

The Partnership In Care Limited

Risby Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Risby Park Nursing Home provides accommodation, nursing and personal care for up to 54 older people. There were 45 people living in the home on the day of our inspection. This inspection took place on 4 July and 13 July 2017 and was unannounced on the first day.

There was a registered manager in post at the time of our inspection. 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.

At our last inspection on 17 March 2015 we rated the service good overall and requires improvement in safe because we had concerns about the staffing levels. At this inspection we found significant improvements. The service had continued to develop and had further strengthened the very caring approach, responsiveness and how well the service was led. People received exceptional care that was personalised to them, taking account of their individual needs and wishes.

Extremely caring relationships had been built between people and staff. Staff working in the home were especially caring and compassionate. Staff knew the needs and preferences of the people they cared for and people were given reassurance and encouragement when they needed it. Where people needed support in order to make their own day to day decisions this was provided by staff. People's rights to privacy, dignity and independence were taken into account by staff in the way they cared for them. People receiving end of life care were treated with exceptional care and compassion.

Risby Park Nursing Home was exceptionally well-led. The registered manager was a highly skilled leader who had clear oversight of the home and a passion for delivering the very best care to people. The registered manager ensured staff were meeting people's needs holistically. There were processes in place to seek feedback from people, relatives and supporting health and social care professionals to drive improvements in the quality of the service. Complaints were managed in accordance with the provider's policy. Where concerns were raised these were dealt with speedily and in depth. Relatives said they felt welcomed and supported at the home and would highly recommend it to other people.

People received exceptionally personalised care and support which they were in control of. People were encouraged and supported to express their views and opinions about how they wanted to be looked after and cared for. People were at the forefront of their care and staff went the extra mile to ensure people had their care needs met in the way they wanted them. People and their relatives were listened to if they were unhappy or had comments to make. Actions were taken where appropriate in order to improve the quality of care provided. Improvements were made as a result of feedback received.

The registered manager and provider strived for excellence and improving the lives of people who lived at the home through involvement with external organisations and the local community.

There were extremely effective quality monitoring processes in place which covered all areas of the home and care delivered to people. Staff morale in the home was extremely high. Staff were proud to work at Risby Park and were remarkably enthusiastic and passionate about delivering high quality care. Staff were proud to work at the home. They were particularly positive about the way the home was managed and were very happy in their work. There was a clear management structure in place; staff understood their roles and responsibilities. The home was highly organised and well run and the culture was open and transparent.

Care practice at the home was based on best practice and the registered manager ensured that they kept themselves up to date with their knowledge for the delivery of high quality care. Working collaboratively with other agencies and professionals to drive continual improvement was a fundamental part of the management of the home.

The home had sufficient staff to meet the needs and preferences of the people living there. Staff were recruited only after completing the necessary checks to make sure they were suitable to work at the home.

Appropriate plans were in place to guide staff in how to minimise risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. They were encouraged to raise and report any concerns they had about people through safeguarding and whistleblowing procedures.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Staff were very well trained and knowledgeable regarding people's needs. Staff felt well supported by management and felt able to speak with senior staff at any time.

People were supported by staff who understood and effectively applied the principles of the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguards. Staff confidently applied the MCA to make sure that people were involved in decisions about their care so that their human and legal rights were protected. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to make sure the risk of abuse and avoidable harm to people was reduced.

There were enough staff to meet people's needs.

Staff had been recruited using a robust recruitment process.

Arrangements were in place to make sure people received their medicines appropriately and safely.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Staff were extremely kind and compassionate.

People's rights to independence, privacy and dignity were valued and respected.

People were involved with and included in making decisions

about their care and how they wanted this to be delivered.

The home provided outstanding end of life care. People experienced a dignified death in line with their wishes.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People's care needs were exceptionally well understood and responded to by staff who knew them very well. People were encouraged to be involved in their care.

People's care records were highly detailed. Their needs and preferences had been assessed and these were being met.

People had access to a variety of activities which were based on their choices. People were able to pursue their own interests and hobbies and participate in activities they chose.

People's views and opinions were actively sought. People and their relatives knew how to complain if they needed to and any concerns and complaints raised had been investigated.

Is the service well-led?

Outstanding 

The service was extremely well led

The leadership and management of the home were outstanding and assured the delivery of high-quality person centred care.

Good leadership was demonstrated at all levels. Care provided was of an extremely high standard.

The manager actively sought, encouraged and supported people's involvement in the improvement of the service.

People and relatives had confidence in the management team. The management was visible and accessible.

The manager monitored the service to make sure it met people's needs effectively.

Risby Park Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 4 July and 13 July 2017 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection, we requested that the provider complete 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority.

We looked at the care records of five people in detail to check they were receiving their care as planned. We also looked at records including training records, meeting minutes, medication records and quality assurance records. We spoke with nine people who lived at the home, six members of care staff, the nutrition champion, and one member of the housekeeping staff, the head chef, deputy manager and the registered manager. We also spoke with relatives of nine people currently living at the home. We made contact with a number of healthcare professionals as part of the inspection and asked them for feedback about their experiences of Risby Park Nursing Home.

