

F.B.C. Care Homes Limited

Branthwaite 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

About the service: Branthwaite Care Home ('Branthwaite') provides personal care and accommodation to up to 40 older people living with dementia, in one purpose built two storey building. There were 39 people living at the service at the time of our inspection.

People's experience of using this service and what we found: The registered manager and all staff we spoke with demonstrated extremely caring and patient approaches to people who required skilled, person-centred care. Staff excelled in this area and management systems and processes supported them. People and their relatives enjoyed the calm, welcoming environment the registered manager and staff had maintained. Underpinning this calmness was exceptional understanding and application of best practice across a range of areas, including: dementia awareness and care, hydration and nutrition, infection control, skin integrity awareness and oral care.

Staff worked extremely proactively in consultation with external healthcare professionals. They developed their own guidance tools, training and contributed to the development and roll out of best practice which had a positive impact on people who used the service, and adult social care providers in the area. The service and individual staff had regularly won awards for their work in raising public and professional awareness of key social care issues.

Feedback from people, their relatives and a range of external professionals was exceptional regarding the compassionate, affectionate and sensitive approach of staff.

People had formed extremely strong bonds with staff members they knew well. The majority of staff had been at the service for several years and this continuity was commented on by all as another key strength; people felt at home and consistently likened staff to family.

There was a creative and proactive approach to healthy eating. This was a balance of extremely effective common-sense approaches and broader themed days and events, with a high degree of involvement by people who used the service.

End of life care was outstanding. The deputy manager demonstrated an excellent understanding of relevant best practice and the service was seen as a leader by external professionals. They had developed guidance to help support people and families and they ensured all aspects of care planning were person-centred, including how to memorialise people in the way they wanted.

Activities were extremely varied and well resourced. Staff had an exceptional understanding of each person's preferences and background. They used a combination of group activities and one to one time to ensure everyone had access to meaningful activities and the opportunity to try new things. Feedback from relatives and external professionals was outstanding.

The service was exceptionally well-led. The registered manager was well respected in the organisation and further afield, for instance at the provider forum meetings, where they were considered a leader in best practice. They had continued to drive a range of improvements and initiatives which had positive impacts on people's health and wellbeing. They continued to innovate and try to find ways to improve people's experience of care.

The staff team was extremely well trained and dedicated. They shared a common understanding of the caring values of the organisation, which were consistently demonstrated at all levels. They were empowered to treat people as they would members of their own family and truly valued and colleagues and people.

Feedback regarding the registered manager from relatives and external professionals was consistently outstanding, with them described as a leader and innovator. Staff agreed with these opinions and described the supportive nature of the service, within which they felt encouraged to excel.

Extremely strong community links were in place, ensuring people who used the service felt an active, contributing part of the community. Where people were unable to access community regularly, staff found innovative ways of bringing the community into the home.

People were included in the running of the service. Their feedback was sought at resident/relative meetings, individual review meetings or surveys. People and their relatives knew how to raise and issues or concerns and welcomed the additional 'cake and cocktail'/'cheese and wine' evenings the registered manager organised.

Records were accurate, up to date and person-centred. Clear systems were in place for the review and audit of all aspects of the service.

Medicines were managed safely, in line with best practice, by well trained and confident staff. Covert medicines and medicines to be given 'when required' were comprehensively supported by clear paperwork. The premises were well maintained and appropriate health and safety checks were in place. Emergency procedures and contingency plans were in place.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Best interest decision-making followed best practice guidance.

Turnover of staff remained low and staff morale was extremely high; staff worked enthusiastically together.

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

Rating at last inspection: Good.

Why we inspected: We inspected the service in line with our scheduled programme of inspections.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Branthwaite Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector, one specialist advisor with a nursing background and one Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection: The first day of the inspection was unannounced. Days two and three of the inspection were announced.

What we did before the inspection

We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spent time speaking with three people who used the service, six visiting relatives, three visiting health and social care professionals. We spent time observing interactions between staff and people who used the service. We spoke with eight members of staff: the registered manager, deputy manager, care co-ordinator, one activities co-ordinator, three care staff and one domestic assistant.

