

Elizabeth Finn Homes Limited

The Cotswold

Inspection report

Woodside Drive
Bradwell Village
Burford
Oxfordshire
OX18 4XA

Date of inspection visit:
13 August 2019

Date of publication:
19 September 2019

Tel: 01993824225
Website: www.efhl.co.uk

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Cotswold is a care home providing personal and nursing care for people predominantly aged 65 and over, either on permanent or short stay basis. The service is a purpose-built two storey building providing private rooms and a choice of communal spaces, such as a library as well as beautiful gardens. The Cotswold can accommodate up to 51 people and there were 49 people living at the service at the time of our inspection.

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

The entire team put people at the heart of the service delivery. Meeting people's individual expectations, including any smallest and unique expectations as explored by gathering people's life histories was the driving force for the staff. Staff fully appreciated the importance of ensuring people kept their own individuality and had the support that met their wishes and expectations, this included using innovative ideas.

The provider's aim was to provide "Exceptional care delivered around the clock" and there was evidence the entire team shared this aim and delivered it successfully. The staff excelled at ensuring people experienced the benefits and the values of person-centred care. People described staff as "Marvellous". Staff demonstrated they knew people's needs in detail and formed a meaningful rapport with people and their relatives. People's visitors were welcomed without restriction and encouraged to be actively involved in the life of the service.

Staff excelled in providing compassionate and dignified end of life care, with people's lives celebrated and valued. We received exemplary feedback from people's relatives around support they had with planning for the end of life care and the delivery of palliative care.

The registered manager promoted a positive approach to complaints management and they were able to demonstrate where improvements had been made as result of learning from concerns.

The service was run exceptionally well which ensured an excellent track record of their compliance with the regulations. The team was led by example by the extremely passionate registered manager who was fully committed to continuous improvement, she told us, "I always think we can do better".

The registered manager proactively sourced any opportunities that ensured the staff were, in their words, "Ahead of the game" in relation to following the good practice guidance. They participated in local and national projects to ensure the quality of care delivered was constantly being enhanced.

The team worked closely with other agencies and promoted an open and transparent culture with a strong emphasis on staff development. We had exemplary feedback from the staff. One staff member reflecting on their personal development journey at the service commented, "It's the role I want to do, the person I want

to be". There was a very high staff morale and the team demonstrated a real sense of pride working at the service. External professionals were very complimentary of the service and told us, "It is always a pleasure to visit the home".

There was a very high level of confidence in the leadership of the service expressed by people, relatives, external health professionals and staff. There was a strong emphasis on involvement of people. This was not only in decisions relating to day to day running of the service but also in contributing to developing policies, recruitment of staff and decision at the provider's level, such as marketing campaign. The registered manager ensured their systems to monitor the quality and safety of the service provided remained effective. There were additional checks at the provider's level that ensured the team at The Cotswold was well supported.

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

People remained safe and supported by sufficient numbers of skilled and motivated staff who provided caring and compassionate support. People's dignity, privacy and confidentiality were respected.

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

Rating at last inspection

Good (report published 10 March 2017).

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.
Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.
Details are in our well-led findings below.

Outstanding ☆

The Cotswold

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, an assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Cotswold is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 13 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with eight members of staff including the registered manager, a nurse, care staff, the receptionist, a member of housekeeping staff and the kitchen staff. We reviewed a range of records. This included three people's electronic care records and samples of medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accidents log, complaints and quality audits were viewed.

After the inspection

We contacted nine external health and social care professionals, including commissioners to gather their views about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicine as prescribed. This included time specific and 'when required' (PRN) medicine. The new electronic system was used to record when people had taken their medicine. Staff told us they found the new system added extra security and allowed for ongoing monitoring.
- Medicines were managed safely by designated and competent staff. We observed the staff administering medicines to people and we saw good practice guidance had been followed.
- People told us what support they had with taking their medicines. One person said, "Staff do my medication for me and that suits me". Another person said, "Staff help me with my medication. When I first came in I did it for myself, but I am happy that they do it for me now".