Is the service safe?

Our findings

At our last inspection in March 2015 a small number of people, staff and relatives were concerned that staffing levels at the home were not always enough to meet people's needs. We found at this inspection that improvements had been made and there were sufficient members of staff on duty to respond to people.

People we spoke with told us there were sufficient staff available to meet their needs in a timely and responsive manner. People's relatives were also confident there were enough staff to meet their family member's needs. One relative said, "Staff get [family member] up in the morning and help them to bed when they indicate they want to go. It's very much up to how my [family member] is feeling and about what they want."

Staff we spoke with also confirmed that there were sufficient numbers of them to meet people's needs and preferences and that they had sufficient time to spend with people. One member of staff said, "We have the numbers of staff that we need to enable the shifts to run smoothly. I love that we have time to spend with people."

The staffing rotas were based on the individual needs of people. We were told by the registered manager, and staff confirmed, that staffing levels did not fall below the minimum numbers determined to keep people safe. On the days of our visits, our observations indicated that there were enough staff on duty. We saw staff were spending lots of time with people and interacting with them, call bells were answered promptly and staff were going about their duties in a relaxed manner. Staff were busy and purposeful however they were well organised and efficient and they responded to people without delay.

People were supported and cared for by staff who knew how to keep them safe. Staff knew how to protect people from potential harm. Staff were able to identify how people may be at risk from different types of abuse and harm and what they could do to help protect them. Staff were aware of the provider's procedure of how to report any concerns regarding people's safety. Staff members we spoke with confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. They also told us that they understood the process to follow if a safeguarding incident occurred and their responsibilities in this.

One person told us about how they felt safe and explained, "My children did the rounds of various homes to find one and they said Risby Park looked to be just perfect for me. It has lived up to theirs and my expectations. I am very comfortable here and they're [staff] a good bunch, friendly and caring." People visiting their relatives at the home also told us that they felt their relatives were safe. A relative told us, "When I leave here I know [relative] is safe. So well looked after. I know [family member] is going to have a better evening than me!"

Staff told us they were confident about how to keep people safe on a day to day basis and told us unanimously that people were safe living at the home. One staff member said, "People are absolutely safe here. We have all the equipment we need, the technology such as beam alarms and crash mats."

Accidents and incidents were monitored closely. Staff took appropriate action following any accidents and incidents to ensure people's safety. We saw specific details and any follow up action to try and prevent a reoccurrence were recorded. The management team analysed this information for any trends. Staff told us any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

Safe staff recruitment and selection systems were in place and were followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

Systems were in place to ensure people received their medicines safely. Medicines management was good overall and an audit took place to ensure that people received their medication as prescribed. Where any issues were found with record keeping, immediate actions were taken to address this. Staff who administered people's medicines received appropriate training and their competency to do so was regularly checked. Medicine administration records (MAR) were completed. We checked the MAR charts and saw that these had been completed appropriately. We were satisfied that people received their medicine as the prescriber had intended.

Medicines were appropriately secured in a locked cabinet, staff held the keys with them securely. Where people were prescribed medicines on 'as when necessary' (PRN) basis, there were clear instructions for staff so they could recognise when the medicine was needed. Medicines received from and returned to the pharmacy were recorded.

Is the service effective?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home had sustained this rating.

People who lived at the home confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. One person told us, "I think the staff are well trained. They are very patient and know what they are doing." A person's relative told us, "Staff use the equipment well and seem well trained." A second relative said, "They get the biggest tick imaginable here! I just can't praise them enough. They are wonderful and I can't thank them enough."

Staff we spoke with were very knowledgeable about people's individual needs and it was clear they knew them very well. The staff knowledge and information about people was reflected in the care plans we looked at. All staff had a probationary period before being employed permanently. The provider had a programme of induction which included role-specific training, shadowing experienced colleagues and skills checks. All staff undertook relevant training the provider felt essential to meet people's health and social care needs.

Staff members told us that they had received enough training to meet the needs of the people who lived at the home. This included training in core subjects to enable them to support people effectively. For example, adult safeguarding, infection control and dementia awareness. We saw the effectiveness of the training as staff communicated with people in a clear and calm way and were competent in their job roles. Staff also told us the training they received was effective in giving them the skills to do their job well. One member of staff said, "Training makes you open your eyes and not think about yourself. Puts you in someone else's shoes for a while."

Staff told us and records showed that they had received regular supervisions. This helped to monitor the skills and competencies of staff and to identify any training needs they might have. Staff were positive about the support they received. One member of staff told us, "I receive supervision and I have the opportunity to speak up. Yes I feel very supported."

