

Hallmark Care Homes (Henley Manor) Limited

Henley Manor Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Henley Manor is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 80 people.

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

People living at Henley Manor were supported to lead purposeful lives, engaging with their families and the local community. Whilst adjustments had been made due to the restrictions of the Covid-19 pandemic, measures had remained in place to ensure meaningful relationships and people's overall health and wellbeing was maintained.

People had excellent opportunities and access to a variety of activities to prevent social isolation. Social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. Activities were overseen by a committed, passionate and experienced staff team.

The service has gone the extra mile to find out what people had done in the past, evaluated whether it could accommodate activities, and made that happen. The service had gone the extra mile to encourage and support people to develop and maintain relationships with people that matter to them. The service took a key role in the local community and was actively involved in building further links with the local community. Contact with other community resources and support networks was encouraged and sustained. Local schools had links with the home, with pupils and people visiting each other's establishments. People told us they enjoyed and benefitted from these links.

The service worked closely with healthcare professionals and provided excellent end of life care. People experienced a comfortable, dignified and pain-free death. We saw feedback from relatives following end of life care was commendable. Staff had the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Records showed staff had attended end of life care training. Staff told us they were supported by the management team with empathy and understanding.

Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their

care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people each had access to their own bedrooms with ensuite bathroom facilities.

People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suite people's preferences. Staff supported people to maintain food and fluid intakes, including, through the use of snacks, and making people hot drinks during the night to help them relax and maintain their comfort. There were hydration points and bottles of drinks freely available and placed at many accessible areas.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a registered manager who was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place that included the use of technology to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection

This service was registered with us on 2 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

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

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Henley Manor 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. 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

Henley Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. Inspection activity started on 17 May 2021 and ended on 26 May 2021. We visited the service location on 19 May 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We remotely looked at five people's care plans. We also reviewed the providers quality assurance systems. We received feedback from 11 relatives about their experience of the care provided. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service. We looked around the home and observed the way staff interacted with people. We looked at four medicine administration records (MAR). We spoke with six members of staff including the registered manager, deputy manager, a nurse, carers, the chef and a member of the Lifestyle team. We looked at five recruitment and training records as well as health and safety processes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four healthcare professionals. We also corresponded with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Henley Manor. They said, "I totally feel safe here there are no reasons I can think of that would make me say I did not feel safe."
- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff told us, "Abuse can be physical, mental, sexual or financial. I would report any form of abuse to my manager or the safeguarding team."
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as mobility, nutrition and pressure area management. Staff anticipated people's risks, were familiar with them and followed risk management plans. One healthcare professional commented, "They (Staff) are always able to anticipate potential risks, communicate them and act to reduce the risks."
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- The service had enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The registered manager regularly reviewed staffing levels and adapted them to people's changing needs.
- People and relatives told us there were enough staff to meet their needs. One person said, "There is always someone when I need them, and they have time for me."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. The provider used a live, self-auditing electronic medicines system which allowed continuous monitoring of all aspects of medicines management.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules. Measures were in place throughout the service, in line with government guidance.
- We were assured that the provider was admitting people safely to the service. People were supported to isolate on arrival, and screening checks were in place.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Risk management plans were in place where there were limitations on space such as in the people carrying lift and stairways. People were supported to access spacious, communal seating areas, while maintaining social distancing for example at the dining table.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date. The provider's policy was up to date and reflected best practice.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A visiting policy was in place and people had individual visiting risk assessments.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented. For example, an infection control audit showed that sharp bins were not always dated with opening and closing date. This was discussed in staff meetings and the registered manager completed random spot checks.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Henley Manor.
- People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, and did not work unsupervised until they and their line manager were confident they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. Staff told us they had enjoyed the induction process and said, "I had a three-week induction. It was enjoyable and engaging. Training was very accommodating and very good."
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings.