We looked at four people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

After the inspection

We spoke with three health and social care professionals.

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

- Safeguarding information was clearly and prominently displayed in communal areas. Procedures were well understood by staff and regular training took place.
- Staff took proactive steps when they were concerned about people. There were strong local links with the safeguarding colleagues and specialist teams to help identify the best way to keep people safe.
- People told us they felt safe and at home and staff acted in ways that clearly supported this. One relative said, "We have no worries – there are always staff about and they are always calm, whatever happens."

Assessing risk, safety monitoring and management

- Risk assessments were detailed, specific to the needs of each person and informed by a sound understanding of people's needs and best practice. They were reviewed on a monthly basis by the care co-ordinator and audited by senior leaders. Actions staff needed to take to reduce risks were clearly set out. One relative told us, "[Person] was always falling at home and then at the other service. Here they understand their dementia and how to keep them safe."
- The service felt relaxed, homely and notably calm. Where people were prone to anxieties there were a range of positive strategies in place to minimise these. One external professional said, "They have great distraction methods in place."
- The service was well maintained, with a full-time maintenance member of staff working between this and the provider's other adjacent home. Emergency and other equipment was regularly serviced and personal emergency evacuation plans (PEEPs) were kept up to date and accessible.

Staffing and recruitment

- Pre-employment staffing checks continued. Staff worked confidently as a team. All staff we spoke with had the confidence to raise concerns internally. They confirmed the culture was an open one in which they were encouraged to challenge.
- Staffing levels were appropriate to the needs of people's personal care and social needs. The registered manager used a recognised dependency tool system and factored in activities and peak times to their dependency planning. There was sufficient senior leadership in the service at all times and effective arrangements for out-of-hours support if staff required it.

Using medicines safely

- Medicines were managed in line with good practice. Where people were prescribed medicines 'when required' this was supported by a detailed protocol for staff to follow. Where people were prescribed anti-

psychotic medicines these were reviewed at least six monthly and with a view to reducing their use wherever possible. Where a person was given medicines covertly this was comprehensively risk assessed and the person's best interests fully considered and documented. There were a range of positive non-medicinal strategies in place to help reduce people's anxieties.

- Auditing and stock checks of medicines were effective, comprehensive and consistent; errors were rare and were treated as an opportunity to learn. One staff member said, "It's a learning culture, not a blame culture. Everyone makes a mistake and we should all learn from that, not pick fault."
- Staff were appropriately trained to administer medicines and had their competence assessed. They were given the time to complete their roles safely.

Learning lessons when things go wrong

- The registered manager had reflected on an occasion where they were unable to meet a person's needs due to their fluctuating behaviours. They had since updated their pre-admission form to ensure that it had a section for any relevant behavioural information.
- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed.

Preventing and controlling infection

- The service was clean throughout. A relative told us, "To keep it this clean and tidy with so much going on and with everything they do is amazing." Staff knew how important the prevention of infection was and had taken part in training and projects to raise awareness. One member of domestic staff told us, "I clean here as I would clean my home – I love it here."

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

- Staff were aware of current best practice. They were exceptional in proactively implementing this alongside external agencies. For instance, they had successfully rolled out the NHS' 'React to Red' campaign. React to Red is the NHS' initiative to raise awareness and improve the knowledge of care staff and relatives in relation to the risk of pressure sores. One member of staff was the 'link champion' for this campaign, meaning they could train others. They represented the service at external meetings, sharing examples of best practice. They told us, "It has given me so much confidence in an area I didn't have a background in." People were at a reduced risk of pressure sores thanks to this awareness work.
- The service used innovative approaches to raise awareness. For instance, for World Stop the Pressure Day (another NHS led awareness initiative) they held a disco themed event to encourage people to remember to move as much as possible. Families and local professionals were invited and took part. In a previous year they redecorated the entrance area to the home and held a classroom-themed awareness event where, again, people and their relatives and others took part. This contributed to the home being considered a leader in this area of care by local professionals.
- The registered manager continued to demonstrate a passion for continually finding ways to improve care. For instance, they had developed a skin integrity mapping tool, to be used by staff to identify increased risks. They had produced this in consultation with a tissue viability nurse and the local commissioning group, who were extremely impressed, such that they planned to share the document with other homes as an example of best practice. Again, this meant people were at a reduced risk of pressure sores.
- The service specialised in providing care for people living with dementia. They were also recognised as a leader in this area. They had achieved the local authority's Dementia Quality Mark accreditation for several years. One commissioning professional told us, "They work with some of the most complex cases that we have in this area. They have the Dementia Quality Mark which we have assessed for as they offer amazing dementia care."
- The service had achieved accreditation with the local authority 'Healthy mouths' programme and each person had a detailed oral care plan in place.
- Relatives had confidence in staff knowledge and agreed people received outstanding health and wellbeing outcomes. One told us, "I can't say enough about the staff, they're brilliant. He responds to them better than me." External professionals were impressed with the level of detail staff understood and documented. One told us, "They consistently exceed expectations."

