

Quality Care (EM) Limited

Derwent View

Inspection report

5 Dorset Street
Chaddesden
Derby
Derbyshire
DE21 6BE

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Tel: 01332616162

Website: www.qualitycare-em.co.uk

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Derwent View provides residential care for up to 19 people diagnosed with learning disabilities and/or autism spectrum disorders. People are accommodated in three bungalows, one of which has a self-contained one-bedroomed flat attached. At the time of our inspection there were 16 people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Derwent View's positive culture enabled people to achieve their potential and integrate into the community. A relative said, "I can't believe what they have achieved with [person], things I never thought possible." A social care professional said the change in a person they placed at the home 'was just remarkable'. Staff valued people and accepted and celebrated their life choices.

Staff were exceptionally caring and supportive. A relative said, "The place is full of love and affection. [Person] has the life we've always wanted for them." People had excellent trusting relationships with the staff. A relative said, "The staff are there to keep people happy. They are always calm and always in good spirits. It's a lovely place to visit."

The registered manager provided outstanding leadership and support to staff, people and relatives. They ran the home efficiently, meeting all their regulatory responsibilities. A relative said, "If I could clone the home I would, it's an amazing place. Nothing's too much trouble for the [registered] manager and if something needs doing it's done straight away."

People were safe at the home and the staff knew how to protect them from harm. A relative said, "I can sleep at night knowing [person] is in the safest place possible." The home was well-staffed, and people had one-to-one and two-to-one staffing when they needed it. People had their medicines when they needed them. The home was purpose built, spacious and accessible, and clean and tidy throughout.

People were assessed before coming to the home to ensure it was suitable for them. The staff team was

established, experienced, and well-trained. People had a varied diet of their choosing. Staff ensured people's healthcare needs were met.

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

People had personalised care plans which were continually reviewed and updated as people's needs changed. People's took part in a wide range of individual and group activities both in the home and in the wider community. A relative said, "[Person] does all the things they could never do at home. [Person] is so active."

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

Rating at last inspection

The last rating for this service was Good (based on an inspection on 08 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Derwent View

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors carried out the inspection.

Service and service type

Derwent View 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

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with one person using the service and spent time with others who were in the home when we

visited. We observed staff interactions with people. We spoke with four relatives by telephone. We spoke with the registered manager, nominated individual, senior team leader, visiting manager from another of the provider's homes, and two support workers. We reviewed a range of records including staffing, care plans, and quality audits.

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

- People were safe at the home. A relative said, "[Person] couldn't be safer because the staff know what to do to ensure [person] is safe."
- Safeguarding information was available to people in an easy-read/pictorial format.
- The staff knew how to protect people from harm. Staff were trained in safeguarding and knew how to raise safeguarding concerns.
- The provider had a well-advertised safeguarding FREEPOST option available to ensure there were no barriers to staff in reporting safeguarding issues.

Assessing risk, safety monitoring and management

- Relatives said staff knew how to minimise risk to people. A relative said, "[Person] is at risk in so many ways I can't even begin to tell you. But the staff know all of these so [person] is safe."
- Staff gave us examples of how they protected people from harm. For example, a staff member said they always asked a person to link arms with them when they crossed the road to keep them safe in traffic.
- Risk assessments included clear guidance for staff to follow when supporting people. For example, one person needed regular repositioning and other support to protect their skin. Records showed staff followed this guidance.
- Managers continually reviewed and updated risk assessments to ensure staff met people's changing needs.
- The floor matting underneath an outside swing was loose and uneven in places. The registered manager was aware of this and had risk assessed the area. They later confirmed by email that the matting is being replaced with artificial grass at the start of November 2019, weather permitting.

Staffing and recruitment

- The home was well-staffed. There were enough staff to support people in the home and on trips outs and activities in the community.
- A relative said, "[Person] has one-to-one and even two-to-one staffing when they need it. The staff know exactly how many staff they need to look after [person] safely."
- Staffing levels were flexible to ensure people's changing needs were met. For example, if a person was unwell the managers put extra staff on duty, and if a person was in hospital staff stayed with them on a one-to-one basis.
- Staff were safely recruited to ensure they were suitable to work with people who use care services.
- Ancillary staff were trained to support people, so they could help if there was an emergency.