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

- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. The dining environment was pleasant, and food was well-presented. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and said, "The food is out of this world. I've put on weight, a ton. They put on brilliant puddings, the sponges are superb. They have also encouraged comments on the food" and "I enjoyed my food. They always make sure we have something else if we don't like something, there is a choice if we are not keen on something. It is more than just ticking boxes here, it is good, they try to make things more than just good."
- Relatives were equally complimentary of the food and acknowledged some of their loved ones had put on weight.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- Where referrals were needed, this was done in a timely manner. One healthcare professional complimented, "I have been working to develop a relationship with the staff to ensure that we are able to support them in a way that is effective. They have been a very responsive team to work with, and keen to implement any recommendations that I make. However, they have normally anticipated and put in place strategies that I recommend."
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Henley Manor was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories. There were several highly decorated sitting areas around the home where people could spend their time.
- People had access to a therapy room, sensory room and a spacious cinema which were constantly used. There was also a large hairdressing/beauty salon and spa rooms on each floor. There was a spacious bar by the main entrance which on the day of the inspection was dedicated to dementia awareness week. We were told a lot of relationships had been formed in these social areas of the home.
- The second floor of the home had some noticeably effective and natural dementia friendly decoration and items of interest. We saw staff interacting with people and using these decorations as talking points.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors. One relative commented, "I think the home is very well designed, the gardens are good and I like that there are lots of chairs and benches."
- There were generous facilities for staff including rest rooms, changing rooms and a staff gym. The home had been nominated for an international 'Healthcare and Wellness Design' award which recognises design excellence ranging across commercial and residential interior spaces.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were consistently positive about the caring attitude of the staff. People said, "I admire them (carers), they do a good job and do it on a good basis. Most of them have a nice, gentle way. The staff get it right" and "The carers are all very switched on here. One of them is really very funny and down to earth. I find them all reassuring."
- Relatives told us staff were caring and provided compassionate care. They commented, "They are a very caring, personable team and have given genuine care to my mum" and "The staff have a very client focused attitude. They are friendly, welcoming and professional."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents. One healthcare professional told us, "I have always been made to feel welcome within the home. From the front door, all staff that I have come into contact with are calm and professional, helpful and greet you with a smile. The staff engage with residents in a calm and appropriate way."
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "I have an exceptional partnership with the people who care for my [relative] which has been built over the 16 months he has been a resident. We work together to agree what my [relative's] needs are and agree the best and most effective way to keep me engaged and informed. We have a formal review every six months which covers all aspects of his wellbeing and is documented."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. The service

supported and encouraged staff to notice and challenge any failings in how people were treated at the home.

- Relatives told us staff treated people respectfully and maintained their privacy. One relative said, "I have the impression that the staff looking after my mother are appropriately skilled and, crucially, treat her with kindness and respect. My mother emphasises that she feels that the staff are very kind."
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One person commented, "I'm independent, I like to think I am. You have to keep in with the regulations here, but you can come and go to breakfast when you want."
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office as well as on electronic systems and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service understood the needs of different people and groups of people, and delivered care and support in a way that met those needs and promoted equality. For example, the service facilitated a weekly Dementia 'Friday Club'. This was a club aimed at improving and developing staff practices around dementia care. It focused on communication, environment, activities and behaviour. This enabled staff to provide meaningful personalised care tailored for each individual's needs. Staff feedback that they noticed a change of a more positive and enjoyable atmosphere on the dementia unit of the home. The Lifestyles team also said they had witnessed more engaging interactions and activities between people and staff. On the day of the inspection we saw some pleasant interactions between people and staff.
- The service kept routines to a minimum. People chose when and how to have support. For example, when they needed personal care and where they wanted to have their meals. Staff knew people's preferences and respected their choices. On the day of the inspection we saw people having lunch at the time of their choosing. They were served food in a timely non rushed manner whatever time they chose to come for meals.
- Reasonable adjustments were made in innovative ways to encourage independence from the initial contact with each person. For example, one person came to live in the home following a fall and they were determined to regain their independence. Staff discussed possible options with the person and their family and enrolled the person in an intensive rehabilitation program through a partnership with a physiotherapist. The person improved and regained most of their independence and they returned home. Following this success, rehabilitation is now part of the main focus of the home's open day events to showcase options for people recover well enough to go back to their home.
- The service took a key role in the local community and was actively involved in building further links. For example, links had been established with a local school where children came and interacted with people. Meaningful relationships had been formed and this had had a positive impact on both the people and the children. People told us they enjoyed the interactions. One person commented, "Some of the children made Easter cards and they came to the home's entrance to show us. It was so sweet, we make things for them too."
- Contact with other community resources and support networks was encouraged and sustained. For example, Henley Manor was involved in raising awareness in dementia. They facilitated dementia clinic for people living with dementia, their relatives, friends and anyone who needed advice. This was aimed at making Henley community a dementia friendly community where people could live as independently and safely as possible in their own homes until later stages of their dementia journey and delay the need to move into a care home as much as possible. The clinic was well attended, and the local community found it