Supporting people to eat and drink enough to maintain a balanced diet; Staff support: induction, training, skills and experience

- Staff had 'champion' roles in addition to their care and support tasks. These were aligned to their professional expertise and passions and meant the champion roles made a real difference to people's lives rather than being a token job title.
- For instance, the nutrition champion was passionate about encouraging people to access healthy, varied options. They trialled smoothies to encourage fruit intake and they involved people in the making of food. This included cake making days, making ice creams and pizzas. Their approach was informed by best practice but also driven by common sense. For instance, where one person regularly accepted a drink but would then forget about it, they established they enjoyed jelly and regularly offered them a bowl – this meant they had a good level of fluid intake and reduced the risk of dehydration.
- The service used best practice, including the Malnutrition Universal Scoring Tool to identify people who are malnourished, at risk of malnutrition, or obese. Staff used this to identify and act on potential risks to people's nutrition levels. One external health care professional told us, "The staff have always been proactive in contacting for advice and they have been good about implementing some of the "common sense" strategies."
- People and their relatives gave positive feedback about the standard of meals and snacks they were offered. People's appetites improved and we saw several instances of people putting on weight. Staff tried different ways to encourage them. In one person's case they had repeatedly refused food but by pretending to be a waitress and serving the meal more formally, staff successfully encouraged them to enjoy meals.
- Since the last inspection the registered manager had employed a training co-ordinator, who spent two days a week at the home or the provider's adjacent home. Staff told us, "We get better refresher training now – you can all talk about what's changed or what you've experienced."
- Staff received training in areas which made a demonstrable impact on the effectiveness and timeliness of the care people received. For instance, care staff had received training on blood pressure monitoring and were knowledgeable on the relevance of these readings for people's health.
- External professionals confirmed there was a proactive approach to training which positively impacted on people's wellbeing and the wider care sector. One said, "They are really good at what they do and it means the call for hospital or other help is reduced."

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

- The registered manager and other senior staff had developed excellent working relationships with local health and social care professionals, to the enhancement of people's health and wellbeing. The registered manager continued to innovate to improve people's access to primary healthcare. For instance, they had rolled out a 'medication profile' document, which sat with people's care files and succinctly detailed every medication a person had and why they needed it. This meant visiting paramedics or other healthcare professionals had instant access to this range of information. The feedback was extremely positive so far from visiting professionals.
- External specialist nurses provided additional training to staff at Branthwaite to ensure they were best placed to provide care to people, in line with current best practice.

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

- The building was purpose built and accessible. Corridors were wide and the home was well lit throughout. There was ample communal and private space. The registered manager showed us plans drawn up by an external consultant to refurbish the first floor, which was in need of this. The plans had regard to best practice in terms of dementia friendly environments. In its current state the first floor was tired and in need

of improvement, although not presenting any risks.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had made appropriate applications to the local authority and acted in line with good practice. Where people were unable to make a specific decision best interest decision-making was in place and well documented. Capacity assessment forms had been reviewed and improved recently to ensure they fully reflected the decision-specific nature of capacity considerations.

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 improved to outstanding.

