if they had any in the future. One staff member said, "I would feel very confident to raise any concerns that I had within the home and I believe that they would be received well and acted upon."
- Where there had been concerns previously, staff had contacted the relevant agencies, such as the local authority safeguarding team and CQC and taken any appropriate action to ensure people were safe.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Assessments were in place which identified possible risks to people. These included risks relating to people's health conditions, skin integrity, weight loss and falls.
- People were supported to take risks which enabled them to remain as independent as possible. Staff knew about risks people faced and told us how they worked in ways which reduced them. Records showed risk assessments were reviewed regularly and were up to date.
- Any incidents or accidents which occurred were recorded and read by the manager and the provider's quality manager who saw the report on the same day. Each report was carefully reviewed so that trends could be identified and measures put in place to avoid recurrence. The outcome of each review was shared with staff.
- This system was very effective. For example, if people had two falls within a short timeframe staff had a 'falls huddle' to look at the falls in detail, including any precipitating factors. An action plan was developed from this meeting. We read examples where actions had included the use of sensors and increased checks at night to help protect people. Following these actions, the frequency of falls for these individuals had reduced.

## Staffing and recruitment

- People's needs were met by suitable numbers and mix of staff. Staffing levels were determined by the care needs of people. We noted the staffing ratio was excellent for this type of service. For example, on one floor of the home there were nine staff on duty; this equated to one member of staff to three people who required care.
- The staff rota was planned well in advance; this ensured the right number and skill mix of staff to meet people's needs worked in the home each day. One staff member said, "The home is well staffed. Sickness is covered as quickly as possible, usually the staff employed by the home will come in on the days off to cover."
- People were involved in recruiting staff who worked in the home. This helped to ensure new staff were able to build a rapport with people. The manager told us people who lived in the home helped to interview them. People had helped to develop this process and also the way they shared their views. The decision to recruit was made jointly between people and the provider.
- Safe recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Using medicines safely

- People were well supported with their medicines. Overall, clear records were kept which showed what medicines people took and when they needed to take them. We did note that when some people had used creams, staff had not always recorded this. This was acted upon immediately by the provider; recording had been improved by the second day of our inspection.
- People received their medicines as prescribed. This included medicines used 'as and when required', such as painkillers.
- Nurses administered people's medicines. If a person required their medicines when they were out, this would be given to the person to take with them; if transferred to hospital staff would send all the person's medicines with them.
- All medicines were stored securely, including those which required additional security.

## Preventing and controlling infection

- People were protected from the risks of infection.
- Staff received training regarding infection control and used personal protective equipment such as gloves and aprons when supporting people with personal care. There were ample hand washing facilities throughout the home.
- The home was kept very clean and hygienic. There was a dedicated housekeeping team and thorough cleaning schedules. One person told us, "They come in and clean my room every day its excellent." One relative said, "When we first walked through the door it was like a 4-star hotel; it's immaculate."



# 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 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.

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

- People received exceptional care and support due to the way people's needs were assessed before they moved to the service. Staff told us they visited people before they moved in, to meet them and their relatives and fully assess their needs.
- The provider's admiral nurses played a key role in ensuring people's move to the home was carefully planned and supported, often spending a great deal of time getting to know the person and their family. For example, one person had moved to the home in extremely poor mental health. In order to support their move, one admiral nurse stayed with this person for the first three days of their stay to provide one to one support as they were a staff member the person knew well and trusted. We met this person who was calm, chatty, happy and well cared for. They said they were "very happy" to be living at Newstone House.
- Families were involved in this process, so they had time to express their views and were listened to. One relative told us, "I'm so lucky to have [name] living here. [Admiral nurse name] is fantastic and has helped me through every stage of the process and explained so much about dementia. [Admiral nurse name] has involved me at every stage and has also supported me which is so important."
- People's care plans were very detailed, and staff had in-depth knowledge of people's needs. Recognised assessment tools were used to assess skin integrity, falls risk, nutrition, hydration and oral care and care plans contained very detailed information about people's healthcare conditions and how they progressed as people aged.
- The provider kept up to date with changes in standards, guidance and current legislation, and policies and procedures reflected this. The provider had multiple links with recognised organisations to promote best practice.

