

Mrs T Rayner

# Badgers Holt Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 28 February 2017 and on 1 and 2 of March 2017.

Badger's Holt Care Home provides accommodation and support for up to 25 people. At the time of our inspection 24 people were using the service.

There was a registered manager in place. 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 care and support in an exceptionally personalised way. Staff knew people extremely well, understood their needs and the way they communicated. Care was totally focused on people's wishes and preferences.

People received outstanding levels of care. Staff developed exceptionally positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in an individualised and compassionate way. People's privacy and dignity was maintained at all times.

People's independence and wellbeing had been enhanced by improvements made in the internal and external environment of the home. Staff used their knowledge of best practice guidance to ensure the environment was suited to the needs of people including those living with dementia.

People, relatives and professionals consistently told us about the excellent care provided by well trained, committed staff who they said demonstrated outstanding levels of knowledge and skills. This had a very positive impact on people's health and wellbeing. People received outstanding effective care from staff who understood the needs of people living with dementia. This supported people's decision making and allowed them to express their views from staff who understood them.

The provider had safe recruitment procedures in place. There were enough staff to meet people's needs. Staffing levels were based on people's individual needs and this made sure their personal care, social and emotional wellbeing needs were met. The skill mix of staff available in the home promoted a family and very homely environment.

The provider and registered manager used best practice guidance to drive improvement. Robust quality assurance systems were in place to ensure the homes environment was suitable to meet the needs of people who were living with dementia. Best practice guidance for each diagnosed condition had been implemented in people's care plans and champions and lead roles were responsible for driving improvement.

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives, friends and relevant professionals were involved in best interest's decision making.

People received end of life care to an exceptionally high standard and the staff had strong working relationships with external healthcare professionals.

People told us they felt safe at the home. Some people living with dementia were not able to tell us their experiences. We saw those people sought reassurance from staff and were relaxed with them. This indicated they felt comfortable and safe with staff. Relatives told us they felt their family members were safe at the home. Staff knew how to recognise any signs of abuse and how they could report any allegations.

Risks to people's safety were assessed and managed to minimise risks. Staff followed any risk management plans in place for people. Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP.

The registered manager and all levels of the management team displayed clear and appropriate values and provided strong leadership to their staff. Staff members told us they knew what was expected of them, and were given the support, encouragement and training they needed to meet people's needs in a timely and caring way. Staff at all levels showed, by their words and actions, an impressive drive to provide a dynamic, pro-active and continually developing service that was clearly focussed on enhancing the lives of the individuals receiving services. The service was open and responsive to feedback and new ideas, and had robust systems in place for monitoring its progress in meeting its goals.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

The provider had sufficient numbers of suitably qualified staff on shift at all times.

Risks to people were well managed. Systems were in place to identify and respond to any suspicions of abuse.

People's medicines were safely managed.

### Is the service effective?

Outstanding 

The service was effective and had excellent arrangements in place for people who were living with dementia.

Staff had extensive knowledge, skills and experience to meet people's needs effectively. Staff received excellent support and supervision, and benefitted from regular training.

People's rights were respected. People who lacked capacity to give consent to their care were protected by proper legal processes.

### Is the service caring?

Outstanding 

The service was outstandingly caring.

People, their relatives healthcare professionals consistently spoke highly of the caring ethos of the service, and said the culture of the home was exceptional.

End of life care was provided to an outstanding standard with the care staff having excellent working relationships with external healthcare professionals. Staff regularly went over and above what was expected of them to ensure people's care needs were met to an extremely high standard.

People's privacy and dignity were respected.

### Is the service responsive?

Outstanding 

The service provided exceptional person-centred care tailored to people's needs, wishes and preferences. Best practice guidance was consistently underpinned the provision of people's care.

People's care needs were fully assessed and detailed and sensitive care plans were in place to direct their care.

Robust systems were in place to deal with any complaints received.

### **Is the service well-led?**

The service was exceptionally well-led.

The provider and the registered manager consistently displayed outstanding leadership. Effective, value-based management systems were in place that gave clear guidance and support to staff members to ensure that people living in the home were the focus of the homes culture.

The management team was open and transparent in its approach to people, their families and professionals. Managers listened carefully, and responded positively, to all feedback it received.

**Outstanding** 

# Badgers Holt Residential 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 checked 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.