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

Respecting and promoting people's privacy, dignity and independence

- People were made to feel a valued part of the community and their families and friends were evidently part of this. The registered manager and staff understood the importance of the need for people to feel relaxed and at home. Their ability to reduce people's anxieties through compassionate and person-centred approaches to care was exceptional. The service was extremely calm and relaxing. Relatives valued this and agreed it had an extremely positive impact on people's emotional wellbeing. They said, "[Person] is full of praise for the care they receive and is a much more relaxed, less anxious person than when they moved in. The staff do their utmost to resolve her anxiety," "It's been two years now and in all honesty we can never look back. In the beginning [person] was very disturbed but the transition was handled beautifully. Nothing is ever too much trouble for the staff and they are in hand at all times."
- Dignity and respect underpinned staff interactions with people. Staff demonstrated exceptional sensitivity towards people's needs and had got to know people extremely well. One relative said, "I would just like to acknowledge the outstanding love, care and attention [person] has always received. [Person] has always been treated with the greatest respect."
- A number of family members who had lost loved ones still attended the service on a voluntary basis. They helped with meals, activities and one to one conversations.
- There were dignity champions in place who promoted the provider's clearly visible approach to maintain people's dignity at all times. They undertook dignity observations underpinned by comprehensive knowledge of people's needs and how they communicated their feelings non-verbally.
- The registered manager provided exceptional, visible leadership with regard to the caring attitudes they wanted their staff to embody. The provider was a caring one. Every member of staff we spoke with confirmed the registered manager respected them as valued members of staff and team members, and many cited how the registered manager had acted flexibly and supportively when they had non work-related concerns. One staff member said, "They are there in a heartbeat for you, they value you and that makes a big difference."
- The registered manager ensured the person-centred culture was sustainable through values-led recruitment. They also actively encouraged people in non-caring roles to consider this as a career where they demonstrated caring values. All non-care staff received dementia awareness training.
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. For instance, there was a regular communion service in the home for anyone who wanted to take part.

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

- Staff consistently acted in ways that demonstrated they were passionate about people feeling included and valued as individuals. For instance, planning to celebrate one person's diamond wedding anniversary in the home, so they could continue to celebrate this relationship. One relative told us, "Staff are so very caring and gentle – they take so much time helping a person down the corridor for lunch and they cope with a lot."
- Staff ensured the atmosphere was extremely welcoming, friendly and homely. Relatives described how people were treated in exceptional terms. One relative said, "We can't imagine anywhere that he would have received better care or more affection." One thank-you note read, "Our deepest thanks for the exceptional care that you give. Your calm family environment is underpinned by the highest level of best practice care together with such love and understanding all round."
- Relatives and external professionals felt the continuity of staff contributed to the calmness and culture. The service never used agency staff and had clear staffing contingency plans in place to ensure people received care from the staff they knew and trusted, twenty-four hours a day. One relative said, "There is always a family feel."
- Staff interacted with people warmly, patiently and with evident knowledge of their preferences. They ensured people felt empowered and validated through their actions.

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

- People were as involved as they were able in the planning and review of their care. If they wished, they had a one to one meeting with the care coordinator each month to discuss any concerns or changes. The care coordinator was given specific time to meet with people and their families to ensure they felt fully involved and empowered to contribute to their own care planning.
- People were enabled to have ownership of the things that gave them meaning. For instance food and drink was used as a means of people feeling validated and valued. When there were baking events staff would ensure people got to wrap some of the baked goods in foil to give to their relatives as a parting gift. This was a powerful way of them reconnecting with memories and their roles as parents and members of a family.
- Nobody used an advocate at the time of inspection but advocacy information was made clearly available and people's relatives were encouraged to be involved as natural advocates.

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 improved to outstanding.

