Belong Limited

Belong Atherton Care Village

Inspection report

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Date of inspection visit:
14 March 2018
16 March 2018

Date of publication:
23 May 2018

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

This inspection took place on 14 March 2018 and was unannounced. We made a further visit on 16 March 2018 which we announced so we could complete the inspection.

Belong Atherton Care Village 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 care village is situated in Atherton, Greater Manchester and is registered to provide accommodation for up to 73 people who require personal care and support. At the time of this inspection 71 people were living at the care village.

The care village comprised of six separate households over three floors, these were named after local historical mills and coal mining pits. The households were called; Astley, Pretoria, Caleb Wright, Ena, Tyldesley and Chanters. Each household had 12 single occupancy bedrooms and each room had an en-suite bathroom. Central to each household was a kitchen, dining area and lounge. The care village had a bistro, internet café, library, craft room, beauty therapy room, gym, training rooms and the 'Venue' which hosted coffee mornings and doubled as a cinema room and events facility.

For the purpose of the report, the care village also has independent living apartments which do not form part of this inspection but are central to the care village and its design.

Belong Atherton Care Village was previously rated as requires improvement following our inspection on 19 December 2016 and 04 January 2017. Following the last inspection, the care village was rated as requires improvement in the key question of safe and well-led, as we identified a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the management of risks. During this inspection we found the provider had addressed the previous regulatory breach and was meeting all the requirements of the regulations.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at the heart of the service design and recruitment to ensure they received the right support from the right staff in an environment that was conducive to their well-being. People and their relatives told us they had been involved in the planning of their care through the assessment and life planning process and on-going reviews. Involvement of people who used the service was clearly embedded into everyday practice. There was a clear emphasis on people achieving their aspirations and staff were positive, motivated and focused on people's successes to support their continued progression.

Staff were creative and adapted their support in response to people's changing needs to mitigate risks. The staff had achieved outstanding results based on people's goals and aspirations. People themselves told us that they had not believed their achievements had been attainable spoke highly of the support received, attributing their progress, enhanced sense of wellbeing and quality of life to the facilities and support received.

We saw people were supported to fulfil their dreams and people's achievements were celebrated and their views were sought and acted on. People were supported by staff that were compassionate and treated them with dignity and respect. People were empowered to make a difference and to demonstrate what dignity meant to them and educate other's on their experiences.

The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. There was a strong emphasis on people pursuing full, active lives engaged with their local communities. There was active participation in the local community and strong links with local schools to optimise outcomes for older people and young children. There was a bistro on site which was open to the general public and people at the care village could access the bistro for meals or request meals from the menu were brought to their household.

The open, inclusive and supportive nature of the service meant that promoting equality and diversity and respecting people's human rights was a golden thread that ran through every aspect of the service.

We saw staff received comprehensive training which provided them with exceptional knowledge and skills. Training was developed and facilitated in line with developments in best practice. There was a culture of learning from incidents and disseminating that learning across the other Belong villages in the organisation. The care village was open to others and the management shared the facilities and resources to achieve the best outcomes for people accessing services.

Staff told us they felt extremely well supported by management and received excellent support through training, regular supervision and team meetings. They spoke of being given opportunities to progress and felt they were supported to achieve their full potential.

Staff demonstrated an in-depth awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DOLS).

The management and staff were clearly motivated to make a difference to people living at the care village and in the wider community. They had been instrumental in making changes to health care provision and were driven to make continued improvements to the accessibility of services.

The staffing structure in place made sure there were clear lines of accountability and responsibility. The vision and values were imaginative and person-centred and made sure people were at the heart of the service.

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 has improved to good.

People and their relatives told us they felt the service was safe. Risk assessments were comprehensive, reviewed regularly and updated timely to meet people's needs.

Recruitment of staff was safe and there was a system in place to determine appropriate staffing numbers to meet people's needs.

Staff were trained in safeguarding procedures and knew how to report concerns.

Is the service effective?

Outstanding

The service was extremely effective.

The philosophy of the service was to encourage people to progress in their abilities and lead more independent lives.

People were supported with tailored rehabilitation programmes and had access to equipment and technology that improved mobility and cognition.

The staff received a comprehensive training programme which was continually reviewed and adapted to meet people's needs. The service worked in partnership with other organisations to make sure staff received training that followed best practice.

The service had excellent catering facilities which empowered people to remain integrated in their local community. The catering provision continually explored best practice to enhance people's well-being and provided outstanding support for people with dietary needs.

Is the service caring?

Outstanding

The service was extremely caring.

The management and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that

were reflected in the day-to-day practice of the service.

Staff spoke with pride about the people they supported. It was clear people were highly motivated to provide care and support that was kind and compassionate.

People were supported to make choices and have control of their lives. Staff used innovative and individual ways of involving people so they felt consulted, empowered, listened to and valued. People were instrumental in delivering a positive message to others about living well with dementia.

Is the service responsive?

Outstanding ☆

The service was extremely responsive

People's well-being was enhanced by the service and the range of activities were designed to meet people's personal needs and promote their individual hobbies and interests.

People were encouraged to make friends, maintain and learn new skills and were provided opportunities to be active participants in their local community. Links with the local community were strong and ensured people were not socially isolated.