Using medicines safely

- People received their medicines as prescribed and were encouraged to assist with them. For example, one person was able to identify and count out their own medicines. Other people fetched their own water to take their medicines with.
- Managers carried out medicines audits to check the medicines management system remained safe.
- Staff who administered medicines had up-to-date medicines training and had their competency checked.
- The home's contract pharmacist inspected the home's medicines to ensure they were safely managed. At their most recent inspection, this year, they made recommendations. These had all been met.

Preventing and controlling infection

- The home was clean and tidy throughout. A relative told us, "The staff keep the premises lovely, it is always clean and the staff are always decorating."
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.
- Managers carried out random and scheduled infection control audits to ensure the home was always clean and hygienic .

Learning lessons when things go wrong

- Managers responded appropriately when accidents or incidents occurred and used these as a learning opportunity. For example, following a whistleblowing incident, staff improved the way they communicated to prevent a reoccurrence.
- Managers carried out a monthly accident and incident analyses to identify any causes or contributory factors and took corrective action as necessary.

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 remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people in different settings, prior to them coming to the home. For example, at their current accommodation, in the community, and taking part in activities. This gave staff a rounder picture of the person to better ensure they could meet their needs.
- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way that respected people's individual diverse needs. For example, one person liked to make frequent lifestyle changes and staff supported them in these and updated their care plans and risk assessments accordingly.

Staff support: induction, training, skills and experience

- A relative said, "The staff are extremely well-trained. They know everything they need to know to look after the residents. They amaze me sometimes with their knowledge. It's a mixture of training and experience."
- The provider's own training company, accredited by Skills for Care as a 'centre for excellence', provided courses for staff including the nationally-recognised Care Certificate. Staff also had the opportunity to study National Vocational Qualifications up to level 5.
- Staff completed annual compliance refresher training to update their skills. This included positive behaviour management and was themed, so staff could look at the way they worked from a different perspective each year.
- The training company sourced and provided bespoke training as necessary. For example, staff completed courses relating to people's specific needs and diagnoses.

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

- Relatives said the home provided people with a good diet. A relative said, "The food is absolutely out of this world." Another relative said, "They get excellent food in the home, but they also get variety. If it's a nice day they go for a picnic, Saturday is takeaway night. Or they go to a pub or a restaurant."
- Peoples nutritional needs were identified and met. If people needed additional support with their diet, staff referred them to dietitians and/or SALT (speech and language therapy team).
- People were involved in meal choices, some had a menu planner and others chose what they wanted on the day. People had varied diets depending on their needs including vegetarian and halal. Mealtimes were flexible to fit around people's activities and outings.
- If people needed to lose weight, staff supported them. For example, staff accompanied one person to attend a community slimming group, so they could learn about healthy eating and join a weight-loss programme.

- The home's kitchens had a food hygiene rating of '5' meaning that hygiene standards were 'very good'.

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

- Staff ensured people's healthcare needs were met. A relative said, "The staff can always pick up little signs that [person's] unwell, signs that other people wouldn't notice."
- Another relative said staff had worked with their family member to enable them to overcome their fear of the dentist and have treatment without the need for a general anaesthetic. The family member said, "The staff have gone over and above again to achieve this. They have such dedication."
- Each person had an allocated key worker who worked closely with them and their family to co-ordinate and support their healthcare needs and appointments.

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

- The home was purpose-built and designed to meet the needs of the people living there. People lived in peaceful and accessible accommodation.
- Communal areas were spacious and homely. People's photos, artwork and posters decorated the walls. There were secluded gardens which people helped look after.
- Some people showed us their rooms which were spacious and personalised. A relative told us their family member recently chose wallpaper for their room. They told us, "It didn't match but so what? It's was the one [person] wanted."
- The home had an on-site sensory room to enable people to express themselves, be comforted, and have some fun.

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 and found that they were.

- If people were assessed as not having the mental capacity to make specific decisions staff consulted with their relatives/representatives/advocates to represent their interests in accordance with the MCA.
- Staff supported people to make choices on how they lived their lives in the least restrictive way. People's views were obtained using a variety of communications methods including sounds, facial expressions, and pointing to ensure they were able to consent to their care and support.

Is the service caring?

Our findings

Caring – this means 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 empowered as partners in their care in an exceptional service.