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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Training had been provided for staff in understanding the MCA and DoLS. Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently. Throughout the inspection visit, we saw staff asking people for their consent before providing support to them. All of the staff we spoke with told us that they sought people's consent before they carried out care

tasks and supported people to make choices wherever possible. One member of staff told us, "If someone refuses their care, we make sure they are okay and comfortable and then go back later. Sometimes just a show of a different carer face is enough and that is absolutely okay." Another care staff told us, "We always ask and talk through whatever care it is we are giving. If the person doesn't agree we cover them up again and try again later, making sure they are safe of course."

Where people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

We observed the lunchtime experience and found that it was relaxed and informal. People were supported to make choices about what they ate and drank and risks to their nutritional wellbeing were identified and managed. Where people were helped with their meal they were supported in a respectful and discreet manner. The meal time was a social opportunity as people engaged with day to day conversation and friendly well received banter with each other and staff. There was a choice of wine, ale or soft drinks available for those who chose to have them with their meal.

The registered manager had employed an experienced member of the care team to be a permanent nutritional champion. The role of the nutritional champion was to be in charge of the dining room over meal times and to become familiar with people's nutritional care needs and ensure that these were met. We spoke with the nutritional champion during the first day of our inspection. We found that they were knowledgeable and that they had been supported to undertake training in the provision of specialist and modified diets. The registered manager told us she felt the nutrition role was successful at the home and that as this member of staff was responsible for ensuring accurate records were kept there had been no issue with gaps in recordings. This was reflected in the nutritional records that we checked as part of our inspection, recording was good and consistent.

We were told by the people we spoke with that they found the food good, and that there was always a choice. One person said, "The food is good, I get a choice of food here. I chose something different today and that is what I have." Another person said, "We [people] went out shopping and missed lunch. When we got back there were two lovely ploughman's waiting for us. They were lovely. The chef will always cook us something like an omelette, they are flexible and there is plenty of choice." A person's relative commented, "I eat my lunch most days here with my [family member]. The food is really very good. We always sit together and have a glass of wine with our meal."

We found that people had appropriate records in place in relation to their nutritional care needs. We saw that nutritional assessments had been completed when people may be at risk of not having enough to eat and/or drink. We spoke with the head chef during our visit. We found that they were very knowledgeable about people who lived at the home and their particular dietary preferences such as people who liked their food to have a strong taste to it. The chef told us how, when people first moved to the home, they would spend time with them establishing their preferences and completing a food questionnaire with them. This helped the chef and staff to ensure that people were having their preferences and nutritional needs met. People told us and we observed that they had access to plentiful amounts of drinks and snacks. We saw numerous tiered snack trays, which contained fresh fruit and dry snacks around the home. One person said, "They [staff] always make sure we have a drink and a snack when we want one." A staff member commented, "The extra snacks definitely get used and eaten – all of the snack trays will be empty by this evening."

There were systems in place to monitor people's on-going health needs. People were supported by a range of healthcare professionals to ensure their health and social care needs were met. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GP's and dentists who visited the home to treat and support people living there. Records were kept of any advice and guidance provided which was implemented to ensure people received the most effective care to meet their needs.

The accommodation had been planned and decorated with a focus on the needs of people living with dementia. Activity, colour and contrast had been used to highlight communal areas. Walls contained pictures and tactile objects, photographs and items of interest that people had been involved in choosing. Some areas were themed for reminiscence with an array of items to see, touch and feel. In lounges seating was in small groups to encourage conversation and interaction. There were also areas around the building for people to sit quietly such as the spacious conservatory overlooking the large duck pond. There was signage throughout with particular emphasis on areas of importance, such as toilets and bathrooms. Bedroom doors were painted in different colours identifying them clearly. There were pictures on each bedroom door along with the person's name indicating it was their bedroom.

A healthcare professional was extremely positive about the environment at the home. They told us, "The home has really considered its environment. A good example is the front door – there were a series of people who were actively seeking to get out of their front door for a period and they have now disguised this with decoration so this is not a focus for residents and removes it as a pressure point and place where residents become agitated and distressed."

There was a secure garden area with raised flower beds and grassed areas with open access. There were areas where seating had been placed so that people could wander through the garden at their leisure. People and their relatives told us they enjoyed the internal environment and external grounds and garden areas.

Is the service caring?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home had made further improvements and were now exceeding this rating. We have rated this key question outstanding.

Without exception during our inspection we received highly positive comments about the staff and the way they cared for the people who used the service. People consistently told us they valued their relationships with the staff team and felt that they often went the 'extra mile' for them, which made them feel as though they really mattered. Throughout the two days of our visits there was a strong emphasis on family. People, their relatives and the care staff described the home as an extended family that they all felt an important part of. A member of staff brought their new born baby into the home during our inspection to meet people and spent time going round to see individuals. We saw a number of people's faces lit up at the sight of the baby. A visiting relative said, "The carers even care enough to share their own families with us and make so many people happy. It's amazing we really are an extended family here."