invaluable.

- It was clear staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. One person said, "The staff here really know me. We have a laugh together and a joke, they can be really helpful."
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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

- Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. For example, one person used to belong to the Salvation Army, played the oboe and travelled around the world with them, playing in concerts. Through discussions with the lifestyles team on what they would most like to do, the team discovered the person wanted to hear and see their band mates again. They would love to have the experience again. Staff contacted the band and arranged an outdoor concert in line with Covid 19 restrictions. It was a phenomenal experience for the person and other residents enjoyed the concert too.
- Following this experience staff understood the impact music has on people, particularly when the music has meaning through previous experiences. As a result, the provider has invested in piloting a music programme through 'Musica Music and Wellbeing CIC'. This is a social enterprise which supports people living with dementia and their caregivers through music. It explores the role of meaningful music within dementia care, and the impact on wellbeing and quality of life. This will improve people's experiences and well-being.
- The service had gone the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. For example, one person refused to join in activities around the home. Staff identified through conversations in life history that the person used to be a keen sculptor when they were younger. Staff ordered some clay for them, so they could have a go at sculpting again. The person sculpted their own face out of clay and were very pleased with the result. The sculpture is now on display in the home where the person can see it every day. The person now participates in expressive and creative events as well as other activities.
- Henley Manor had a vibrant atmosphere designed to support people with getting the most out of their lives. People were encouraged to form lasting relationships through socialising. People told us, "I have made a few friends on the ground floor from going to these activities" and "I made a couple of good mates here since I moved in but some of them have died now but I have their memories and I have a couple of reminders of them in my room."
- People had access to a full programme of activities which were overseen by a committed, passionate and experienced team of lifestyle coaches. Activities included exercise classes, flower arranging, painting and music sessions.
- People told us they were involved with the activities and said, "I join in the exercise sessions, we can really move our bodies, even those in wheelchairs, we have Abba. We have quizzes and the activities are really good" and "I'm amazed at how many activities they do here and I am going to do some of them. I've just come up from lunch and they were planning some afternoon activities for us, they do seem stimulating."
- On the day of the inspection we observed a 'Spelling Bee' session which was well attended. Some of the spellings were challenging but everyone joined in, even one reluctant person took part and the banter was evident.
- Some people chose not to attend activities and staff respected their wishes. They told us that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room'

entertainment as they wished.

- The service had an innovative approach to using technology. The management team and staff maximised on every opportunity to engage with people and their relatives during the lockdown period. People were involved in decisions about how it could be used. For example, following discussions with people staff and relatives, the provider hosted a recognition awards for the home. This was difficult as the home was in lockdown. Arrangements were made for this celebration to be hosted virtually. People relatives and staff were all dressed up and social distancing was maintained in the home. Snack boxes were sent to relatives and people and staff enjoyed cake and wine and special meal. There was live music, and everything was well coordinated to happen at the same time in the home and in relatives' homes. This was such a highlight for everyone and was well enjoyed. People still spoke about the experience and how much uplifting it had been for them, their families and staff.