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

- Each distinct area within the home had very thoughtful design and decoration to suit the people living there, especially those living with dementia. There were different areas for people and their visitors to sit, such as the café and lounges with kitchenettes so people could have snacks and drinks when they wanted them.
- People were involved in the decoration of the property and the garden. The house and garden had themed areas that had been designed either to stimulate or entertain people. Other areas were designed to either remind people of hobbies, history, films and music.
- For example, there was a room designed to look like a beachfront. It had sand, deckchairs, sun loungers, beach huts and a lamp which replicated natural sun light. This lamp was particularly beneficial to people

who had 'sundowning syndrome' (where people living with dementia were adversely affected by daylight fading).

- There was an inhouse cinema, which people told us they loved. One person said, "Oh yes, we had a film last night. I love the film nights. I can't go out to watch films now so we're so lucky to have a cinema here." People also liked the hair dressing salon; they thought this was an excellent addition to the home.
- Bedrooms were personalised with people's own things, such as pictures, photos and other personal items. Staff went out of their way to ensure people felt 'at home'. One relative told us, "They [staff] have always gone the extra mile. For example, my [family member] was used to a bigger bed at home so he asked and they got him one!"
- People had asked in the provider's annual survey for the gardens and one balcony area to be improved. This had been done. An indoor garden area had also been created for people; this was being developed and improved over time.
- To help people find their way round, there was good use of bold colours, clear symbols and signage. Bedroom doors had numbers, names and memory boxes with items relating to the person interests or life experiences.

Staff support: induction, training, skills and experience

- Staff were skilled in providing care that was appropriate to people. The provider employed staff who were especially skilled in dementia care. These 'admiral nurses' were trained by Dementia UK and provided leadership, advice, training and support to staff at all levels in the organisation and to people's families. Staff and relatives told us what a difference this had made to people's quality of life and how all staff were fully committed to providing outstanding care.
- One relative told us, "The staff are simply wonderful with [name]. The care has been amazing. I feel I have got my husband back. I am so, so grateful to them all here. I can't tell you how much." Another relative said, "[Name] the admiral nurse and all of the staff have been brilliant."
- Staff told us they received a thorough induction when they started working in the home. This included time shadowing experienced staff to get to know people's needs and the routines of the home. One staff member said, "The induction was really good. The first day was spent learning the paperwork, e-learning, moving and handling and fire training. I was able to do shadow shifts for several days." In 2019 the provider created the role of 'induction partner', an experienced member of staff to intensively support new staff. This had been very effective in helping to support and retain new staff.
- Staff told us ongoing training was excellent. This included face to face, e learning, one to one coaching and tiered learning. Staff who were members of professional bodies, such as registered nurses, were provided with relevant training to ensure their knowledge and skills were kept up to date.
- The provider was very keen to develop staff and promoted career pathways. They had established the role of nursing associates to support the registered nurses and nurse mentorship for other staff. This offered care staff the opportunity for further training, education and personal development. One staff member said, "There are lots of opportunities for training, an example being the nursing associate course and the care certificate. The organisation supports personal growth and development."
- Staff told us they received regular supervision sessions which were helpful and constructive. There was lots of informal support available to staff. One staff member told us, "I'm very well supported and I work with a fantastic team. We have regular formal supervision and ad hoc supervision."

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

- Staff worked with external agencies, such as neurology, psychiatry, the local GP practice and hospital, to

provide effective care. Staff acted as strong advocates for people to ensure they received the right care, even if this meant repeated contact with other healthcare professionals. For example, one person's plan for their health condition had been significantly improved following staff member's ongoing discussions with the person's GP.