One relative said, "Not only do they [care staff and management] care for my family member but they care about me too. It's one big family here." Another relative said, "Staff are lovely. Whatever I ask for my [family member] it gets carried out. I am 100% sure in my heart that this is the case." Another relative said, "We consider ourselves very lucky to have found this place for [family member]. Although neither me nor my [sibling] live very close by, when we do visit we are always impressed by the care [family member] gets. I had thought of moving [family member] closer to me in [city], but frankly they are so well cared for here that I couldn't be sure they would be as well looked after anywhere else."

Staff were clearly passionate about their job roles and the care they provided to people. A member of staff said, "I would bring my own mum here to be cared for and would trust that she would get the very best care if she lived here."

A healthcare professional told us, "Risby Park Nursing Home adopts a person-centred approach that not only respects the individuals but enables them to enjoy the remaining years of their lives, helping them to live life to the very fullest – in whatever way that may be."

We saw that genuine and meaningful relationships had developed between people living at the home, their relatives and staff. This extended clearly to the registered manager, deputy manager and one of the providers who were all very visible around the home during our visits. The focus of the home was fulfilling people's dreams, wishes and aspirations. An example of the home going the 'extra mile' was explained to us by a person's relative. They told us how all the staff and management at the home had supported them and their family member to renew their wedding vows at the home. They told us, "Last year my [family member] and I renewed our wedding vows. It was a proper ceremony, we all dressed up. They [staff and management] went out of their way to make it special. I didn't have to do anything it was amazing. From the heart I love them all [the staff] so much here. To me they go beyond the call of duty. [Registered manager] even made sure I got my 'something blue!' " The person's relative took great pride in showing us all the photographs of their special day.

People and their relatives felt like they mattered. We saw relatives arrive to be warmly greeted and in some cases receive reciprocal hugs from staff. One relative told us, "Staff do listen to me. I also listen to them. We share ideas and that gets the best for my family member." Another relative told us how staff extended their care for their family member to the relative themselves. They described how staff checked how they were getting home every time after visiting their loved one at Risby Park and, if needed, staff would offer to drive the relative home, often in their [staff] own time. This relative said, "I love it that that they not only care for people who live here but their families too. The staff are so relaxed and friendly and they always ask me how I am getting home. To me they always go beyond the call of duty here. My family member and I are loved and cared for. I can't tell you how much that means to me."

The registered manager told us that a carer support group named 'Coffee and Catch up' was held at the home on a monthly basis. The purpose of the group was to provide informal support with family carers and to help families feel supported by each other and to give them a venue to talk and be listened to.

People were involved in planning their admission to the home and if they could not do this their relatives were involved and spoke on their behalf. People were able to bring in personal items to the home which helped them personalise their bedrooms and we saw in some cases this extended to furniture, posters for the walls and small pets. Relatives told us they felt involved and had been asked about their family member's likes and dislikes, and personal history in order that staff could provide their relative with appropriate care.

Staff were very committed to caring for people in a way that was tailored to the individual's needs. People's care records had details of their wishes and preferences, for example people's preferred daily routines. People told us staff followed these routines. One staff member told us, "[Person] loves to get themselves ready. I help them by laying out some choices of outfit. I leave them to it and then go back a bit later to check if they need any help." In addition, people's choices about whether they received care from a staff member who shared their gender was recorded and observed. Staff were seen to make consistent efforts to engage with people in a friendly and warm manner.

We observed that staff knocked on people's bedroom doors before they went in and that doors to bedrooms were closed when personal assistance was being provided. Staff we spoke with confirmed that they always respected people's privacy. One staff member said, "Without question we respect people's privacy and dignity, it is important to close the door and curtains when helping someone with their personal care.

During our visit the registered manager showed us a piece of work that had been commenced with staff titled the 'dignity promise'. Staff were also asked to contribute towards a working 'promise' that they would make to people on how they would be treated. We saw during our inspection some of the ideas that the staff had provided and just after our visit we were sent a copy of the completed dignity promise by the registered manager. The promise included statements such as 'We will care for you like you are our mum and dad' and 'We will never walk past you without saying hello, we will always try to be there for a natter.' We saw the approach of the staff on the two days of our inspection supported and reflected the dignity promise ethos. Staff were without exception warm, exceptionally positive, caring and compassionate.

We found the home had established an environment where people's well-being and happiness was supported. There were items of visual and tactile interest for people living with dementia, e.g. themed areas, gardening items and a washing line with pegs. There were other items from the 1930's and 1940's era. We observed people stopping and looking at these items and engaging with them. Pets were permitted within the home; the registered manager brought her dog into the home three times a week. We saw undisputable

joy on some people's faces as they greeted the dogs within the home. One person spent some time standing in the hallway throwing a ball for one of the dogs and took pleasure it being brought back to him for the game to continue.

We observed multiple examples of the exceptionally caring and highly efficient staff approaches, including frequent and positive engagement between people and staff. Staff moved effortlessly and naturally between people, ensuring that they were engaged with and had individual one-to-one time.

The registered manager operated an open door policy and throughout the day, we saw people and their relatives popping in and out of the office to ask questions, share their news or just have a chat. It was obvious that people felt relaxed in the company of the registered manager and were used to spending time with them. The feel of friendliness and a comfortable easiness was evident throughout the home from all the different staff roles. All staff routinely spent time sitting and chatting with people.