People's care was based around their individual needs and aspirations. People had their care and support needs kept under review and staff responded quickly when people's needs changed.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

There was a culture of continuous improvement and management showed enthusiasm and drive to ensure people received outstanding care.

The provider approach to community involvement ensured people from within the service, other adult social care services and the wider community were able to meet together and build positive relationships.

The continued development of the skills and performance of the staff was integral in the service philosophy. Quality assurance processes were in place and staff were empowered to be involved in these on the individual households.

Belong Atherton Care Village

Detailed findings

Background to this inspection

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

The inspection took place on 14 and 16 March 2018. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector, an assistant inspector from the Care Quality Commission (CQC) and two Experts by Experience (ExE). An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services. An Inspection Manager from the CQC also attended on the first day to observe the inspection as part of CQC's quality assurance procedures.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

Before the inspection, the provider completed a 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.

During the course of the inspection we spoke to the general manager, registered manager, lead nurse, student nurse, catering manager, experience coordinator, gym instructor, four lead senior support workers, one senior and two support workers. We also spoke to 12 people who lived at the care village and 11 visiting relatives.

We looked around the care village and viewed a variety of documentation and records. This included; four staff files, 10 electronic care records, seven Medication Administration Record (MAR) charts across four households, policies and procedures and audit documentation.

Good

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in December 2016 and January 2017 when we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured people's risk assessments and life plans were updated timely when people's needs had changed.

At this inspection we found the provider had addressed our previous concerns and had also disseminated their learning to other Belong care villages. Since our last inspection the provider had implemented a new electronic care records system - Person Centred Software (PCS). This meant people's risk assessments and life plans were stored electronically. We looked at the electronic care records in detail and found all the information contained was reflective of people's needs. All expected risk assessments were in place and reviewed promptly in line with people's life plans. Life plans clearly identified measures taken to mitigate any risks to people.

Each staff member had a handheld mobile device and had continued access to people's risk assessments and life plans. The PCS provided a visual 'snap shot' of people's risks that continued to go across the top of the screen; this included people's mobility needs or specialist requirements in regards to their eating and drinking. Examples of this included: if the person was diabetic, or had an 'unsafe swallow' and required a modified diet to manage these risks.

We looked at food and fluid records for six people across three different households and found there was no ambiguity regarding what people had been given. Records were clear, concise and consistently reflected people were being provided with care and support that was reflective of their required need.

People we spoke with and their relatives consistently told us they felt people were safe living at the care village. Comments included; "Of course I feel safe, comfortably so." "Oh yes I'm safe, there's nothing to be frightened of." A relative said; "Staff give me daily updates, they have even rung me on their days off." One person told us they liked the security at night of having a personal alarm. All the people living at the care village had a personal alarm which could be worn as a necklace if the person preferred. There were also call bells attached to the bed frames. Another family member told us management had provided special bed sensors to meet their relative's needs.

People and relatives we spoke with told us enough staff were on shift to safely meet their needs. Comments included; "I think there are enough staff and they come when called. The call bell is always within reach. They always help."; "I always get assistance if I need it. The call bell is always within reach but I've never had to use it."; "I'm not quite sure if there is enough staff but I'm satisfied with everything. If you call for help they're pretty sharp in coming."; "There are always staff around and every time [person] uses the call bell, they're there very quick."

The provider used a formalised system for working out the number of staff needed per shift to meet people's needs; these are sometimes called a 'dependency tool'. At the care village it was referred to as an 'independency score' and was determined by what people were able to achieve for themselves rather than by what they couldn't. We found staffing numbers indicated on the tool, matched the rotas we looked at. This along with our observations during inspection and the feedback we received, demonstrated enough staff were on shift to support people safely and appropriately.

The provider had maintained safe recruitment procedures to ensure people were supported by staff that were suitably checked to ensure they were safe to work with vulnerable adults. The registered manager had also introduced 'table top interviews' for all new applicants as part of the interview process. People living at the care village and staff were involved with the interviews and had the opportunity to give feedback on applicants.

We looked at the safeguarding systems and procedures in place. We saw staff had all received training in safeguarding and those we spoke with were able to clearly explain how they would report concerns. We looked at accident and incident information and found these had been documented as necessary. PCS enabled the quick identification of accidents/incidents and alerted the management team. Where people had experienced a fall, risk assessments had been updated and action taken to reduce the likelihood of further falls.

We saw that systems in place to support people's medicines were organised and medicines were managed safely. Following our last inspection, new files had been introduced so there was a cohesive system in place across the households. We looked at seven MAR charts and found there were no omissions of signatures and there were clear stock balances and documentation to support medicines had been given in line with prescriber's instructions.

Medicines were stored securely in lockable cabinets in people's bedrooms. A medication risk assessment was completed and people able to self-medicate were encouraged and supported to do so. Each person had PRN (prescribed when needed) medication. We saw PRN protocols which detailed the rational and circumstances to offer each medicine, the dose details, route, contraindications and potential side effects. We saw cream charts and body maps to guide staff in the application of creams. This ensured people were given their medicines when they needed them and in a way that was responsive, safe and consistent.

Controlled drugs were administered by a nurse or other senior staff on the household. Senior care staff completed medication training and were able to administer other medicines. The medication training records were current and staff told us they felt confident in this area.