- Staff told us about one person who had very unpredictable and aggressive behaviour. Staff had shown great patience, skill and commitment to improve this person's quality of life. They explained how they advocated for the person to change their medication. As a result, the person's behaviour changed so much they were able to walk to the local shops and had rebuilt their relationship with their spouse, who told us "[Name] is like a different person now. I really can't believe the difference in [name]."

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

- People's nutritional needs were assessed. Any cultural or religious preferences, special diets and allergies were accommodated and people's weights were monitored.
- People were supported to eat and drink and maintain a healthy balanced diet. There was a focus on good nutrition. For example, one person who moved to the home was underweight, had a poor diet and fluid intake. They were also prescribed additional medication and food supplements. Since living at the home they now maintained a healthy weight and their medication and food supplements were no longer needed.
- The provider looked for innovative ways to improve people's nutrition, such as introducing the 'Breakfast Club' in 2019. This was suggested by staff to help people living with dementia have a very relaxed, sociable breakfast time event. This had been very successful and helped in people eating well and gaining weight. A new 'smoothie selection' menu had also been introduced which helped to increase people's intake of fruit, vegetables and water.
- People told us the food was excellent; there was a very good choice of home cooked meals. There were additional drinks and snacks out for people to help themselves to. One person said, "Food is very nice. I get the menu the day before and I tick the box." A relative told us, ""My [family member] is able to choose his meals and he enjoys the food; the catering is first class. The Sunday lunches are a treat. In the dining room, they have linen napkins and waitress service."
- People chose where to sit and who they wished to sit with. If people preferred to sit alone or eat in their own rooms, this was respected. We saw people chatted, laughed and mealtimes were an unrushed, sociable time. People enjoyed sherry and wine; people had asked for gin to be added to the drinks trolley and this was being bought.
- Some people had specially adapted cutlery to help them eat independently; others were helped by staff in a sensitive, caring way. There was currently a project to provide people with the most appropriate cups to drink from which met their individual needs; approximately 12 different cups were being trialled.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People told us they made decisions about their day to day lives and the care they received.
- People had their capacity assessed to determine their ability to make decisions. When more complicated decisions were made in people's best interests, either their legal representatives (if they had them) or others close to them decided.
- Staff were very knowledgeable about the MCA and DoLS and described how they helped people with fluctuating capacity make choices in areas they had capacity to.
- Any conditions for people being cared for under DoLS were being met. One relative said their family member, "Has recently deteriorated and we have had to make the decision regarding an urgent Deprivation of Liberty safeguard. This was approached very sensitively with both my brother and myself as power-of-attorney. I have never had to deal with anything like this before and [staff name] has been fantastic in supporting and explaining everything."
- The provider ensured people were restricted as little as possible; innovative approaches were used. For example, one person had a DoLS authorisation in place. However, a 'positive risk assessment' had been developed with the person so they could continue to go out into the community alone, safely. This included assessing their capacity and mental state each time they wished to go out with a clearly documented safety plan to support each event.

# 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 good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were very well cared for by staff. Staff clearly respected and cared about people; people were fond of staff. One person said staff were, "Very nice, caring, they make me feel so comfortable." Another person told us, "The staff are all so kind. I would say they are loving. It's so important to feel loved when you are away from your own family."
- People were treated and respected as individuals, who had different memories and life experiences, who now shared a home. People were encouraged to share their experiences. For example, staff had helped four people write their story as part of national storytelling week. These included one person's first trip abroad, another who served with General Montgomery during the war and one person's experience of teaching abroad where they met their spouse.
- Relatives said their family members were always well cared for. One told us, "The care is fantastic. The staff are wonderful, dedicated people." Another stated, "The nurses and staff who have been involved in my [family member's] care have gone way beyond what might be expected."
- We read some relatives comments about the quality of care provided by staff. These were all very positive. One relative wrote about one staff member, "[Name] has become a special friend for my mother. She is warm and friendly." Another relative wrote, "The standard of care my wife receives has remained high. [Staff member's name] goes well beyond her job. She always stops, says hello and asks how things are."
- We saw people being treated with kindness, patience and respect. There was a peaceful, calm atmosphere throughout the home. We saw staff spoke in gentle tones, being respectful towards people. Staff assisted people at their own pace; people were not rushed. One person stated, "The welcome I received on my arrival to Newstone House meant I felt I was important and cared for."