This inspection took place on 28 February 2017 and on 1 and 2 of March 2017 and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with four people who used the service, the provider, the registered manager, the providers internal social care consultant, five care workers, the finance officer, the chef, six relatives, four healthcare professionals and the head of care. After our visit we obtained feedback from an additional three healthcare professionals and two relatives.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives, people and staff, compliment records, care plans, risk assessments, health and safety audits including infection control, team and resident minutes and quality assurance audits.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of

people who are unable to talk with us.

We last inspected the home on the 8 and 9 of July 2014 and rated the service as good.

## Is the service safe?

### Our findings

Relatives and healthcare professionals told us people received safe care. A healthcare professional said: "Badger's Holt seems to be the best home in the local area. They are well organised with prescriptions and very proactive with care. The staff know the residents very well which makes my life much easier when I visit. They genuinely seem to care about their residents and are always happy to help and never seem rushed". A priest said: "A staff member always answers the door promptly to let me in when I visit and to let me out at the end of the visit. Staff are conspicuous and on hand when wanted. They never seem to be rushed off their feet". A relative said: "When there are any problems such as a fall, prompt and appropriate actions are taken so I feel confident my mother is living in a safe and caring environment". One person said: "Nothing bad happens here, I am very safe and I like being here".

The provider had robust arrangements in place to ensure people's medicines were stored and administered safely. Staff wore a red 'do not disturb' bib when administering medicine, to make sure they were not interrupted. They explained to people what their medicines were for and if people living with dementia refused their medicines staff tried again later. Staff were able to consistently describe how and in what circumstances any PRN or 'as needed' medicines would be administered. This reflected the information included in people's records. Staff had received training in medicines administration and had their competency assessed following completion of their training and then periodically to make sure they remained safe to administer medicines. There was a schedule of audits in place including daily checks for variable dose medicines. An independent pharmacist had completed an audit of the medicine management systems on 29 November 2016. They provided positive feedback saying: "Overall standards of competence regarding medicines management are outstanding and fully compliant with guidelines (NICE). Staff are professional and competent".

The registered manager and the provider regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. At the time of our inspection the provider's internal social care consultant said: "I am going to the Job centre this afternoon to help them introduce people (Job seekers) to the care sector and to talk to them about what it is like to work in care". The provider said: "In 35 years we have never used any agency staff. We have a very strong mix of staff. We have taken on some apprentices and we are currently supporting someone through their Duke of Edinburgh award. They all give something different in the home which really helps".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and

Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The registered manager had reported any allegations of abuse as required to the local authority safeguarding team and the Care Quality Commission (CQC). The local authority safeguarding team told us they did not have any concerns about safeguarding systems at the home. Following any allegations actions were taken to minimise the risk of re-occurrence of incidents which could place people at risk of harm. For example, individual protection plans were implemented. These included increased staff monitoring of the individuals whereabouts to make sure people were kept safe, medical attention being sought for people and staff closely monitoring people's mood and well-being. Each phone had a poster beside it which contained contact phone numbers for the local authority and the CQC should someone wish to raise a concern. Relative and residents meetings documented the importance of raising any safeguarding issues to the appropriate organisations. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process they would follow for reporting any concerns and the outside agencies they could contact if they needed to. Staff had all received safeguarding training as part of their induction and ongoing training. They spoke highly of the training they received in relation to safeguarding and the responses of managers when they reported any allegations or concerns.

People had risk assessments and plans in place for behaviours that may require a positive response from staff. For example, there were specific positive behaviour support plans in place for one person who was living with dementia. Staff were clear about the strategies to reassure people and how to positively support people's behaviours that presented challenges to themselves and others. We observed that staff supported one person as described in their risk management plan when they needed some support with personal care. The person was quickly reassured by staff and was relaxed and happily accompanied staff to their bedroom. A relative told us they had been consulted and involved in the best interest's decisions about the positive behaviour support plan in place. Each person had a personal emergency evacuation plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

## Is the service effective?

### Our findings

Relatives and healthcare professionals told us people received effective care. One relative said: "This home stands out a mile, it is not regimented, not clinical, well managed and the staff are really well trained". Another relative said: "Staff are always impressively well-informed" and "The staff are trained to a high standard, kind and thoughtful and we are consistently impressed with their patience and professionalism and with a cheerful way in which they deliver (Persons) outstanding care". Another relative said: "Our mother has very limited communication skills but the staff do their best to ensure her decisions are respected by reading her expressions and body language". A member of staff said: "I hold up lots of different outfit's to help people make decisions about what they want to wear".