We saw people had personal emergency evacuation plans (PEEPs) and copies of the PEEPS were kept at reception to ensure they were easily accessible should an emergency situation occur. The service had emergency contingency plans to enable people to receive the care and treatment they required should an emergency occur that stopped people from staying at the service.

The care village had its own generator to ensure it would not be without electricity supply. The PCS system was saved on to an i-cloud which backed up the files. This meant staff had continued access to life plans and risk assessments in the event of not having internet coverage.

The care village had scored 96% on the most recent infection control audit. The only action was due to the presence of hand towels which formed part of the bathroom decoration. Hand towels are a cross contamination risk. We found the care village to be visibly very clean and free from offensive odours. We saw

detailed cleaning schedules were in place, which included regular deep cleans of bedrooms and communal areas. Bathrooms and toilets contained hand washing guidance, along with liquid soap and a hand sensor paper towels dispenser. Staff had access to and used personal protective equipment (PPE) when required such as disposable gloves and aprons, to minimise the spread of infection.

The provider had effective systems in place to ensure the premises and equipment were fit for purpose, including a yearly schedule that clearly stated when checks or assessments were due. We found gas and electricity safety certificates were in place and up to date. Call points, emergency lighting, fire doors and fire extinguishers were all checked to ensure they were in working order. Hoists, slings and the lift had been serviced within required timeframes, with records in place evidencing this. This ensured this equipment was safe to use and protected people from harm.

Outstanding ☆

Is the service effective?

Our findings

Without exception, people we spoke with considered the service to be extremely effective and the staff to be highly trained and knowledgeable regarding people's individual and specific needs. Comments included; "This place has been a godsend both medically and emotionally, the support they've given has been first rate. [Person] has exceptionally complex needs but the staff understands them, treats them as a person and always explains things to them. They constantly give [person] encouragement and go the extra mile to achieve the best outcome for them. They have been instrumental in getting medication changed which has had a significant positive impact on [person's] quality of life" and, "[Person's] needs were assessed when they moved in and staff identified [person] would benefit from a specific wheelchair. This arrived within days of the assessment and as a result meant we could share a meal out together for the first time in years."

A strong emphasis was placed on people overcoming any obstacles such as health conditions, to aim high and be in full control of their lives. There was a gym instructor at the care village that completed an assessment when people started to use the service. This included measuring people's baseline ability and devising a person centred programme to improve strength and mobility.

There were facilities at the care village to compliment this approach; there was a gym, which contained accessible equipment and equipment was portable and could be taken to people's bedrooms to support people with reduced strength and limited mobility. The gym had 'Silver fit'. 'Silver fit' is a computer system that enables the level of exercise to be tailored to suit the 'users' physical and cognitive abilities. It's a series of electronic games that promotes exercise and cognition based on older people's interests. For example, completing gardening exercises or taking a walk in the community, crossing the road and negotiating other pedestrians. People are focused on the game which promotes more natural, unconscious movements and people's movement is captured by a camera which produces an overall score at the end of the game. We looked at the scores from entry in to the programme and since its introduction, all participants had progressed.

There were exceptional outcomes for people. These included; one person significantly reducing the frequency of falls as it had encouraged them to take a step back and re-address their balance to prevent the fall. A person had undertaken a sequence of regular supported resistance exercises on their upper body increasing their strength so they could use their Zimmer frame and mobilise independently again. Another person had improved their walking ability from six steps to 40 steps by undertaking leg exercises at the gym and participating in 'silver fit programmes'. They expressed being able to independently mobilise without assistance. They told us they were competitive and always aimed to beat their last achievements when they went to the gym so they would continue to progress.

We asked people about the quality of the food, choices available and their experience of mealtimes at the care village. Comments included; "The food is high quality, the Christmas meal was absolutely excellent."; "The food is very good, lots of choice and it's tasty."; "If you don't like the options, the staff carry on offering you alternatives until they find you something you do like."; and, "The food in the Bistro is lovely, especially the steak puddings and pies."

The emphasis at the care village was on people remaining integrated within their local community. There was a bistro on site which was open to the general public. People living at the care village could go to the bistro for their meals or request meals to be brought from the bistro to the household if this was their preference. We observed people access the bistro independently, accompanied by family members and staff. There was a vibrant atmosphere in the bistro and we saw a large group of people from the households sitting with tenants from the apartments and customers from the community. The catering staff were familiar with people from the households as they engaged in conversation and laughter. We saw one person enter the bistro and the member of the catering team warmly welcomed the person, and came round the counter to show them the cakes available and the person was observably pleased with the interaction.

The catering manager from the bistro spoke with enthusiasm for ensuring people's catering experience was a positive one. They were part of the National Association Catering Care Homes (NACC) and had attended a workshop in October 2017 detailing best practice for fortification of foods. This is a method used to increase the calorie content of the food when people are identified as losing weight. The catering manager demonstrated a wealth of knowledge regarding best practice guidance and cascaded this learning to the 'hosts' that were responsible for food preparation on the households through practical workshops.