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

End of life care and support

- End of life care was exceptional. The service was acknowledged as a leader in developing and using best practice. The service had achieved Gold Standards Framework accreditation; this includes training and assessment to ensure the service provides end of life care in line with best practice. The deputy manager's understanding and practical application of these care pathways was excellent.
- The deputy manager had produced an information leaflet for families entitled 'What to Expect', which included what conversations families may expect to have and what equipment they may see in time. This was produced in consultation with a specialist palliative care nurse, with whom staff had forged an exceptional working relationship. They worked alongside them to ensure care planning took into account people's longer term wishes such as how and where they would want to be supported and cared for at the end of their lives. This specialist told us, "They have an anticipatory approach, which is excellent. They don't leave things until later on when people are in a heightened emotional state. They have the tact and the skills to have these discussions early on. It means it's calm later down the line – it's very good practice." A relative said, "At the end of their life, the care was amazing and we knew what to expect. They made sure [person] was never alone and made sure we weren't lonely."
- The service respected people's final wishes and ensured families were fully involved and respected. One relative told us, "They have been really supportive for everyone involved and thought through all the ethical sides of things." The service had regard for people's final wishes and also how they could be appropriately memorialised. For instance, one family donated some money to the resident's fund after a funeral service. The registered manager knew the person had loved all things confectionary-related so used the funds to have a 'sweetshop' mural in their honour in the home.

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

- Activities were a key strength of the service. They employed two full time activities co-ordinators. They worked innovatively and flexibly to ensure that all people who used the service had access to meaningful activities. For instance, where one person was in bed and was hard of hearing but loved music, the activities coordinator used a small portable speaker to place on their pillow. This meant they could enjoy music in comfort and others were not impacted on by extremely loud communal music.
- Several people spent the majority of time in their room and activities coordinators, supported by the registered manager, took the time to spend quality one to one time with them. For instance, reading them favourite stories, sections of the bible, playing them music or making their mealtime special.

- One relative said, "They do a lot of energising things on a morning because the afternoons are sometimes a bit slower. But then they are always spending time with people individually." An external professional shared a similar opinion, stating, "The activities within this home is amazing and the coordinators are so passionate about the work they do."

- Activity planning was based on people's interests, moods, and with their full involvement where possible. The activities coordinators demonstrated an exceptional understanding of people's fluctuating preferences and adapted their planning accordingly. a blend of group options and person-centred individual pursuits.

- People accessed numerous day trips and shorter outings thanks to the provider's minibus, which was shared with the provider's adjacent service. Regular outings included a reminiscence group and a singing group, where all ages attended. To facilitate much larger gatherings and to maximise involvement, staff used the service's facilities innovatively. For instance, setting up a corridor as a long dining room so everyone could sit together for a Valentine's Day feast. Relatives and local healthcare professionals were invited and encouraged to take part in the celebratory atmosphere. Likewise the home had previously turned the garden area into a 'beach', with paddling pools, a CD playing sounds of the seaside, ice cream and candy floss making facilities.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed and contained comprehensive levels of information regarding people's preferences and wishes. These plans were informed by people's medical history, conversations with people, relatives and input from external professionals. Staff demonstrated a sound knowledge of people's individual needs and preferences. They were aware of each person's 'flower of need,' a visual depiction based on good dementia practice regarding each person's key needs and likes.

- One external professional said, "They are fantastic in working proactively and so switched on. They never ring us speculatively and have a great knowledge of people's needs. I think they're responsible for a real reduction in possible hospital admissions."

- Relatives and external professionals gave numerous examples of the registered manager, deputy manager and others responding extremely quickly to their queries or concerns. Healthcare professionals agreed that people were enabled to access their community and in this way avoid social isolation.

- Where people had specific communication needs, such as not being able to verbally communicate, care plans were detailed. Staff demonstrated their ability to understand people's body language and prompts throughout the inspection. Some people communicated with relatives via video calls. The service had wi-fi throughout and was well equipped for this.

- The registered manager held 'cake and cocktail' and 'wine and cheese' evenings to encourage more informal gatherings and conversations between people and relatives.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. The provider had an appropriate complaints policy in place and this was made clear in the service user guide and in communal areas (along with other pertinent information, such as safeguarding information). Communal area wall spaces were used to display large, colourful displays regarding areas of good practice people and their relatives may want to know more about.

Meeting people's communication needs

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

- For instance, menus were displayed pictorially, whilst other important information such as safeguarding information, was prominently displayed on walls.

Is the service well-led?