The environment was specifically designed and suitable for the needs of the people who lived in the home and for those specifically who were living with dementia and sight loss. The provider had implemented an environmental quality assurance assessment tool, produced by The Kings Fund to ensure the homes environment was consistently assessed and developed. The Kings Fund has produced a range of resources to enable hospitals, care homes, primary care premises and specialist housing providers to become more dementia friendly. The most recent assessment took place on 15 April 2016 which confirmed the home was meeting best practice requirements. Several staff members were 'dementia friends'. This had a positive impact on people living at the home because of their commitment and understanding of how to improve the lives of people and to support them to live well with dementia. For example, a staff member engaging with one person who frequently said they wanted to go home. The staff member was able to talk to the person about things they were interested in which reduced the person's anxiety about going home. Relatives and people spoke fondly about the sensory area of the home and told us it was a relaxing place to visit. We observed one person sitting in the sensory area who was being visited by their daughter and grandchild. The relative said: "It's a lovely little area here, (Person) is calm and you can see how much happiness he gets from seeing (Grandchild) here, they both play with the different coloured lights". People who were mobile and living with dementia were able to navigate to the toilet when needed. A member of staff said: "After we done the Kings Fund quality assurance assessment for the environment we put additional lighting and signage in. It's really helped people to understand where they are".

Staff volunteered to be role specific champions. These roles promoted evidenced base best practice. Champions included end of life care, dignity, dementia, infection control and safeguarding. We spoke with three of these champions who were all passionate about their roles. All the champions undertook additional training and shared their knowledge within the team through championing and raising awareness in their topic area. The champions had also worked alongside the activity staff to complete activities specifically around dementia as well as offering up to date information and support for their colleagues. We consistently observed staff engaging with people in a very skilled manner. For example, we saw one dementia champion holding someone's hand whilst they smiled and changed the tone of their voice to ensure the person concerned felt listened to. The staff member displayed good body language enabled the person time to engage in conversation at their pace. They also used photographs and pictures to aid the conversation.

When staff first came to work at the Badgers Holt, regardless of what their role was, they undertook an

induction training programme. This covered all the provider's essential core training. In addition they worked alongside staff and had a mentor. The registered manager and senior staff explained their role was to regularly meet with new staff members and to assist them to integrate into the team and to support staff during completion of the care certificate. The care certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. All new staff had a probationary period to assess they had the right skills and attitudes to ensure good standards of practice. The registered manager checked they had the required competencies to become a permanent member of staff. Staff said they felt very well supported during their induction period.

People received exceptionally effective care from staff that had an in-depth knowledge of their needs, and were skilled, well trained and confident in their practice. Staff had exceptional skills at communicating and working with people living with dementia. All of the interactions we observed were positive and staff took the time to engage with each person, including when undertaking types of interactions where we would normally see just a quick change of information. For example, asking people if they would like a drink became a much more lengthy exchange with staff taking their time to sit with people. Additional dementia training focused on understanding people's communication and validating their feelings and emotions. People's feelings and their beliefs at their stage of their dementia journey were always acknowledged by staff. This resulted in people who were not distressed or upset but that were constantly reassured by staff who were able to understand their communication and anticipate their needs. This practice showed staff really understood the needs of each individual living with dementia and had received the training and guidance that enabled them to do this. This had a positive effect on people's well-being. Staff received training in understanding end of life care, person centred care, safe holding techniques, the Mental Capacity Act 2005 and mental health awareness. Staff also received training specific to their roles. For example, the head of care and registered manager received training in aspects of their roles such as supervision and writing care plans. People, relatives and professionals confirmed staff had the skills to meet people's needs.

People had access to healthcare services through regular visits from their local GP and district nurses. People had regular dental appointments, eye tests and visits from a chiropodist. Staff monitored people's health care needs and reported any changes in their health or well-being to their GP or district nurse. Healthcare professionals reported standards of care were consistently high, and said staff were proactive, recognised changes in people's health and contacted them for advice and carried out their instructions.