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

- People told us they made decisions about their day to day lives and the care they received; their views were listened to. One person said, "You can choose what you do. They [meaning staff] don't make you do anything; they ask you. I decide what I do."
- People were involved in planning their care as much as they were able to be and attended their care reviews. Staff kept people's care under review and spoke with people and their relatives to get feedback to see if anything needed to be changed or updated.

- Staff worked closely with people's families to plan and review care. Relatives said communication with the service was very good and their views were always listened to. One relative said, "I have always felt listened to. I have had so much information to pass on, but it has always been welcomed. I do really feel involved and that is so important."

#### Respecting and promoting people's privacy, dignity and independence

- People told us staff respected and promoted their privacy and dignity. Staff had been trained to provide care in a sensitive and dignified way. One person said, "I like being on my own, I'm not very social, I get overwhelmed with people. Staff are always popping in to see me, I don't feel isolated."
- Relatives said their family members were always treated with dignity and respect. One relative told us, "My experience is that my [family member] and all of us are treated with dignity and respect and I would like to mention [one staff member] who is kind beyond measure."
- We saw when people needed staff support, pagers were used rather than call bells. These helped promote people's privacy and dignity as only staff with pagers knew people required care and also ensured other people were not disturbed by the sound of call bells ringing.
- Staff described how they ensured people's privacy was maintained when they supported them with their personal care, such as making sure bedroom and bathroom doors were closed when helping people. One staff member said, "In this home, the residents are top priority."
- People were encouraged and supported to be as independent as possible.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a personalised service, because staff had an excellent understanding of their needs. One person told us, "The care here is so special because staff really get to know you." Another person said, "They know me and treat me as an individual. That is so important to me." One relative said, "The care and staff are just excellent here. [Name] is a real character and the staff know that. They [meaning staff] just know her so, so well. She is just really happy, always smiling and well cared for here."
- Staffing ratios were very good. Staff were able to spend social time with people, not just when providing care. This meant people and staff got to know each other extremely well and built very close, trusting relationships.
- Staff had an in-depth knowledge and insight into people's needs, personality, values, beliefs and preferred lifestyle. Comments from relatives included: "The culture of care, kindness and levels of professionalism are very high and genuinely delivered", "The knowledge of staff is exceptional here" and "Amazing collection of hard working and caring people who work so well together to make the lives of the elderly so much better. I am truly impressed and hugely grateful."
- People's care and support was planned in partnership with them. Care plans described people's life history, their care needs, wishes and preferred lifestyle. Care plans were comprehensive, holistic and person centred. They were kept up to date; reviews took place monthly or when a person's care needs changed. Staff involved people and their family members in planning and reviewing care so they felt consulted, listened to and valued.
- There was a very close relationship with people's families, as relatives often advocated for their loved ones. One relative told us, "As a relative, I feel that I am as involved as much as possible in my [family member's] care."
- People had involvement in how the home was run. People who chose to be, were involved in recruiting new staff. People had lots of opportunities to feed back about the home, either at meetings, reviews, through surveys or day to day conversations with staff. This showed people were treated as equals, were valued, had a voice, were listened to and the service was developed with them.

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

- There was a well-established culture of person-centred care. Staff told us that by listening to and connecting with people, and those close to them, they provided a service which gave people a real sense of inclusion, identity, friendship and occupation. The home was part of The National Activities Practitioners Association and Golden Carers (both supported care teams to 'enable older people to live a life with

meaning and purpose').