People told us they had control over their daily routines. One person living at the home needed to be supported and receive their care in an extremely specialist way due to the medical condition they were living with. This person's care needed to be exact and precise and delivered in a consistent way, often very much a challenge to the staff supporting them who were required to deliver this person's care in exceptional circumstances. We found that staff supporting the person were incredibly knowledgeable about their preferences and wishes. They delivered the care and communicated with this person without question or objection and did so extremely professionally and patiently. The person told us they were fully aware of their care plan and confirmed that they had very much been a part of the development of it. They also told us how they had their care needs delivered to them, "Exactly as they needed and wanted them."

Another person also told us how they were in control of their care, "I just ring my buzzer for assistance and they [staff] come and help me into bed. It's always at the time of my choosing. I never have to wait very long for the assistance. Staff are very supportive. They often pop in for a quick chat and see if I need anything."

A member of staff told us, "I was helping a person who was upset because they thought they were losing their independence and their appearance was so important to them. I made sure there were things they could still do themselves and supported them to do so. I painted their toenails and helped them to do their own fingernails – the 'parts' they could reach easily. That made their day."

Equality and diversity were managed well and people were supported to follow their own religious and cultural preferences and beliefs. The gender of staff employed at the service complimented the needs and preferences of the people who lived there. People's choices about who they wanted to support them with certain tasks and activities were respected. For example, one person had requested a particular staff member to become their keyworker because they had shared interests and this had been put in place.

The service demonstrated a highly sensitive and compassionate ability to protect people's human rights. Staff had a good understanding of the needs of the people they were supporting and were aware of their preferences and personal histories. This was also so in respect of people's sexuality. One relative we spoke with told us how their personal relationship with their partner who lived at the home was supported by staff and this enabled them to have a full life, promoted their wellbeing and also gave them freedom to express who they wanted to be.

Staff described their enjoyment at working in the home and spoke fondly of the people who lived there. When we spoke with staff about people they were able to tell us in detail about people's individual needs and the best way to care for them. We saw every member of staff approached people with kindness,

anticipated their needs and offered their help. People's care plans promoted their independence and guided staff on how to ensure people retained as much independence as possible. This included for example how people liked to read their newspapers. We observed staff seek permission from people before they provided help and support. This meant staff listened to people and made them feel valued.

We saw first-hand the caring, calm and reassuring manner that staff dealt with emergencies. When one person during the lunchtime meal had unexpectedly begun to feel unwell, staff swiftly took action to comfort and gently reassure the person whilst discreetly and without fuss helping them from the dining room. This enabled them to effectively help the person whilst preserving their privacy and dignity.

We saw evidence of awareness of the needs and preferences of people who were approaching end of life. The home had an end of life champion whose role it was to focus on end of life care and the experiences of people. They told us, "I am an end of life champion here. We have a wishes tree – we make people's wishes come true." Care staff wanted a way of remembering people who had passed away at the service. The registered manager showed us two memory life books which contained photographs and messages that staff had written to pay their respects to the person that had passed away along with their fond memories.

End of life care plans were very detailed, person-centred and had the person and their relatives at the heart of their support. Staff worked closely with people and their relatives to find out about their end of life wishes and hopes. We saw photographic and written evidence of people having their wishes met such as one person who wanted to see their dog again having this brought into the home. Another person wished to visit Graceland in America and whilst this could not be achieved staff did arrange for an Elvis Presley tribute act to perform for the person. A third person wished to be at the seaside again, so the seaside was brought to them along with sand and sand castles. These wishes were recorded within a book that could be viewed by people and their families as well as on the wall within a large 'wishing tree' mural.

The registered manager explained that their wish was for people to have a comfortable, peaceful and pain free death. The home had put together a resource of materials that staff could access if needed to provide care for people at the end of their life. The registered manager told us that these contained items such as 'snuggly and cosy blankets' and items for personal care such as mouth care, lip balm and dry shampoo. All stocked with the aim of ensuring people were restful and their care was as they wished it to be. One member of staff told us about how they had supported a person who was at the end of their life. They told us, "I took the time to help one person who was at the end of their life into their prettiest clothing that they wished to wear. Their family told me how much that meant to them and how they appreciated that gesture."

We contacted a local Hospice Educator who has been working with the home and registered manager around end of life care. They told us, "I witnessed whilst we were there a visit organised by a carer for her own dog to visit a person who was being cared for in his last days of life and wanted to see his own dog. His dog however was too unwell to visit so it was decided by the team that the carer would bring in her own dog (same breed) and this proved a real pleasure for the person." The Hospice Educator also told how the registered manager was enthusiastic about developing staff training and understanding of end of life care. They said, "[Registered Manager] expressed a keen interest in how she wanted to support her team in not only providing training in areas of end of life but she also wanted a session on how to support the team when there are difficult/stressful times. It was decided that the Hospice would deliver a session on Emotional Resilience/Team Debriefing. So far we have delivered [at Risby Park Nursing Home] training in pressure care, care after death, emotional resilience and performing mouth care. All of the care staff team engaged during the training days." The healthcare professional told us that care staff had also attended additional end of life training at the hospice.