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and were supported to ensure they had sufficient amounts of food and drink. Nutritional risk assessments were carried out and where appropriate food and fluid intake was monitored and recorded. A member of staff told us a malnutrition universal screening tool (MUST) was used to identify people who may be underweight or at risk of malnutrition. Any risks identified such as weight loss were shared with relevant professionals such as their GP or a dietician. People were provided with choice about what they wanted to eat and relatives told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times. We saw examples of good practice where staff patiently assisted people with drinking fluids. Staff sat at the same level as people when helping them to eat and supported them appropriately at their pace without rushing them. The chef was extremely passionate about their role and showed us various documents and guidance they had developed to improve food safety. They had implemented food diaries which recorded the amount people ate and drank during meal times. This was particularly useful for healthcare professionals and during care reviews.

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. We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. There were systems in place for monitoring and ensuring any conditions set by the authorising authorities were met. The registered manager had systems so they knew when people's DoLS expired and by what date they needed to make any new applications. Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests. Mental capacity assessments and best interest's decisions were in place for people in relation to specific decisions. A member of staff said: "It's about consent, we need to assume people have capacity to make decisions and if we feel they don't then we do an assessment".

## Is the service caring?

### Our findings

Relatives and healthcare professionals told us people received outstanding care. One relative said: "The home makes sure such things as incontinence pads are not in view in resident's rooms to ensure their dignity". Another relative said: "Our mother is now into her third year at Badgers Holt and continues to receive first class care from wonderful staff" and "As a family we take great comfort in the knowledge that the staff work tirelessly to ensure that all her needs are met. We can't thank (Provider) and her outstanding team for all they do for her". Another relative said: "Her lamp shade, her bedding, her curtains all match, it's like being at home for mum" and "The girls (Staff) make sure all her clothes are put as outfits" and "Look, all her socks and underwear are all really nicely organised in her drawers". Another relative said: "It was my birthday and I went to see mum at Badgers Holt. They (Staff) actually gave me a birthday cake, we had a birthday meal and staff gave me flowers, it was so lovely. The staff are my friends". Staff supported the ethos of the provider's statement which was: "Our residents do not live in our workplace, we work in their home".

Badgers Holt staff provided outstanding end of life care and worked extremely closely with healthcare professionals. The provider is registered with the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This promoted anticipation of care needs and the care required to meet those needs. Care being provided to those who were frail and being cared for in bed was overseen by the district nurses and GP's. Staff worked with local hospice nurses and district nurses to ensure they consistently followed and were up to date with best practice end of life care. Senior staff attended a training course called "Making a difference to the patient journey" whilst other staff attended training in respect of "Palliative care and End of Life care including difficult conversations". The provider had recently appointed an "End of life" champion who was extremely passionate and told us they felt "Privileged" to care for someone toward the end of their life. They said: "I am going to be doing some more training and shadowing with the hospice nurses and another member of staff is coming with me too". A healthcare professional told us the end of life care provided by staff at Badgers Holt was "As good as I have seen in any of the best nursing homes". Another healthcare professional said: "Although Badgers Holt is not a registered nursing home the care they provide to people at the end of their life really is outstanding. Badgers Holt has wonderful relationships with the doctors and the district nurses who come in. The standard of end of life care here and the knowledge is outstanding; the staff are as good as qualified nursing staff". People's end of life care wishes and any advance decisions were discussed and documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. The end of life champion and the registered manager spoke frequently with people's power of attorney (POA) to discuss decisions about their end of life care. A POA acts as a representative in the event a person is unable to communicate decisions about all aspects of their healthcare.

The home had a strong, person centred culture and staff regularly went that extra mile for the people and their relatives. People told us their friends and families were made very welcome and told us they could visit at any time. Staff always made the effort to speak with visitors and check how they were. Staff were trained in recognising the importance of equality and diversity issues, and to respond appropriately to issues such as religion, life choices and cultural needs. A minister told us they visited Badgers Holt on a weekly basis to

ensure people's religious needs were met. Throughout the inspection staff came into the home on their days off to help with activities both in the home and the community. For example, a member of staff had come in to support one person to attend a medical appointment, whilst another member of staff supported someone on their day off to visit a family member in hospital. They both told us they wanted to do this because they care. One of them said: "It's not unusual for us to come in when we are not meant to be working, we do it all the time because we enjoy it, they are like our little family".