- People told us they had formed friendships within the home; staff had supported and encouraged this. People spent time with their friends and often socialised with them or sat with them for meals. People and their relatives said the activities and trips were excellent and varied. One person said, "There's lots going on here, it's first class. You choose what you want to do. We had a lovely film last night in the cinema; I love the cinema. I'm taking part in the quiz this afternoon." One relative told us, "They [people living at the home] have a better social life than I do."
- There was a dedicated 'companionship team' in the home whose role was to promote people's wellbeing, by finding out people's life history, wishes, dreams, interests and hobbies and providing activities, trips and stimulation to match them. Volunteers came in to help with activities in the home or to help with trips out. We saw volunteers helping people during our visits. One member of the companionship team told us, "Everything we do is for the people who live here. We ask them what things they like and try to put those things on. There is lots going on every day, activities and trips; we also do evening events now, such as the pub nights which are great fun, as that's what people asked for."
- One person's wish was to have Sunday lunch at a popular country house restaurant, which was a favourite place of theirs. They chose the staff they wanted to accompany them and all thoroughly enjoyed the trip. The person said, "It was a beautiful day." We noted staff had come to work on their day off to support this person's wish. Two people who lived at the home wanted to have a joint birthday party, as they had mutual friends. This was organised with them and 54 guests attended. The event was a real success. It was videoed, so this could be sent to friends and family who had been unable to attend.
- The home's 'music and arts partner' engaged and interacted with people using music, poetry and sensory sessions. There was clear evidence from records of these interactions that people's feelings of loneliness had improved directly as a result of engagement. This staff member had also brought together a choir of people drawn from Newstone House and other homes, some of whom were living with dementia. This choir will be performing in public soon, at a fund-raising event.
- Staff told us about people who did not like to join in activities. Staff had one to one time with these people; people could choose what they wanted to do. This might be staff reading a book or the newspaper to them, listening to music, chatting or just spending time with people.
- The service had made connections within the community to support people's interests. One person had a passion for classic cars. They were unable to go out to see classic cars now due to their healthcare needs. Staff had therefore linked with a local classic car club and arranged for them to visit the home with their cars. This was an event which everyone at the home and their relatives could also enjoy. The weekly in house exercise class was open to people from outside of the home to attend, which they did.
- Staff and relatives had different hobbies and interests, and these were utilised by the service for activities. For example, one staff member was a musician and often came in and played to people in their own time. Staff and visitors brought their dogs in to engage with people. One relative said, "[Name] absolutely loves seeing the dog and the dog loves to see him. He misses the dog so much so it's lovely I can bring him in with me when I visit. Other people here love the dog as well and he loves all the attention."

#### End of life care and support

- Staff were skilled at providing end of life care. The service had achieved platinum status (the highest status awarded), for providing sustained, outstanding end of life care from the Gold Standards Framework (an accredited approach to end of life care). All staff, including non-care staff, were trained in end of life care by the provider.
- People and their family members had worked with staff to develop advance care plans so people could say how and where they wished to be cared for as they neared the end of their life. People could also describe preferred religious practices and funeral arrangements. Staff worked closely with other health



professionals such as hospices and nurse specialists, such as those who specialise in cancer care.

- Staff told us when a person was nearing the end of their life, they provided one to one care, so they could be with the person and their family when they were needed. Families used the home's guest suite if they wished, so they could stay overnight if they wanted to and be close to their loved one. 'Comfort bags' were provided (containing items such as lip balm and tissues) so families could be involved in end of life care if they wished to be.
- When a person passed away, staff formed a 'guard of honour' when the person left the home for the last time as a mark of dignity and respect. Staff analysed what they did well after each death and looked to see if there was any learning to improve end of life care. There was bereavement support available if this was needed.
- The home had a 'memory tree' where messages could be placed in remembrance of people. The provider held an annual 'celebration of life' event every May to remember people who have passed away and their relatives.
- Staff had received numerous thank you cards about the end of life care they had provided to people. One relative said, "Thank you and all the staff for the exemplary care of [name] and the innumerable kindness extended to the whole family. [Name] could not have been better cared for."