The catering manager was dedicated to ensuring people with specialist dietary needs had the same food options as everybody else. The catering manager researched and experimented with modifying foods in their own time based on people's choices to create a variety of dysphagia dishes appropriate for people with swallowing difficulties. They ensured the dishes had the same presentation and taste as the non- modified options. The catering manager had experimented with consistencies to enable people with swallowing difficulties to have toast, sandwiches, an English breakfast with pureed bacon, sausages, hash browns and mushrooms recreated with moulds. People with dysphagia needs had expressed missing chips, and the catering manager had recognised the hash browns when pureed tasted like chips so they had purchased chip moulds and were experimenting with the addition of salt and vinegar to recreate chips at the time of the inspection.

The catering facilities at the care village were exceptional. Each household had a kitchen at the heart of the communal lounge and dining areas. There was a 'host' assigned to each household who made freshly prepared meals. Throughout our visit, we were met with baking smells, which would support stimulation of people's appetite.

We looked at how people who used the service were supported to maintain good health and to access health care services. The care village had supported the streamline of GP services to accommodate the needs of people living in Tyldesley, Atherton, Boothstown and Astley (TABA). A business proposal had been agreed by the clinical commissioning group (CCG) to create a team of health professionals that could assess, treat and support people living at the care village and other care homes on behalf of the 13 GP practices within the TABA area. There were two GPs, an advanced nurse practitioner (ANP) and practice manager and meant people at the care village had continuity of care as they were only seen by one of the two doctors. One of the doctors visited the care village weekly, as well as responding to call-outs. It had also led to positive outcomes enabling the care village to directly refer to speech and language therapy (SaLT). Two relatives without enquiry commended this development and the liaison between the doctors that attended the care village and the person's own GP.

At the time of the inspection, the lead nurse and the whole team at Belong was collaboratively working with North West Ambulance Service (NWAS) to develop a nursing and residential home triage tool that would be implemented across care homes and services within the area. The aim of this development was to provide consistency and reduce unnecessary hospital admissions where admission into hospital may not be in the

person's best interest and their health care needs could be better supported within the community.

Through the electronic PCS system, staff at the care village were able to generate a 'hospital pack' that could be printed off in an emergency to go with a person to hospital. Records clearly specified where people's views were known in relation to their wishes in case of a sudden deterioration in their health. This included copies of life plan assessments and details of the resident's life plan. Where possible, staff that knew the person well accompanied them to hospital, in order to provide advice and support.

Staff received a comprehensive induction, consisting of both e-learning and practical sessions. All staff did the care certificate (143 completed) and were supported by a Practice Development Facilitator (PDF) and a named mentor. There was structured training and continued development for all new staff and existing staff. The training incorporated coaching, workbooks, e-learning and competency observation. The five day training course included; belong values, ageing - physical , emotional, psychological and social aspects, introduction to dementia, basic life support, moving and handling, fire, nutrition and wellbeing, infection control, safeguarding vulnerable adults, meaningful occupation, life planning, dysphagia, and the Gold Standards Framework (GSF) for end of life care.

Training was developed and facilitated in line with developments in best practice. There was a culture of learning from incidents and disseminating that learning across the other care villages and with other care providers in order to achieve the best outcomes for people. The PDF had introduced a 'choking vest' as part of the basic life support and choking training to support staff to practice the abdominal thrust and involved them dislodging a pellet which represented a food object. Staff told us the training had increased their confidence of dealing with a choking incident and dislodging a food item if required

As part of their role, the PDF had developed the role of dementia champions and the dementia friends training. A dementia friend is a programme of training aimed at changing the perception of dementia. Staff had also completed 'Best practice in dementia care' training course via Stirling University. People received care that was innovative and in line with best practice. The service had an Admiral Nurse who was appointed in partnership with Dementia UK. Admiral Nurses are mental health nurses specialising in dementia care. They offer individualised support for family members, carers and people who have also been recently diagnosed with dementia. The Admiral Nurse offered a wide range of support to people living with a diagnosis of dementia from providing therapeutic approaches to liaison with other professionals to ensure that families received coordinated support. We were told this service worked well and were given examples of families who had been supported and equipped with information to help understand the process.

A matrix tracked completion of staff supervision and appraisals. Supervisions gave staff the opportunity to meet with the registered manager, nurse or lead senior to discuss areas of improvement, training needs and anything else they wanted to raise. Staff told us they found supervisions to be useful and confirmed they were held regularly.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Managers and supervisors had attended MCA and DOLs training through external trainers with the Local Authority. The registered manager had introduced the DOLS data base and as a tool to ensure that all DOLS applications were completed as appropriate and updated. Best interest meetings had been held, to ensure decisions made on behalf of people who lacked capacity were in their best interest. We saw electronic plans had been updated to include this information.

Belong care villages offer a purpose-built physical environment with open plan layouts that support easy orientation and clear lines of visibility, factors that help empower people with dementia to navigate their surroundings more easily. There was a kitchen and living space at the centre of the household and people were encouraged to maintain their activities of daily living and could prepare drinks and meal with support of staff. The households all had access to a secure balcony or garden area, which was secure and safe for everybody to access to get fresh air at times of their choosing.

Outstanding ☆

Is the service caring?

Our findings

People we spoke with were consistent in their high praise of the service. Comments included; "The staff are so supportive, nothing is too much trouble. They've been marvellous, very informative especially over matters like funding. [Person] is really happy here, the staff have had a lot to deal with. They are a special team of girls."; "They understand the exact nature of [person's] illness. They help you cope. They're very personal, it feels like home from home. These places vary a lot and we would never have just put [person] anywhere. There is a genuine loving, caring environment. It's good for the community too, they can come to the bistro and spend time with residents."; "This service is fantastic, literally first class, I was nervous about finding the right place for [person]. Belong have been so kind to all of us."