Staff at all levels went to extraordinary lengths to ensure people felt valued and special. A relative told us staff had "Gone the extra mile" to celebrate a 100th birthday. The said: "Everyone was intent on making the day as special as possible" and "There were so many things that helped to make it a success; the impressive cake and the other refreshments; all the birthday decorations; the champagne; the fact the hair dresser came in to do her (Person) hair that morning; the singer who sang beautifully and your amazing staff". The provider had organised a photographer to capture the day's events and a visit from the Mayor was a "real hit". A written thank you from the relative stated: "Full marks to all concerned! Pass our thanks to all concerned for all their efforts. But we will name you (Provider) as we are well aware that all this comes from you and that it is your concern for all your residents (People) which drives everything that happens at Badgers Holt. We are very grateful, as always". A member of staff told us they had started a knitting club after learning several people enjoyed the activity. They said: "I do knitting for people on a Sunday, I don't want to get paid for it because I feel like I am giving something back, it's my little knitting club". A member of staff told us they were not currently on shift but said: "I am here taking (Person) to the hospital to see (Person) I've got her a get well card and she has signed it".

Badgers Holt had several "Dementia Friend Champions". A dementia friend champion is a volunteer who encourages others to make a positive difference to people living in the community and in care homes. They do this by giving them information about the personal impact of dementia and talking about what they can do to help. On their day off work one dementia champion supported two people from Badgers Holt to attend a monthly "Hub meeting" where activities and learning took place. The staff member said: "We had a good time, we had tea and coffee, an illustrator came in and there was singing and a comedian. I liked seeing them (People) smiling, giggling and taking part, we are taking four people next time". People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the small lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

There was frequent laughter between staff and people. Staff recognised the importance of music, singing and dancing with people, especially those living with dementia. We saw staff dancing with people and encouraging them to sing along with the music playing if they wanted to. Staff always checked with people about the choice of music and if they noticed that people were not responding to a style of music they tried something else. It was clear that all staff made a huge amount of effort to make sure people had a fulfilling day. This was no matter what the staff member's role was, they all understood how their role contributed to people's care and wellbeing. Staff developed exceptionally positive, caring and compassionate relationships with people. Staff interacted with people throughout the day in a happy and cheerful manner. Staff organised their day flexibly around people's needs and wishes. They checked regularly on each person, and listened attentively to what they had to say. Staff offered people comfort through gentle touch, held people's hands and hugged people who looked sad or reached out for that level of comfort. None of the interactions were rushed and staff waited until people had finished what they were saying or were relaxed before they left them.

## Is the service responsive?

### Our findings

Relatives and healthcare professionals consistently told us the service provided at Badgers Holt was outstanding. One relative commented: "My mother came to you (Badgers Holt) from respite in another home in a confused and agitated state following my dad's ill health crisis. You worked tirelessly to understand the reasons behind her diarrhoea and previous relentless UTI's. She has now improved greatly and is now able to come home" and "I am aware too from looking at your visitor's book my father regularly spent up to five to six hours a day at your home and I know you looked out for him as well during her stay". A healthcare professional said: "This care home is the leading service in the area, staff seem to take responsibility and they don't wait. Any concerns they tell us and it is a pleasure to visit the home". A relative said: "When my mother became a resident, all aspects of her care were discussed with me and I have been consulted when her care plan has been amended". Another relative said: "I can see that the staff at Badgers Holt have worked really hard to find strategies that work for my mother". Another relative said: "Badgers Holt and the staff give my mum and dad a unique and great opportunity to maximise the quality of their life. We all feel grateful and lucky. Thank you to everyone, especially (Provider) who has been amazing". A healthcare professional said: "I enjoy visiting; clients (People) seem happy and very well cared for. Brilliant!" A relative said: "There are plenty of activities going on in the home she can join in with if she wishes to" and "Excellent care tailored specifically to mums needs" and "Mum is always happy to return there after we have taken her out and she herself says 'The staff are lovely' all this makes us feel secure in the knowledge that she is being looked after by kind, caring people in an excellent care home". Another relative said: "We sign the care plan every month".