End of life care and support

- The service strove to be outstanding and innovative in providing person-centred end of life care based on best practice. The provider had launched a collaborative End-of-Life Care Strategy with a local charity as part of a dedication to ensuring outstanding care extended throughout a person's life journey. This included staff training in end-of-life awareness, communication, coping strategies, symptom management and care planning. This also aimed at supporting the progression of relevant research to improve end of life care outcomes for older people in care homes.

- The management team were passionate about end of life care and they vowed no person would be admitted to hospital from the home for end of life care. They had invested in a lot of staff training, guidance and team working which included the GP and healthcare professionals from a local hospice. This had resulted in people receiving a comfortable and dignified death. The registered manager told us no one had been admitted to hospital for end of life care or died in hospital since. We saw some really moving feedback from people's relatives following end of life support. Staff were also supported by the provider with empathy and understanding.

- There were members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. The deputy manager was the end of life champion and highly motivated, driven, clinically and professionally skilled. They led the team, providing them with support, guidance and training and identified areas for improvement. This was done through team, relatives and external professionals' feedback and aimed at ensuring each person experienced a compassionate, dignified and individualised end-of-life journey. They cascaded information to the team and led on the development of advanced end-of-life care plans. They delivered bespoke advanced care planning training to senior team, monitored and audited the developed care plan. This allowed them to identify areas for further development and celebrated successes along the way.

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 provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.

- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to use simple terminologies to minimise confusion and to explain procedures to allay anxiety.

- Information was accessible to people in different formats. We also saw staff showed people meal choices

during lunch.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received two formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One relative told us, "I am kept up to date with a weekly newsletter and informed who is the person to contact if I have concerns. I have never had cause to complain." There were many compliments received regarding good care.
- We saw the complaint procedures displayed throughout the home.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We were met by a very welcoming provider and registered manager. They told us they were genuinely looking forward to our visit and were keen to show us what the team had done to provide excellent care to people. They welcomed the inspection process and saw it as a vital way of holding the service to account.
- The provider's visions of wanting 'to be recognised as the leading provider of high quality and relationship-centred care for all residents', put people at the heart of the service. These were centred around people having a sense of purpose and of belonging, to live well, and to find enjoyment. This was supported by ensuring people had choice on how they wanted to spend their time and with whom. They were developed with people and staff in meaningful and creative ways and were owned by everyone. The registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service.
- People told us the service was well-led. They said, "This is a very controlled and well managed home and it rightly has a very good reputation outside" and "Exceptionally run. I know [Registered Manager], she is friendly and comes around a lot and is always interested."
- Relatives were equally positive about the management of the home and told us, "Outstanding leadership from the manager. The strength of the manager leading her team has been incredible and we will forever be in their debt for how they deal with unique situations", "First class, can't fault them. They do listen and respond to any queries and we receive weekly updates and emails" and "Henley Manor is managed very well and has been flexible throughout the various Covid 19 regulations, good communication, good proactivity on how to enable visits, good level of care and the team seem engaged and motivated."

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

- The registered manager had been in post for just over six months. They were supported by a knowledgeable deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service, meant concerns were responded to in a timely way and allowed reviews of care to be completed instantly. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it

could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.
- Staff told us they had opportunities to develop and that the registered manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "There are regular updates to relatives on a weekly basis and other online forums from time to time. The reception team are efficient and friendly. I get a sense when I go there of a calm, well-managed and happy organisation." Another relative told us, "Communication has been superb, can't fault it. They have done so well and really appreciate all their efforts."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. For example, people feedback they were not happy with the food. The menu was reviewed and discussed with people. Discussions with the chef resulted in feedback being sought daily after meals verbally and through food feedback cards. People told us the food had improved and was first class.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The atmosphere was very pleasant.

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. One healthcare professional commented, "Responsiveness to queries and innovation at Henley Manor Care home has meant that we have been very pleased with the way the partnership has developed in line with our own culture and values."
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.