### 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.

- People spoke with each other and with staff. People also used the provider's website, emails, social media, videos and various internet apps to communicate. For example, one person used an app to send a video to friends and family and another person made regular internet video calls to their family member who lived abroad.
- Staff knew people extremely well and understood what people's communication needs were. Staff explained that people communicated in a variety of ways, such as speech or through body language. If people needed written information in large print this could be provided; staff could also read things to people if this helped them.
- Staff knew if people needed time to express their views or if they communicated better at certain times of the day. For example, one person might be more alert in the morning rather than mid-afternoon. Staff also told us people's ability to communicate could fluctuate, so they had to be aware of this.

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

- People were actively encouraged to give their views and raise concerns or complaints. The provider saw concerns and complaints as part of driving improvement. People's feedback was valued and people felt responses to any matters they raised were dealt with in an open, transparent and honest way. One person said, "If you mention any small thing then staff sort it out for you immediately. Never needed to complain but it would be dealt with if I did, I'm absolutely sure about that."
- People were given information about how to make a complaint. This was also available on the provider's website for people and their families to use.
- The provider's PIR confirmed there had been one complaint in the last 12 months. This had been taken seriously and investigated in line with the complaint's policy. Improvements had been made in response to this, including additional auditing and employing an additional member of staff.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

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

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

- The service was exceptionally well led. The management team, both within the home and provider's senior managers, put people and their relatives at the heart of the service. All the management team were visible and 'hands on'; they had an excellent overview of the home. One staff member said, "Senior managers from head office are very visible. They come in regularly and attend staff meetings and I feel that they listen."
- Staff displayed the culture and values of the service, known as 'Cherishing You'. We saw staff positively engaged with people; staff knew them extremely well.
- Staff were passionate and enthusiastic about the care they provided. One staff member said, "I love my job; all of the staff here are really committed. I feel the residents get the very best care." Staff spoke about their colleagues "going above and beyond" and "going the extra mile" for people and "giving their heart and soul to the job."
- Staff told us it was a great team to be part of, not only did they provide excellent care, they also supported each other. One staff member told us, "Staff are really good here. We support each other. We are a fabulous team."
- People and their relatives spoke about the exceptional quality of care provided. One person said, "I feel lucky to be here". Another described feeling loved and said, "This home is so special. There is just something very special about it." Another person agreed. They said, "Yes, I agree it is very special. I don't know what it is, but the staff are so kind and loving and they know you."
- Relatives were universal in their praise for the home. Comments from relatives included: "The home is excellent. Staff are so welcoming. It has an excellent reputation and you can see why", "If I need care in the future, this is the only home I want to live in. The only one, I wouldn't go anywhere else. This home is amazing, just really amazing", "As far as [name's] support is concerned he couldn't have had better understanding and support" and "Everyone at Newstone House deserves an award. I am overwhelmed by the warmth, helpfulness and kindness I have come across."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager was supported by a highly effective management team who oversaw the day to day running of the service. The management team and staff repeatedly demonstrated a commitment to providing high quality care to people.

- Without exception, feedback about all of the management team and the staff was extremely positive from people and their relatives. One person said, "It's a lovely home because of how it is run. It is run very well." One relative said, "All of the management are superb."
- People were supported by a provider who had excellent systems to monitor quality and plan ongoing improvements. People, management, staff and relatives met regularly to discuss and review the quality of care provided to each person, to discuss the service more generally and introduce new initiatives or ways of working.
- There were comprehensive governance systems to monitor the quality of the service and clear feedback to staff at meetings to drive improvements. The provider had a dedicated quality team who audited and supported the service. We saw how their support helped drive improvement as well as celebrating excellent outcomes for people.
- There was an inclusive and transparent culture in the service that enabled learning from events and supported reflective practice. This included supporting people and their family members to understand their condition which helped to reduce fear and anxiety.
- The management team were aware of their regulatory responsibilities. Where mistakes were made, they were open and honest with people and made improvements. One relative said, "I appreciate the honesty and openness." The provider kept up to date with regulatory matters and displayed their CQC rating in the reception area of the home and on their website.
- People's care records were kept securely and confidentially, in accordance with the law.