Other healthcare professionals we contacted were exceptionally positive about the care people received at Risby Park Nursing Home. One healthcare professional told us, "Risby Park is a wonderfully run home that is always welcoming and professional. I have dealt with [registered manager] on a number of occasions and have always been struck by her energy, enthusiasm and commitment to providing best care for the people living there." Another health care professional said, "All of my visits to the home [Risby Park Nursing Home] are always very positive. The staff are always keen to welcome and put the residents at ease."

Is the service responsive?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home were now exceeding this rating and we have rated this key question outstanding.

Without exception people told us that staff were extremely responsive to their needs and preferences and that their care was holistic and about them as an individual person. Relatives were highly complementary about the exceptional care and support their family member received. Relatives told us staff consistently went, "Over and above" their expectations to support their loved ones to achieve their potential and live fulfilling lives. People and their relatives described Risby Park Nursing Home as their 'home from home and an extended family'.

Staff spoke with pride about the people they cared for. One member of staff told us, "Our aim is for people to live how they want to. It is their home and their choice." Another member of staff told us, "There is absolutely nothing I would change here. This is a wonderful place for people to choose how they live their life."

All of the healthcare professionals we spoke with were highly complementary about the responsiveness of the management team and staff. One told us, "They [staff] have also considered the importance of activity for its residents and the home has demonstrated itself to be person-centred in its approach in terms of meeting the needs of individual residents. For example considering taking in resident's pets, even when this has not always been successful."

Records showed people had their needs assessed before they moved into the home. This ensured the home knew it was able to meet their needs before they moved in. Each person had a care plan in place that had been developed in partnership with them, their relative or representative. Care plans were very detailed and informative and included people's likes, dislikes and life stories as well as how they wanted their care to be delivered. A large section of people's care plan was about their life story, their childhood memories and areas of their life such as their favourite things in life. Another section of the care plan was written around people's life and relationships, what they preferred to be called, their religion and how this should be supported through to their end of life wishes.

One person described to us how they felt totally in control of their care and their care plan, meaning that they felt they were in control of their life. They told us how they had been involved in the development of their care plan and how it was based entirely on their specific preferences. Staff told us how people's care plans and the information contained within them enabled them to deliver person centred care. Our observations reflected this as staff clearly knew people very well and were able to interact with them appropriately and respectfully.

We found that staff went to far reaching efforts to ensure that people had their preferences met. Staff told us how they would 'do anything' to make people happy and ensure they were able to lead their lives as they wished. One staff member said, "I always do a quick assessment of how a person is. I can pick up or sense if

they are having a bad day because we know them [people] so well. I don't care if I make a complete idiot of myself, I will do whatever it takes to brighten their day." Another member of staff said, "One person was so happy that I took the time that was needed to help them. All they wanted was to sit in front of the mirror whilst they had their hair styled. They were happy all day. It's the little things we do like that - makes people so happy and promotes their independence." A third member of staff said, "It's good here [at Risby Park] because it's not about what we [staff] think people want, it's always about what they want. It's about their independence." A fourth member of staff said, "There are no set times for getting up or going to bed here. It maybe 7pm one night and 11pm the next night that someone may wish to go to bed. There are no restrictions here."

The home did not employ an activities team. Instead they employed an 'engagement team'. The registered manager explained simply that the view was that activities were more than just 'activities'. They were a chance for staff to engage with people, to make the time meaningful and about what people's preferences were. During our visits we saw a hive of busy activities and social opportunities taking place. People were engaged in a variety of activities from painting to flower arranging to an exercise class. Each of the activities was occurring in a different part of the home and available for people to join in. A member of staff told us, "Activities – there is always something different going on. People can join in or do something by themselves if they would prefer. It is all about what they would like to do."

People were able to maintain hobbies and interests that they enjoyed prior to moving to the home. One person told us about how important it was to them that they were able to participate in a hobby that interested them and how they were finding it enjoyable and a challenge. A relative told us how staff had encouraged their [family member] to participate in art and painting which they used to do at home. They said, "Staff asked me to bring all their familiar art things in, they encourage my [family member] to enjoy it still. They do look after [family member] very well."

Staff told us how they supported people to undertake the activities and tasks they chose to do and those that were important to them. One member of staff said, "I helped one person sort out their sewing box because that was what they wanted to do. I brought in some fabric for them from home. We started to make a cushion which then turned into a scarf." Another member of staff told us how some people enjoyed a cinema evening with snacks, "Some of the people who live here told us they wanted different snacks in the evening when we have something like cinema or film nights so we make them things like chilli beef or cheesy nachos – they eat the lot."