The care village was made up of six households; the ethos of the service was the care came to the person whatever the person's needs and wherever the person lived in the care village. This meant the households were not defined by people's needs but determined on admission by their hobbies, interests and in consideration of the person's social needs and developing friendships. This meant if a person was admitted to the care village with residential needs and they progressed to requiring nursing care, the person would not be moved in order to receive the care they required as the nurse would visit them to oversee their care on the household they lived and were familiar.

The Belong Limited values were embedded in the service and the foundation on how care was delivered. People could move in to the care village and take their pets as it was recognised they provide pleasure to the person's life. On admission to the care village, people had an identified staff member who became their named 'companion' and the person and companion completed life plans together. The life planning was centred on what the person wanted and how they wanted care to be provided. The electronic care records system was accessible to people living at the care village and families who had lasting power of attorney (LPA) for health and welfare. The registered manager was in the process of opening this up to other relatives by holding best interest meetings for family members without LPA so they could also have an insight in to the care provided via the relative's gateway. The relative's gateway involved family member's being given a password to enable them to access the care records electronically from anywhere at any time. It provided a 'real time' overview of the care and support provided to their relative to provide reassurance and confidence that their relative's care needs were being met.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication life plans which detailed the most effective ways to support the person to communicate. Information was provided for people, in different formats and was accessible on each household. There was also information displayed informing people about how they could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to support them at times when important decisions are being made about their health or social care.

The care village ran many initiatives throughout the year to raise awareness of the importance of providing dignified care and this was consolidated with the service holding a 'Dignity Day'. Initiatives such as the 'Dignity Tree' were used following the National Dignity Council's guidance. The 'Dignity Tree' was used to record what dignity meant to people living at the care village. The experience coordinator told us each statement on the dignity tree was personal to each person, but served as a reminder of what was expected both of them and others to ensure they were providing and receiving care that was dignified and respectful without prejudice or discrimination. The dignity tree had been put up in 'the venue' which was a recreational room accessed by people living in the apartments, care village and community health professionals. Statements captured included: 'Dignity is a Great British value and without it you are nothing.'; 'To be listened to'; and 'To have my ideas put forward and listened to.'

All the people we spoke with considered the staff respected their dignity and privacy. Comments included; "Very much so, staff always knock on the door before entering my room." One person explained that a person in the household needed a hoist transfer which made moving from one area to another quite complex. They told us that staff sometimes used a screen so that they could attend to this person in-situ whilst maintaining their privacy. They described the screen as attractive but effective.

People were empowered to understand and express their opinions. People living at the care village wanted to share their positive experiences of living with dementia. The experience coordinator was in the process of supporting people to develop a slide show by capturing their thoughts, feelings and experiences. A number of people at the care village had expressed a desire to communicate their experiences alongside the slide show. This had been arranged and 'Dementia awareness' had been listed in the venue during dementia awareness week. The experience coordinator had discussed with people their aim for the day and it had been determined it was to educate others to not fear the illness and to understand that you could 'grow old well'. The dementia champions would also be in attendance to offer attendees to the event further information and support.

Ensuring people were treated equally with no discrimination was a fundamental aim of the provider. People were provided with the information they needed to inform them of their human rights and how they should expect them to be respected by staff. All staff had all completed equality and diversity training, providing them with the skills needed to ensure people's rights were protected. The experience coordinator and PDF had also attended older Lesbian, Gay, Bisexual and Transgender (LGBT) awareness with Age UK and was an LGBT champion within the service.

The staff spoke with comfort and confidence about people's diverse needs and could explain how people were supported. The experience coordinator provided us with enriched examples of meeting people's equality, diversity and upholding people human rights (EDHR). Discussion was facilitated but there was also recognition of the sensitivity some people may experience engaging in conversations which were dependent upon their own experiences. The open, inclusive and supportive nature of the service meant that promoting equality and diversity and respecting people's human rights was a golden thread that ran through every aspect of the service.

People who identified as LGBT were given equality of opportunity to access culturally and socially appropriate activities and to integrate within the wider LGBT community. This included support to attend sessions at the LGBT foundation and to participate in the annual Manchester Pride event. People of non-white heritage were well supported to maintain cultural and religious links with their wider community. This included equality of opportunity to make choices around a culturally appropriate diet and support to attend their place of worship. The care village also recognised people's culture through social engagement, activities and themed evenings to ensure people had equal opportunities.

The staff and people at the care village had held fundraising events following the Manchester arena bombing and the proceeds were donated to the victim's fund. People's grief and anxiety regarding this event was explored and the staff were sensitive to the impact on people. Practical support was provided to meet people's differing needs. People had participated in arts and crafts and made objects as a symbol of their support and solidarity to the city of Manchester.

We saw people were encouraged to be as independent as they could. Each household had a kitchen and dining area which formed a central hub. 'Meaningful occupation' was promoted on each of the households involving and encouraging people to actively participate in living life in their own homes. Activities of daily living were encouraged when people were able and expressed a desire to do so. These included; cooking, cleaning and housework. As identified through rehabilitation programmes by the gym instructor, staff also had scope to support rehabilitation programmes, helping restore confidence and independence to people wherever possible.