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

- Every relative we spoke with made numerous comments about the caring nature of the home. A relative said, "The love and the care is totally natural, people get cuddles if they want them and it's genuine. The staff really care."
- People had excellent trusting relationships with the staff. Staff knew people well and interacted with them in a positive and respectful way, anticipating their needs. A relative said, "In order to support [person] you need to know them very well because they give subtle signs if something is wrong, it could just be a sound or a slight movement. The staff can recognise these signs, so they know what [person] wants and needs."
- Staff encouraged people to be themselves and develop their own unique personalities. For example, one person flourished at the home as staff accepted and celebrated their life choices. Staff were extremely proud of this person whose confidence and self-esteem had increased dramatically since being at the home.
- Another person was supported by staff, a physiotherapist, and staff at a local gym, to take part in a regional sporting event. Having won medals, they returned to the home to a standing ovation from people and staff.
- Another person achieved their Bronze Duke of Edinburgh Award. To enable their participation, staff met with the DoE area supervisor and put a plan in place to allow the person to undertake the award with 1:1 staff support. The person met all the requirements of the award and completed it successfully.
- Staff devised an individual adventure game for one person which they enjoyed playing. Following each adventure, the person used the home's multi-media skills suite to produce a newspaper report of what had happened. This activity enriched the person's life as it enabled them to pursue an interest they had in a specific area.
- Staff supported people's families. A relative said, "When I ring up the staff always ask after me. I class them as my family too, because they care about [person] and me." The registered manager said, "We're here for people's families too. We always support and advise them if they have any problems."
- Staff took people to visit their relatives and brought relatives to the home if they had transport difficulties. Staff also accompanied people to family events, including driving a person 75 miles for a visit.
 - People were part of the local community and went to local shops, leisure centres, and places of worship. A relative said, "I often see the [people] out around town and in the supermarket. The staff take them out regardless of any challenges because they want them to lead normal lives in the community."
 - The staff team were established, some having worked at the home for many years, and no agency or bank staff were used. This meant people were only supported by staff they knew well. A relative said, "[Person] always has staff they know. It wouldn't work any other way."
- We asked a social care professional if the home was caring and they answered, "Where do I start!" They

went on to give us numerous examples of the caring nature of the staff and the way they supported people to enjoy active and fulfilling lives. They said, "The staff go over and above."

- Staff felt valued and said they loved working at the home. A social care professional said the staff told them that being employed at the home didn't feel like work because they enjoyed it so much.

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

- People and relatives were involved in all aspects of decision-making about people's care and support. A relative said, "I am very included in everything. The staff understand how important it is to [person] and myself that I am involved in [person's] life."

- Staff used a variety of communication methods to ensure people were able to make choices about every aspect of their lives including: verbal; PECS (a pictorial communication system); objects of reference; iPad applications: and photographs. We saw staff communicating successfully with one person using a pocket-sized PECS system on a keyring.

- If people had past or present conflicts and tensions in their lives staff provided them with support, guidance, and compassion. For example, a relative told us one person had experienced trauma before coming to Derwent View. They said, "The staff understood this and do everything they can to give them the stability, love and care they need."

- Staff used their understanding of people to develop ways of supporting them. For example, a staff member developed a specialist menu for one person on a particular diet. This was developed in a fun, visual way so the person could identify the meals they were eating.

- Staff positively welcomed the involvement of families, significant others, and advocates and recognised their contribution to people's decision-making processes. A relative said, "[Person] has an advocate and their views are always welcomed and valued."

- Staff recognised that people's wishes changed and evolved over time and they encouraged them to develop new interests and hobbies if they wanted to. A relative said, "They support [person] with the things they want to do, and it doesn't matter that [person] keeps changing their mind. The support is still there."

- Staff came up with unique solutions to situations that caused people anxiety. For example, one person wanted to wear a favourite item of clothing all the time. After liaising with their family, and making a 'best interest' decision, staff adapted their other clothing to resemble the favourite item. This meant the person was able to always wear something they felt comfortable in which led to them becoming happier and calmer.

Respecting and promoting people's privacy, dignity and independence

- People became more independent living at the home. A relative said, "When [person] comes home they won't let me make them coffee any more, they want to do it themselves." Another relative said, "[Person] has become more mature and more independent because the staff treat them like an adult."

- Staff went out of their way to support people's preferences. For example, one person wanted to live more independently, but not leave Derwent View. To accommodate them staff converted an office area into a flat for the person. The registered manager said, "We literally knocked down walls to meet [person's] needs."