Another person told us that they had been interested in carrying out some mosaic work on a table top. A table was sourced along with the materials for the work to be completed. We spoke to them whilst they were continuing with their work, creating a picture using tiles and cement. Another person, now living with dementia, was a carpenter and had access to some wood and sandpaper that they used to rub down.

One person told us how the home had arranged for a company to bring in some duck eggs to hatch. They told us that the plan was for the ducks to be taken away once people had been able to watch them hatch however people living at the home had other ideas. A vote was held and the ducks were kept to live on the pond at the home. We were told, "There are six ducks – they are not going anywhere, they live here with us now." A member of staff told us that people got real enjoyment from watching the ducks and feeding them with their families.

Engagement workers and the registered manager wore small bags around their waists. Within these bags was a variety of small activities and windup toys, bubbles to blow and things to make people smile. The registered manager told us that the idea was that staff could easily and speedily access the activities to

engage with a person who may be distressed or upset, particularly in relation to their dementia. We saw the use of these in action when a member of staff sat with a person. The result was lots of interaction and laughter from the person the staff member was engaging with.

People's personal relationships were also supported and people were helped to maintain their presence at events and social occasions that were important to them. One person told us about how their daughter got married recently and the staff assisted with the preparations, enabling the person's daughter to get ready for the wedding at the home and leaving with her [family member] for the wedding. Staff were there to see her and her mother off. This person told us how much this meant to them that staff and the home supported them with this family time.

Staff and the registered manager knew that some people liked to be able to entertain their guests and visitors when they came to the home. As a result there were facilities for making drinks and snacks that people could share with their families and guests. A relative told us, "I just turn up when I want and am always welcome, staff are very friendly".

One person and their relative told us about the birthday celebrations they had at the home and how important these family times were. We were told how the registered manager had supported the person to invite their extended family to have exclusive use of the conservatory at Risby Park Nursing Home and had even helped out with the catering. The relative told us, "It was a very memorable day for [person] and the family". There were numerous photos of the party taken by the staff, which were presented to the person and the family later. The relative went on to tell us, "These help my [family member] to relive the memories."

The home took an active role within the community. A local child-minding group attended the home on a regular basis. The young children took part in activities with people such as singing and making cakes and this took place around various parts of the home and was supported by people and staff. The registered manager told us that the presence of the children added to the homely environment and that staff observed the nurturing side to people and saw how it brought back memories of childhood and younger days.

The provider arranged for a practitioner to visit the home who used the 'Metamorphic Technique'. The practitioner worked with people in the form of gentle contact and a light touch on the feet, hands and head. We observed as part of our inspection a person receiving and engaging with this relaxation session. The practitioner told us about their experiences at and observations of Risby Park Nursing Home. They said, "The staff here are amazing. They are genuinely interested in people. I know they will come into the home in their own time to help out if there are things going on and they are needed."

The registered manager and staff requested particular healthcare professionals, to come into the home to support people living with dementia when they may be experiencing challenges with their lives. The healthcare professional told us, "The team have worked several cases with Risby Park over recent months and we have always had a good relationship with the home. We have found them to be receptive to our input and advice, often actively seeking the team's interventions directly themselves, indicating a proactive desire to help their residents. We have never felt that the home has wanted [people] to be removed when they have engaged us in working with them, but instead a desire to work with us to resolve issues and enable [people] to remain and their needs to be met with minimal distress to all concerned. They have shown a positive approach to residents, whose behaviours are presenting them with challenges, often looking at their own interactions and approaches in the first instance."

People were actively encouraged to express their views about the service and were given clear information about how to make a complaint without fear of recrimination. There was a robust and comprehensive policy

about dealing with complaints that staff and registered manager followed. This ensured that complaints were responded to. People felt able to raise concerns and complaints. They told us they knew how to do so and would feel happy to speak up knowing that the manager and staff would address any concerns promptly. We saw a number of examples where people or their relatives had made suggestions for new ideas or changes and the response from the home to this. One person had stated they would like their food served on a hot plate as opposed to a cold plate. The registered manager told us how dining assistants at the home now made sure this person, and others who also requested it, had their plates warmed and their meals served with a food cover.

Other feedback was around the provision of more activities for the men living at the home. As a result screws and DIY items were purchased. In addition a volunteer working at the home who previously was in the armed forces had taken on the task of working with people to get together and plan what they would like to do – they had started with shining armed forces boots up!

Is the service well-led?

Our findings

At our last inspection we rated this key question good. At this inspection we found the service had continued to improve and develop with excellent leadership demonstrated. We rated this key question as outstanding.

People and their relatives were full of praise and were tremendously complimentary about the management team at the home and the family culture they had developed that ensured people were at the heart of where they lived. A visiting relative told us, "The [registered] manager is amazing. I know my relative is well cared for and most importantly I know I have only got to ask and action will be taken."

Staff were very complimentary about the leadership of the home. One staff member said "Morale is really good here. We've reached a wonderful stage where it's all good." Another staff member said, "[Registered manager] is fair and strict. She addresses issues and keeps the standards high." A third staff member said, "[Registered manager] is 100% approachable – they are always out and about in the home and with people. They always jump in and help us [care staff] whenever we need it. That's why I love it here."