We spoke with the registered manager about a person who had socially withdrawn and as a consequence didn't socialise or communicate well with other people at the care village. Social stimulation was maintained and the events coordinator and activities coordinators spent time with the person in their bedroom. There was also a particular staff member that was recognised to have a good rapport with the person so they were encouraged to support activities of daily living so they were conducive.

Throughout the inspection we observed positive interactions between staff and people living at the care village. We observed appropriate physical contact between staff and people which was natural and symbolised the familiarity and relationships that had developed between them. Staff took time to fully explain any aspects of care, prior to commencement, to ensure the person was comfortable and in agreement. It was clear from observations, staff knew each person well and people felt comfortable in the company of staff.

People and relatives told us there was no restriction to visiting the care village. One family member told us there was no problem when work commitments meant they could only visit quite late (sometimes at 10pm). This family member also reported that they were welcome to eat their own meal with their relative.

We saw there was a guest suite at the care village. The guest suite had a double bed and relatives who were supporting a resident at the end of their life were invited to stay in the guest suite and had access to a fob so they could come and go from the care village as they pleased. The guest suite had also been utilised to enable a person residing at the care village to spend the night with their spouse that was not resident at the care village. The guest suite was versatile in its use and was accessible to people or their families that were connected to the care village.

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives were overwhelmingly satisfied with the care village and their engagement with the service. Comments included; "I've been well satisfied, I'm comfortable and I'm happy here. I can't think of anything they could do to make it better. I would recommend it to someone that was considering moving in."; "You get everything you want in here, one [person] has had Sky TV in their room." Family members told us that staff always contacted them immediately if their relative was unwell or there been an incident. One relative commented; "They are very good at letting you know what's going on."

The service was innovative and explored opportunities to optimise people's experiences. Since our last inspection, the care village had consolidated links with a local nursery and primary school within the local community. The care village was visited by the local nursery children every Tuesday and people living at the care village and the children spent a couple of hours participating in activities such as baking, dance, arts, crafts and singing. One of the staff members told us; "It is lovely to see. The children run on to the household with such excitement and the atmosphere is vibrant." Studies have shown that inter-generational care can be mutually beneficial. It has been recognised the positive effect on older people of mixing with children and in particular on people living with dementia. It also provides an opportunity for young people to learn from older people and understand their communities.

The care village was also visited once a month by 19 young children from the local primary school. The purpose of the visit was initially to develop a dementia friendly reading group which was considered mutually beneficial as people at the care village listened to stories and the children developed their reading ability and confidence by reading to an audience in a safe and nurturing environment. We were told the reading group had been a big success and subsequently evolved to include arts, crafts and 'show and tell'.

Show and tell involved people at the care village and the children sharing stories about an object of importance to them. The experience coordinator explained that a person from the care village had noted that one of the children had nothing to show or discuss. The person had insisted on giving the child one of their possessions and told them the story behind the object. The person explained to the child that they would always have something to share now. The experience coordinator had expressed their reservations at the person giving away the object but the person had capacity and explained they felt valued and had got more pleasure out of giving the object to the child than the object had provided them anyway.

A fundamental aim of the service was to improve people's quality of life by providing opportunities to fulfil people's dreams. The experience coordinator saw no barriers to achieving this and had written to football organisations or public services to achieve this. Examples of this included, a person that was a lifelong Liverpool fan visiting the new stadium, meeting the players and having a meal whilst 'you'll never walk alone' was played and another person had visited Manchester United. A person also had a lifelong ambition to sing with an orchestra which was facilitated by the local school and their brass band had also performed at the care village. The local fire brigade had attended a person's 104th Birthday party and given them a tour and ride in the fire engine. The person didn't have family who lived locally so the experience coordinator had reached out to the local community and in doing so they had received 55 birthday cards.

The ethos of the service was to support people to maintain and develop interests which were important to them which contributed to people living meaningful lives. The experience coordinator developed activity plans based on people's interests and hobbies to make sure a broad range of activities and events were taking place. They arranged visitor talks, quizzes, and museum visits to provide education and learning opportunities.

Links with the community were encouraged and the experience coordinator was a friend of Atherton residents' association. This enabled a two-way flow of information with the events coordinator learning of more local neighbourhood information and also being provided with an opportunity to share what was going on at the care village. People visited local events such as cafes, carnivals and the remembrance parade.

There were six experience day support workers in total at the care village, which included the experience coordinator and one full time and four part-time experience coordinators. Activities were advertised in the care village newsletter, 'what's on'. The newsletter was in the bistro, and given to people living at the care village so they were aware of the activities available. At the time of the inspection we saw upcoming events included; a care home open day that was a garden fete with stalls and entertainers. A taste of Bollywood had been arranged to celebrate the international day of dance which was to be hosted in the bistro and included performances by a professional Bollywood dancer and a selection of curries. The care village was celebrating local history month by inviting people to share memories of the local pits and mills. There was afternoon tea events and St Georges' day celebrations in addition to the regular events which included music in mind, interactive music therapy, social evenings, chair yoga, songs of praise, book club, coffee mornings, arts and crafts, church services, knit and natter, blind society, poetry group, ballroom dancing, exercise classes and day trips.