People's care plans were extremely person centred and provided accurate and useful information for staff to follow. Plans were in place for wound care, moving and handling, mobility, emotional support and nutrition. Each diagnosed condition, illness or medical need had been recorded in people's care plans and contained best practice guidance. For example, guidance from the Royal Pharmaceutical Society, The Alzheimer's Society, the Stroke Association and the Parkinson's Society had been built into people's care plans which encompassed instruction for staff to follow in various events. Staff had extensive knowledge about people's likes, dislikes and personal histories. For example, staff were able to tell us about people's preferred cups, where they liked to sit during mealtimes, previous holidays, jobs and family members. One relative said: "They even know (Person) like to have her tea in a (Brand) cup". One person said: "They know what to do to help me, they are very good".

People who are living with dementia can often find expressing pain difficult. The provider had followed National Institute of Clinical Excellence Guidance (NICE) and implemented the use of an "Abbey pain scale" to ensure people's pain was recognised and managed appropriately. A healthcare professional said: "The staff here are outstanding when it comes to assessing people who are potentially in pain, they tell us as GP's what they believe to be the problem and almost all the time they are correct". As a result of a stroke and dementia a relative explained their mum had very little communication skills and said she often became frustrated when she first moved into Badgers Holt. The relative complimented the persistence of staff and their efforts to understand her needs. They said: "Over time the staff have learnt how to anticipate her needs by working tirelessly to understand her body language, facial expressions and her limited comprehensive

speech. The staff have worked out the perfect balance, in the form of mums care plan"

People who required support to maintain their skin integrity had robust care plans in place which significantly improved their comfort and healing. District nurses and GP's consistently told us staff always followed the plans in place to ensure people responded to treatment. One healthcare professional said: "I have seen a few examples in my time here where skin damage has really improved and completely healed. The staff here are spot on with things like that".

People benefitted from an extensive activities program. All staff understood the importance of stimulation and it was clear activities were an important part in people's day. On the first day of our inspection we saw people enjoying a visit from an animal handler. People were fully engaged in having the opportunity to hold snakes, rats, lizards and other types of animals. There was lots of laughter and enjoyment between all that took part. On the second day of our inspection people who wished to take part were involved in an exercise class. Others who were less mobile and those who wished to take part enjoyed ball games in a different part of the home. Activities included puzzles, flower arranging, visits from a choir, a ladies lunch club, monthly church services and visits from external entertainers which included a visit from the local Brownies club, a music group and songs of praise.

The service had a complaints policy and procedure in place. This was well advertised. The provider and registered manager told us every effort was made to resolve any issues or concerns as quickly and informally, where possible, but that people were always reminded of their right to instigate the formal complaints procedure, if they so choose. Staff members confirmed this. No formal complaints had been made, however any suggestions on how to improve the quality of care were dealt with verbally, during a residents meeting or through a discussion with a relative. A relative said: "I would be surprised if this place ever gets any complaints; the staff and the owner are incredible".

## Is the service well-led?

### Our findings

Professionals and relatives consistently told us the leadership at Badgers Holt was outstanding. One professional commented: "We think you are great and by far the best home". A relative said: "We all like the fact that the owner always takes the time to talk to visitors". When asked if they were involved in developing the service one relative said: "Yes, for example, the installation of the security locks, garden gates and the sensory area were discussed with us" and "There are already strong links with volunteers, entertainer's, church services and work experience". When describing Badgers Holt a priest said: "Always an ethos of encouragement. I have only observed appropriate responses to the variety of needs of the residents. The environment is pleasant and homely" and "The leadership is strong and supportive, it is gentle but firm and fair". A relative said: "(Provider) sets very high standards and has excellent procedures within the home for both training and routine care. In over 100 visits, we have repeatedly been impressed with the patience, kindness, good humour and respect with which the staff treat all the residents". Another relative said: "Mum continues to be happy and content at Badgers Holt and this is all due to the dedication and commitment of (Provider) and her outstanding team". Relatives consistently told us they were often overwhelmed by the kindness and compassion shown by the provider. One relative said: "There is nobody like her (Provider), she truly is one of a kind, she is here every day, and she knows everything about everyone and doesn't accept anything less than perfection. Her standards are exceptionally high which make me have complete faith in all the staff".