Risby Park Nursing Home had a welcoming, relaxed, friendly and happy atmosphere where collectively all the people and their relatives were clearly extremely happy with the care being provided. There was a caring and thoughtful principle, strongly promoted by the management team which resulted in a compassionate and empathetic staff team, who told us they felt appreciated, valued and inspired to be at work. The ethos of the home was about enabling people to live their lives as they chose and this was very apparent throughout the two days of our inspection.

The registered manager was without question highly motivated, knowledgeable and skilful at her job. People benefited from receiving care in a home that was competently managed on a day to day basis. The registered manager had the necessary knowledge and experience to motivate the staff team to do a good job in ensuring that people received excellent care. Many people, staff and visitors we spoke with said the home had outstanding leadership and was very well managed.

Healthcare professionals were equally positive about the registered manager. One told us, "[Registered manager] is a role model, always ready to get involved and support staff where needed but also able to step back and empower staff to take the lead. She is an intelligent and reliable leader and is well respected. [Registered manager] is highly committed to improving education in working with people who live with dementia." Another healthcare professional told us, "[Registered manager] gives more than 100%. She is really caring. She actually takes work home with her to do so it frees up time during the day for her to spend with people at the home. You don't find that very often."

There was effective leadership at all levels within the service. There was a culture of excellence driven by inspirational management from the top down. People, their relatives and professionals spoke very highly of the entire management team. The registered manager highly praised the providers and their approach

taken to ensure that people could be proud and happy to live in one of their homes. Staff were equally positive about the regular input of the providers. A member of staff told us, "The directors are very supportive, no hesitation they will provide anything for people who live here. They care about people and staff. We can ring and talk to them anytime." Another staff member said, "I love working here – we are one big family."

The management team clearly knew the people living at the home, their friends, their families and the staff extremely well and had a visible presence around the home. The home was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

There was a very comprehensive and well developed programme of audits in place to monitor and improve the quality of the care provided. The registered manager and staff demonstrated a commitment to continuously improving the quality of the service people received. Monitoring of the home was very thorough. The registered manager's quality monitoring systems covered all aspects of the service including medication, staff training, infection control, maintenance, care plans and dependency. We saw that any shortfalls that were highlighted through the audits were actioned without delay.

People told us that they were able to attend and be involved in residents meetings. We were told that people had the opportunity to express their views. Minutes from the meetings we viewed showed the range of topics discussed. We also saw that people had the opportunity to feedback on the home menus. This meant that people were being consulted with and their opinions sought. The registered manager told us that minutes of the meeting were circulated to all people living at the home regardless of whether they attended the meeting or not. Minutes were also emailed on request to people's families who lived a distance away.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated a positive, open culture, with discussions about people's weekly progress, updates for staff, audits and the importance of consistency for people's support. Staff we spoke with told us that they found the staff meetings helpful and that they were able to contribute to them.

People received a high standard of care because the management team led by example and set high expectations of staff about the quality of care people should receive. Risby Park Nursing Home provided an effective and exceptionally responsive service, founded on evidence based practice and research. The registered manager kept herself up to date with current thinking and the latest developments in dementia care. We found the registered manager was committed to seeking new and imaginative solutions to meet the needs of people who lived at the home.

The registered manager participated in a number of forums for exchanging information and ideas aimed at providing people with care based on best practice. The registered manager had written two articles on best practice in dementia care highlighting specifically how music therapy benefits people living with dementia and how beneficial doll therapy was for some people living with dementia. These articles which had been published were freely available in an online journal. In addition the registered manager held membership in a dementia action group, where she had also delivered a presentation on dementia care. Evidence based practice was embedded within the culture of the home.

The staff team shared their passion for providing care through offering work placements to students from the local area along with a volunteer program. On the first day of our inspection there was a college student

at the home on a work experience placement along with two volunteers helping people with a variety of activities. The registered manager had built excellent links with local colleges which helped to promote the work at Risby Park which helped to challenge perceptions and discrimination about people who lived with dementia. People using the service benefitted from students having work placements at the home because it enabled even more activities and interaction to happen as there were additional people to support them.

The registered manager explained how she carried out a specialist quality audit of the dementia care being delivered at the home. The audit used an observational tool that looked at the care of people living with dementia from the viewpoint of the person with dementia. The results of the audit were being used to assist with the development of person-centred care.

It prepares staff to take the perspective of the person living with dementia in assessing the quality of the care they provide. It empowers staff teams to engage in evidence-based critical reflection in order to improve the quality of care for people living with dementia. The registered manager told us that she had carried extensive observations of staff delivering care to people and was now also supporting staff to do the same to one another. Staff were carrying out peer reviews of their colleagues work and reviewing their practice which had resulted in some helpful feedback and team development in their provision of dementia care and support. We saw evidence of the DMC work carried out and read the positive results and impact that the work was having.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.