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

- Care reviews ensured the service was able to meet people's current or changing needs. These reviews included people and their relatives who decided how they wanted care delivered. People and relatives told us their contributions were listened to and valued. One relative told us, "I am involved at every stage of the process."
- The management team was very committed to engaging people's views of the service. There were multiple ways people could share their views. This included meetings, regular care reviews, day to day chats with staff and management and by raising concerns or complaints. All feedback was used to continually develop and improve the service.
- A range of surveys were used. People new to the home completed a 'first impressions' survey; people who had short stays also completed a survey when they left the home. Annual satisfaction surveys were sent out and responses collated. Each of the survey responses was overwhelmingly positive. Where areas for improvement had been identified, these were acted on immediately. The provider used a 'you said, we did' poster to keep people fully informed. This showed everyone had a 'voice' which was acknowledged, respected and listened to.
- Staff told us they attended and participated in regular meetings, such as the daily 10am meeting, and their feedback was listened to and respected. We attended one of these meetings and saw discussions were comprehensive, open, honest and constructive.
- The service played a key role within the community. The provider had developed innovative ways of connecting with people; these were well supported by the community and provided invaluable contact for people. The provider's admiral nurse ran 'drop ins' which anyone could use for support and advice on all aspects of dementia care. The home held a 'Tea and Togetherness' event each week which anyone could attend. They offered vouchers so people could visit the home and enjoy a free lunch, cream tea, salon appointment or trip out. Local schoolchildren visited people in the home every week; the children led an activity such as bingo which people said they thoroughly enjoyed. These initiatives helped people stay closely connected with their community.

- There were excellent links with community groups and organisations. Each year people at the home chose a local charity to support; they then organised fundraising events throughout the year and donated the money raised. Last year they raised money for a local charity which supported disabled children through music therapy sessions. This year people had chosen a local railway trust as their nominated charity. They were members of 'Friends of Stur', helping to make the town more dementia friendly and had attended the first local dementia networking event.

#### Continuous learning and improving care; Working in partnership with others

- The provider had excellent governance systems covering all aspects of the services they provided. There was a continuous improvement drive in each service. There were various initiatives which fed into this. For example, the provider had a dementia steering group which led on dementia care practice and supported people, relatives and staff. This group helped develop the provider's dementia policy and reflected and evaluated care practices. One staff member who was part of this group told us, "I am supported by the company to practice independently, impartially and autonomously. There is the opportunity for professional challenge and debate without fear or comeback. Everyone's view is listened to and valued."
- The provider also had a 'dementia utopia group' (focused on improving dementia care) who ran an annual utopia event, for people, relatives, staff and other health professionals. One staff member said, "We have a utopia group here. It's really good to feel part of and involved in developing the service for the residents. It's great to see the ideas coming to fruition, such as the breakfast club."
- The provider held an annual staff awards ceremony, where people, their friends and relatives, visitors, staff and other professionals were able to nominate staff for outstanding work they had done and the difference they had made to people's lives. This year there had been 26 nominations for Newstone House staff. Comments included: "[Name] a caring nurse who goes above and beyond", "{name] goes out of her way to make sure residents needs are met and wishes are granted" and "[name] is a very attentive nurse who goes the extra mile to help her residents feel cherished."
- All incidents, accidents and notifications were reviewed by the management team in the home and by the provider's quality team on the same day. This was to analyse and identify trends and risks, to prevent recurrence and improve quality.
- The management team and provider were very 'outward looking' and worked collaboratively with other professionals, organisations and initiatives, building highly effective working relationships. The provider was working with Age UK to help combat loneliness in the community. They were also part of Stur Connect who were looking into opening a dementia café and running dementia friends sessions to local shops, workers and volunteers to raise awareness of dementia and how to make the community more accessible to people living with dementia.