The provider and the registered manager were outstanding role models who inspired the local community to learn about health and social care. Badgers Holt had been fully engaged and supportive of The National Citizens Service (NCS) which provides 15 to 17 year olds with opportunities to learn and develop their skills. NCS is a not-for profit social enterprise established to shape, support, and champion and lead a thriving national citizen service. Feedback from the NCS included: "This year you played a much bigger role within the program. Over three hundred young people got a chance to entertain, care or positively impact your elderly service users in some capacity. The feedback from both young people and the workshop tutor was truly amazing and cemented the fact working with Badgers Holt has been a mutual success for all involved". A letter from one student who is now attending university stated: "I am currently working towards a 2:1 degree and I know that my time at Badgers Holt had an influence and impact on these grades. So I am showing my deepest gratitude and giving thanks for the wonderful experience" and "The skills I learnt whilst working at the home really helped me during this placement". A College representative said: "I can see a real difference in their (Students) confidence levels and maturity when they return to College. They have even been offered apprenticeships or part time employment which is a fabulous result for them". Relatives and people consistently told us they enjoyed seeing young people in the home and felt it was very beneficial to all involved. A relative said: "It's brilliant they have young people coming to learn in the home, they (People) all love it and it gives them new friends and someone else to talk with". Minutes from meetings and email correspondence showed different managers and directors of organisations sought guidance and advice from the provider and registered manager and valued them as a source of good practice and an excellent role model of outstanding care.

For the last three years Badgers Holt has opened its doors to the public and healthcare professionals to

promote health and social care. In each of the last three events the provider has also taken the opportunity to promote awareness about different local charities and initiatives. Family members told us the open days provided them with good opportunity to speak with the staff in a relaxed environment. One relative said: "The events and parties held here are wonderful, everyone talks to each other and we are able to ask anything we want. (Provider) loves everyone here like they are her own family, it's genuine I promise". Another relative said: "After attending the recent open day, it is evident that there are already good links with the local community".

The provider had signed up to the Department of Health's Social Care Commitment. The social care commitment is the adult social care sector's promise to provide people who need care and support with high quality services. As an employer they have committed to; recruit staff who care, provide thorough induction training, help staff develop the skills they need, make sure staff understand safety and quality standards, take responsibility for how staff work, supervise staff, support staff to put their commitment into practice every day. In addition employees also have responsibilities to work responsibly, uphold dignity, work co-operatively, communicate effectively, protect privacy, continue to learn and treat people fairly. Our observations indicated that staff worked in a manner that was in keeping with this commitment. For example, when supporting someone to eat their meal the staff member was patient and understanding. These commitments were reviewed during staff meetings and as part of the internal quality assurance systems.

There were a number of systems and processes in place for monitoring the quality of care. These included: direct observation, night observations, medicines observations, records of care workers medicine competencies, and staff supervisions and appraisals. An annual survey of the views of all stakeholders was undertaken. People's views and comments were collated, considered and used to develop the service. Frequent team meetings, residents meetings and management meetings took place to review performance and drive improvement. Minutes from meetings showed new care plans had been reviewed and updated to install best practice guidance; discussions took place about how to improve the homes previous CQC rating, medicines reviews, and develop the lead roles for staff. Minutes from residents meetings stated "We have also introduced fresh cut bread once a week and donuts which have been requested", "A copy of your nutritional care plan is now in the kitchen" and "We have been maintaining snacks and drinks available all day and this has proved popular. Is there anything that you would like to suggest on how we may improve this for you?" Feedback from relatives and staff suggested it would be beneficial if people were able to go out "At the drop of a hat". Since this feedback the provider had purchased a mini bus and said: "If one person wants to go somewhere or ten people want to go somewhere we will make it happen".

The dignity, safeguarding, infection control and end of life champions took on additional responsibility to drive improvement. Records showed they were directly responsible for monitoring and observing interactions between staff and people. One champion said: "We have supervision forms called "Champion report forms" which we use to record feedback either being a 'Positive or a negative' when we observe staff". One record for observing dignity in the work place stated: "Staff member made sure the area was clear and the door closed. Stayed with s/u (Person) and ensured body was covered". A report completed for infection control found a member of staff had been observed not wearing personal protective equipment (PPE) correctly. The report stated the member of staff responded positively to the feedback and "Fully understood the consequences and it was just an error that will not happen again".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Both staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had

been ignored.