In the past year, over 20 trips out had been facilitated which included to; Trafford Centre, Bents garden centre, Rivington Barn, Bury market, Blackpool tower, travelling circus, Liverpool FC, Oswaldtwistle Mill, Wigan warrior RFC, Old Trafford, The football museum, The Talbot pub, Imperial war museum, GMP police museum, Atherton snooker club, Blackpool Illuminations, Atherton community school, Fredlongworth high school, Manchester opera house, Manchester palace theatre, Hope View sensory farm, Cheshire canal cruise, Atherton's parades and carnival marches and Atherton park.

The PCS system was integral in developing and providing opportunities for people to engage in meaningful activities. The activity available on a daily basis was inputted into PCS and the system flagged the people on each household that had expressed an interest in that activity. The staff then received an alert from PCS to encourage the persons to attend. For the remaining people that were not interested in attending the activity, or were nursed in bed, two of the part-time activity staff approached these people and offered one to one activities which could include; reading to the person, doing manicures, brushing their hair, reading poetry, looking at photographs with them, playing them some music, watching a film, or just having a conversation.

Since our last inspection, the care village had introduced a new 'paperless' system of personalised care planning. This was known as PCS. Belong Atherton care village staff had piloted the system and had influenced changes to the terminology used in the computer programme to align the system with the Belong Limited values. Staff each had a handheld electronic device and in addition to this there was a larger android device (tablet) and a laptop on each household. The system reduced the time staff spent recording the care and provided a more accurate and contemporaneous record as it was completed at the time the care was provided.

Staff consistently emphasised how much the implementation of the electronic system had on ensuring people received the optimum level of care. Each person's life plan was tailored to their needs, including their emotional, behaviour, health care needs, goals and aspirations. There was step by step guidance for staff to follow with people's daily activities such as personal care, how they preferred to wash their hair, and what support they may need if they became anxious or upset. The system alerted staff if a person hadn't been seen for fifteen minutes and alerted them if a care intervention hadn't been completed.

The service provided outstanding end of life care to ensure people's end of life was as comfortable, dignified and pain free as possible. The 'advance care plan documentation provided a framework for staff to ask the difficult questions enabling people to express their choices and make informed advance decisions.

Belong Atherton Care Village had achieved the "commend" level of accreditation in the Gold Standards Framework (GSF) and praised for 'the contagious passion of staff,' and 'family environment' they create in the households. GSF is a systematic, evidence based approach to optimising care for people approaching the end of life which is delivered by frontline care providers. To attain commend status, a home must show innovative and established good practice in at least six of the 20 standards.
The care village continued to be part of the hospice pilot scheme and received training and support from the hospice team to continue to provide a wealth of support to the care village. Attendance at the hospice meetings on a monthly basis was enabling the team to discuss hospital discharges and concerns with local GP's.

The lead nurse and her team had been identified as examples of 'best practice' in regards to providing outstanding end of life (EoL) care and the lead nurse had received a hospice award and been interviewed by Hospice UK magazine. The lead nurse was also a runner up for the 'end of life award' in the Great British Care Awards National finals in 2017.

People were actively encouraged to give their views and raise concerns or complaints. There was a clear, complaints policy and procedure that was accessible to everyone. On admission to the care village, people were given; 'Your guide to living at Belong Atherton Care Village' which included the complaints and feedback policy and procedure. None of the people or relatives we spoke to had raised a formal complaint but were happy to liaise with the household care staff directly if they had a minor issue which they indicated was remedied promptly. People and relatives told us they were aware of the procedure and would have no hesitation to follow the process but that there hadn't been any instances of concern where this had been necessary.

Feedback was encouraged and obtained using a variety of methods. This included; Household meetings and resident forums. There was an annual customer satisfaction questionnaire to include residents, relatives and professionals. The results were analysed and published including action plans to address any identified gaps in service. This was made available throughout the care village. We saw customer feedback cards were also available in the care village which could be completed and returned to central office. Following our inspection, we saw Belong Atherton Care Village was in the top 10 list for 'best care homes in Greater Manchester' as voted by people living at the service and their relatives.

Outstanding ☆

Is the service well-led?

Our findings

At our last inspection 'well-led' was rated as requires improvement. This was due to a breach of the regulations that was identified in the safe domain. Prior to this inspection, in June 2015 Belong Atherton Care Village obtained a rating of outstanding in well-led and threads of innovative and outstanding practice continued to be evident at the last inspection. The management demonstrated they had continued to make improvements with further involvement identified in initiatives to improve the well -being and experiences of people living at Belong Atherton Care Village and the wider community.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A dedicated and enthusiastic staff team was in place, led by an excellent management team that followed best practice and pursued opportunities to influence care in order to attain better outcomes for people living at the care village and the wider community. On the first day of the inspection, the lead nurse was in attendance at a reception at Buckingham Palace, hosted by the Prince of Wales, on behalf of the Queen, in recognition of front line nurses. The reception was to acknowledge those who have made a particularly significant contribution to delivering or supporting front line nursing care.

The lead nurse in collaboration with the management team, had led on Belong Atherton Care Village submission for the Gold Standards Framework, and the village passed with 'Commendation', praised for 'the contagious passion of staff,' and 'family environment' they created in the households.