Our findings

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

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

Working in partnership with others

- The registered manager had forged excellent working relationships with a range of key external professionals. They worked collaboratively to ensure the best outcomes for people. They were regularly invited to present areas of best practice to a forum attended by other registered managers and had won numerous awards for their innovative and inclusive approach on topics such as end of life care, dementia care, infection control, skin integrity and nutrition and hydration.
- External professionals provided exceptional feedback about how well the registered manager and staff worked with them and others. One said, "They provide presentations and help and offer guidance at these forums to other homes. They work well with other managers from different homes, this is something we don't see a lot. They are happy to share good practice with other homes and are always happy for other managers to come and see what they do." Another said, "They are absolutely outstanding at what they do."
- The registered manager had continued to build extremely strong community links. First and foremost, they ensured people felt comfortable and free from anxiety in their own home but, where there was opportunity, they ensured the wider community accessed the home and vice versa. For instance, they invited relatives, friends and local healthcare professionals to the service for events such as Alzheimer's Society fundraising days, Valentine celebrations and days where staff would raise awareness about how to improve safety and care. Staff we spoke with shared a passion for ensuring people felt a valued part of their community.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and 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 registered manager led the service exceptionally well. They took pride in being personally accountable for the standards the home aspired to and ensured all staff shared the same values of treating people as they would a member of their own family.
- Their desire to continue improving was driven by a passion to provide the highest standards of care to people. Throughout the inspection people who used the service, relatives and external professionals gave examples of how the care at Branthwaite had exceeded their expectations. They felt empowered and included. One relative said, "We have very high standards and didn't think we'd find somewhere that could match those – we were wrong." Another said, "They always go above and beyond – they aren't really staff but family." Feedback specifically about the registered manager was exceptional. One relative said, "I can't

fault them in any way – they are always supportive and keep in touch. Nothing is too much trouble." One external healthcare professional said, "They are really proactive, it's really very rare."

- Staff confirmed the registered manager had a hands-on approach. One said, "When we had an outbreak they were the first one in and they worked their socks off all day – they were shattered at the end of it but it showed how prepared to get stuck in they were." Another said, "I've never had a manager as committed as them."

- Relatives felt wholly assured that they could raise any queries with the staff team or registered manager. One told us, "When there was the fall they were in touch with us all the way. It is first rate here." People who used the service and their relatives were communicated with openly and empowered to play a meaningful part in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection the registered manager had ensured the role of deputy manager had brought about further improvements. One staff member told us, "[Deputy manager] is brilliant with end of life care and we've learned a lot."

- The registered manager and staff felt the deputy manager role brought a specialist knowledge regarding end of life care and additional support and leadership to them as a staff team. had improved the service. One told us, "They are fantastic and they are committed."

- They and the registered manager maintained strong oversight of all core processes of the service and ensured records were up to date and accurate.

- Auditing processes were clear and effective with the registered manager deputy manager and champions undertaking a range of checks. Minutes from a range of staff meetings demonstrated the high standards the registered manager expected were set out at the beginning of each meeting. Staff were positively encouraged to gain new skills and increase their knowledge.

- There was a culture of continuous professional development. The registered manager and deputy had both completed their Level 5 leadership qualifications since the last inspection. The registered manager had researched training methods to improve staff awareness of sensory deprivation when living with dementia. They had devised their own face to face training programme and rolled this out to staff, in addition to their core training (which was also supported by visits to a local hospital with specialists in dementia care). Feedback was extremely positive and demonstrated that the registered manager went to great lengths to ensure staff had a comprehensive, person-centred understanding of people's needs and could empathise effectively.

- Staff were clearly empowered to become leaders in the service by their actions and through the skills they were supported to develop. Likewise, people who used the service were empowered by staff who were truly valued.

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

- Staff used a range of means to positively engage people in topics that could otherwise be dry. For instance, holding awareness days regarding infection control and the risk of pressure sores. This was made fun and accessible through the making of informative films.

- People's individual needs and abilities were respected. Their independence and ability to live full lives by celebrating and validating what they could do was core to the service's success. This was understood by all staff we spoke with. The registered manager and staff team had successfully maintained a calm, welcoming and inclusive atmosphere. The registered manager was passionate about people receiving person-centred care and led by example to ensure this happened.