- One person liked to spend time alone in their room but needed to be able to call staff if they required assistance. Staff bought them a wireless doorbell, so they could do this independently. This promoted the person's dignity and right to privacy.

- People's self-worth increased at the home as staff respected them and their life choices. A relative said, "[Person] values themselves now because staff have made them feel that they matter and are loved."

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

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

- People had personalised care plans which recorded how they wanted their care and support provided, and their likes, dislikes, family histories, and interests. Information was communicated in easy-read text and picture form.
- People's and relatives' views were used to develop care plans. Care plans were continually reviewed and updated as people's needs changed.
- Staff wrote a quarterly summary of people's progress which included information about their activities, social contact, and general health and well-being. This was sent out to relatives with the home's newsletter.
- People took part in a wide range of individual and group activities both in the home and in the wider community. A relative said, "Some of the activities staff have come up with I would never have thought of. [Person] has loved it, they [the staff] know exactly what [person] enjoys and finds stimulating."

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.

- Staff and managers were aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.
- Relatives commented on how well staff communicated with their family members. A relative said, "The staff understand [person] brilliantly. We worked together on [communication] and helped each other to understand what [person] wants."

Improving care quality in response to complaints or concerns

- The provider had systems and processes in place to manage complaints. The registered manager used the information gathered to improve the home, discussing themes at team meetings and learning from mistakes.
- People were involved in complaints investigations and resolutions. For example, one person who made a complaint chose the resolution they wanted, which was an apology, and this was given to them at the end of the investigation.
- Each person had a user-friendly laminated copy of the home's complaints procedure in easy-read text and pictures. Keyworkers advocated for those who were unable to use this and said they would speak out for people if there were any issues with the quality of their care.

End of life care and support

- If required, the home was able to provide high-quality end of life care in conjunction with healthcare professionals and others involved in a person's care and support.
- Staff were trained in end of life care and the registered manager said people would always be supported to stay at the home at the end of their lives if they wanted this.
- When a person had received end of life care, staff adapted their room so it was sensory with lights and sounds, and stayed with the person to ensure they were comfortable and pain-free.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People achieved excellent outcomes at the home, becoming more independent and fulfilled. A relative said, "[Person] is happier and more secure because of the care they get." Another relative said, "It's a marvellous place. They've made something of [person]. They are outgoing now, and love the theatre, concerts and shopping."
- Staff believed in the people they supported and enabled them, through measured risk-taking, to attend work placements, carry out volunteer roles, and enjoy activities and relationships.
- The home had a lively and upbeat atmosphere. Some people were in and out of the home engaging in their own projects and activities. Others were enjoying home life, choosing meals and snacks, carrying out domestic tasks, and socialising with staff in the home's gardens and communal areas.
- Relatives praised the dedication of the registered manager and told us staff were at the heart of the home's success. A relative said, "I can't praise this home too highly. They manage [person] so well and really care for them. I'm so happy [person] is there. It's the best thing that's ever happened to them."
- The registered manager was supportive of everyone who lived and worked at the home. A social care professional said, "[Registered manager] is the most caring, passionate person I have met. Management come in on nights or the early hours to see staff or if there are any worries. What I also like is that management is hands on and will work shifts. It's very team focused, and they retain the staff."
- Staff were trained in equality and diversity and five staff were 'dignity champions', responsible for upholding the home's 10-point dignity challenge. This sets out the values and actions high-quality services that respect people's dignity must meet.

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 and staff were open and honest with people. A relative said, "The registered manager is excellent because when you ask her something she answers straight away. Nothing's ever hidden and everything's out in the open. This gives me so much confidence in the home."
- Staff followed the provider's policies and procedures when incidents and accidents occurred. Relatives were informed of any issues that related to their family members' safety and well-being. For example, following a safeguarding incident, staff took the person involved to see a family member to reassure the family member that the person was unharmed.
- Staff translated the home's CQC rating into 'Widget' (a symbol-based language used by people with learning disabilities) and displayed this in the home so people could see CQC's judgements.

- People were given a user-friendly handbook when they came to the home. This explained that staff would treat them with respect, fairness and with dignity, and if they felt that wasn't the case it told them who they could complain to. The home's statement of purpose was online (on the provider's website) and regularly updated.