The management team was dedicated to improve people's lives and passionate about sharing good practice. They had an active role in supporting and working in partnership with other services to keep up with current legislation, guidance and practice. The management team were open, honest and transparent. They demonstrated they learnt from incidents and had disseminated their learning to other Belong care villages within the provider portfolio and exceeded expectations by cascading this learning further to other care providers. The PDF had incorporated choking training in to the basic first aid and choking training. A choking vest had been purchased to facilitate learning and to provide increased confidence if staff encountered a choking situation. The registered manager discussed feeling privileged to have access to the care village and the resources and was keen to share the choking vest with other care homes so increased numbers of staff could benefit from this experience.

The care village was also part of the "butterfly" online community which provided 'monthly themes' such as care home culture as well as access to E-learning and Webinars with the group leaders and other butterfly members.

The management team were inclusive and the care village events were attended by the wider community. The facilities at the care village were utilised by local businesses for training events and other health professionals.

TABA was now up and running and we received positive feedback from relatives regarding the direct impact this had on their family member. Management involvement in the steering group was on-going with feedback and reflection undertaken to resolve any issues that may have arisen. Management had aspirations to influence the development of community services further and were hopeful in evolving TABA further to include people in the area that were unable to get to the surgery. The lead nurse continued to work with a local group of GPs and hospice professionals as part of a multidisciplinary team to help streamline end-of-life care for people with a care home environment and people who are supported in the local community by those teams, as well as with Wigan Infirmary to reduce the number of unsafe discharges reported

Belong Limited, as a provider, achieved the Gold Standard Investors in people award. The investor's in people standard is the benchmark of good people management in practice. This is a standard which defines what it takes to lead, support and manage people well for sustainable results.

We found staff morale was high and they had a high focus on working as a team to ensure people received good quality care. Staff spoke positively about working for the provider and how they were supported to develop their career. Support workers were encouraged and provided support to go on to train as nurses and at the time of inspection there were two lead senior support workers completing their level five management qualification.

Two nurses at the care village were full time mentors and were able to support second year nursing students. They were in the process of completing further mentorship training to enable them to provide third year nursing students placement at the care village. The student nurse feedback expressed high praise and invaluable experience obtained whilst undertaking placement at the care village.

Belong Atherton Care Village had piloted the PCS electronic care records system. The registered manager discussed the benefits of the system as it kept managers up to date with incidents/concerns which enabled them to promptly discuss with heath care professionals if further guidance was required. This ensured people's care was reviewed promptly and measures were put in place to review strategies to improve the care people received.

Regular meetings were convened at the care village, this included; management team meetings, clinical governance meetings, household meetings, lead and senior meetings along with 10 minutes at 10am meetings each day to ensure communication in the village was maintained. There was monthly communication sent to staff to maintain communication within the care village and the staff teams.

People and relatives knew the management and senior staff by first name. Comments included; "We are on first name terms with all senior staff and those involved in [person's] care. Management is very visible and there's a positive culture." Management had commenced bi-annual 'meet the management team' in addition to residents and relatives meetings that were held on the households. The purpose was to share the management structure, encourage feedback and identify how this could be achieved throughout the year. There was a demonstration of PCS and 'silver fit' and discussion about the activities and upcoming events throughout the year.

The registered manager also completed a daily walk around the care village to monitor the quality of the environment and identify any areas where action was needed. The management team and lead senior staff monitored and reviewed governance within the care village looking at audits in key areas such as medication, infection control, life planning, nutrition and marvellous mealtimes, health and safety and housekeeping. Audit effectiveness were reviewed and updated and the audit tool used as part of the 'marvellous mealtime' had recently been updated.

Belong Limited also employed a researcher from Salford University who also looked at trends across the care villages and considered how effective the measures were in relation to objectives, quality and performance. The Local Authority quality performance officers, infection control team, medicines management team and clinical commissioning group (CCG) also attended the care village and completed regular audits. The feedback from these teams was overwhelmingly positive.

The company had designed and invested heavily into computer systems and programmes. This enabled them to really understand how the service runs and what it needs to run. It offered up to the minute information on incidents, staffing issues, care plans, rota systems and every other function of the day to day running of the care village. The registered manager and provider were able to access all the information needed to monitor the quality of care and staffing in the care village without being on site.

There was a clear emphasis at the care village on people being encouraged and supported to lead as fulfilling life as possible. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life.

The provider took its role within the community very seriously and regarded the care village as a hub for bringing the whole community together through localised events, activities and fundraising. The care village had its own bistro, library, therapy suite, hairdressers, venue, training rooms and gym. This care village was used for a wide range of activities for the people living there, including those living in the apartments and people from the wider community who could access the facilities through experience days. The community knowledge officer promoted and offered the venue for use to the local community including; the blind society, Atherton inner wheel, Tyldesley tangent club, training for local businesses , NHS health trainer, West Cheshire college facilitating meetings with village staff learners, music in mind, dementia group, dementia buddies with Wigan council, tea dances with Leigh community trust, the local high school, and officers from the local fire station who visited the care village to promote fire safety whilst joining in with coffee mornings.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'requires improvement' from our last inspection was displayed in the care village and on the provider website. This meant people who used the service and their relatives, or anyone considering using the service, had access to the inspection report to determine the quality of care being provided at the care village at that time.