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

- The registered manager and staff understood their roles and regulatory responsibilities. A relative said, "The management know their roles and work so well together. The service is seamless." Another relative said, "The documentation is incredible, the staff can put their finger on anything that's needed."
- People's care records were mapped to CQC regulations to ensure staff understood their legal responsibilities to provide safe care. For example, people's risk assessments referred to Regulation 12: Safe Care and Treatment, and the Regulation was described so staff were clear what was expected of them.
- Senior staff did regular audits of all aspects of the service. For example, the nominated individual carried out CQC-style unannounced inspections to check the home was providing high-quality care. People's and relatives' views and experiences were at the forefront of any judgements made.
- The registered manager and staff said the nominated individual was immensely supportive of the home and always available to give advice and direction.
- The registered manager used the results of audits to improve the service. For example, the home had devised a new way to track incidents and behaviours. This enabled them to identify trends and patterns in behaviours, periods of anxiety, and types of behaviour.
- The registered manager provided notifications to CQC in line with the Regulations.
- Staff were trained in BILD accredited Positive Behaviour Management to ensure people using the service received the right support at the right time.
- The registered manager used the results of monitoring and audits to identify ways to improve the home. The provider had good oversight of the performance of the home through regular meetings and reports.

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

- The registered manager engaged with staff, people and relatives to obtain feedback on the home. A relative said, "They are always asking me for my views [on the home]. They call me, and they come and see me, and they send out surveys."
- The home's newsletter was sent out quarterly. It included information on people's activities and holidays, staffing, and improvements to the premises. It was sent with a survey which relatives could complete anonymously if they wanted to.
- People attended regular residents' meetings at the home. Minutes showed they discussed things that were important to them and were asked for their views, choices, and suggestions. If people were not able to contribute to meetings due to communication difficulties, staff advocated for them to ensure their views were heard.
- Staff were well-supported. A social care professional said, "The management and team leaders have weekly catch-up and staff meeting along with supervisions. Management listen to staff and customers around suggestions and improvements."
- There was a voting box on site that relatives, staff and other professionals used to nominate staff who had made a difference each month. The member of staff chosen received £100 and an award/certificate at a presentation ceremony. Staff said this made them feel valued.
- At Christmas, the provider ran a fun, non-profit making competition asking people to design the company's Christmas card. The winning card, chosen by independent judges, was printed and distributed to the provider's homes to give out to families, friends, people and staff. The 2018 winner was a person at

Derwent View who received a £150. They said they were extremely proud of their success and felt 'Famous!' .

Continuous learning and improving care

- The home continually improved. A relative said, "The staff just keep getting better. They were good to start off with, but they get more professional and more knowledgeable every year so the home keeps improving."
- There had been a huge reduction in 'challenging behaviour' incidents since the home adopted a tool to analyse and learn from these. For example, these incidents had fallen from 38 over a three months period in 2018 to seven over the same period in 2019. A social care professional said, "The analysis with challenging behaviours or incidents is just brilliant with the tool they have developed."
- Ongoing improvement work included involving people and relatives in planning and devising staff training, personalising the provider's policies and procedures, and updating the home's documentation. A social care professional said, "The [registered] manager is always implementing and improving documents, ideas, and data analysis, so is their deputy and team leaders."
- The provider's positive behaviour leads visited the home and advised staff on how best to support people if they were distressed. They used positive behaviour tracking to identify 'hot zones' in the home where people were more likely to experience distress. This meant staff could support people to avoid these areas at certain times.

Working in partnership with others

- The registered manager and staff worked efficiently and collaboratively with each other, people, relatives and other agencies to constantly learn and improve the service. A relative said, "We have been in meetings and if a professional has asked for something like a record [the registered manager] has always got it to hand. They are so well-organised and know where everything is."
- A local GP's advanced nurse practitioner visited the home regularly to review people's medicines. This enabled people to reduce the amount of medicines they took and ensured changes in medicines were monitored and managed in a timely manner.
- The home received bulletins from CQC, ACTAN (Association for Care, Training & Assessment Networks), NHS, local authorities, and the GMC. The registered manager used these to identify relevant good practice recommendations and implement these at Derwent View.
- Staff supported people with a variety of activities in the local community and built relationships with local people and businesses. All staff carried ID cards which identified them to Derwent View. The provider sponsored a local women's football team and people and staff took part in fund raising events with the money raised going towards additional activities and trips out for people.