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe at the service. One person said, "I feel the safe here because the staff are all very good".
- The provider had safeguarding policies in place and staff knew how to report any concerns, this included outside of the organisation. A member of staff told us, "I'd report to the manager and safeguarding team if needed". The registered manager proactively reported any concerns and was aware of local authority safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks to people's well-being and individual conditions were assessed and managed safely. For example, one person was at risk of developing a pressure area, their record showed the specialist nurse had been involved and with the right regime and equipment the person's skin had healed.
- The registered manager had good systems to record and monitor any accidents that occurred which reduced the likeliness of reoccurrence.
- There were designated staff allocated to ensure relevant checks surrounding the safety of the fire equipment, water hygiene and equipment took place. There were emergency planning documents and the business continuity plan that advised what to do in an event of an adverse scenarios such as in an event of evacuation.

Staffing and recruitment

- People told us there was enough staff. One person said, "We have regular staff which I like because they get to know you well and do things how you want them doing". Staff also complimented how well they worked together as a team. We saw when people chose to remain in their bedroom they had access to a call bell, so they could summon help as needed.

- The provider ensured safe recruitment practices had been followed so only appropriately vetted and suitable staff worked with people.

Preventing and controlling infection

- Staff were trained in infection control and followed good practice guidance. We observed staff using protective personal equipment (PPE), such as gloves and colour coded cleaning equipment. This ensured different areas were cleaned with separate equipment to avoid cross infection. People told us staff used PPE as needed, one person said, "The staff wear aprons and gloves when assisting me with personal care".
- The environment was bright, airy, clean, fresh and welcoming.

Learning lessons when things go wrong

- The registered manager ensured they reflected on practices and used any opportunity to review their procedures to improve the service for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed by competent staff before they came to live at the service. The registered manager sought additional support when assessing people that had specific needs. For example, one person needed a bespoke piece of equipment, so they ensured the assessment was also attended by a physiotherapist. This was to ensure the person had the necessary and suitable equipment upon arrival at the service that allowed them to live their life as independently as possible.
- We saw pre- admission assessments were incorporated into people's care planning system and included physical, as well as cultural and emotional needs. This included any assistance needed around oral hygiene, such as assistance with cleaning the dentures.

Staff support: induction, training, skills and experience

- People felt staff were skilled and suitably trained to do their job effectively. One person said, "The staff are very knowledgeable and know what they are doing".
- Staff received training that was relevant to their roles and met the Care Certificate criteria. Care Certificate is a set of standards that care workers need to adhere to at work. Staff told us, and records confirmed staff received regular supervision sessions with their line managers. This gave them the opportunity to discuss work practices and development opportunities. Staff also had their work practices assessed, for example, managing medicines and assisted eating and drinking competencies.

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

- People's care records reflected people's dietary needs, this included any allergies, special requirements and dislikes. This information was also available to the kitchen team to ensure people's nutritional needs were met.
- People complimented the quality of food. Comments included, "The food is very good here and there is plenty of choice if I don't like anything on the menu then I can ask for something else" and "The food is good. I like most things".
- There was a clearly popular and well attended sherry and nibbles session prior to lunch. We observed the lunch service and it was a positive, social experience. People were appropriately assisted by staff when required. Where needed, people used specialist crockery, like a raised plate whilst other people used a spoon instead of a fork. This meant people were given the right equipment to eat well. Everyone was offered a choice of a main meal and dessert. One person asked if they could have just strawberries which weren't on the dessert trolley, a member of staff went and asked the chef for this and a few minutes later the person received them. People had a choice of tea or coffee after their meal. The food was hot and well presented.

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

- People told us how staff assisted them with accessing healthcare. One person said, "There is a doctor that comes in every Tuesday if I need one and if the staff think I need to see one sooner they make it happen. The dentist comes here to see me, and the staff organise for me to be able to attend any hospital appointments and accompany me to them".
- The team worked well with external health professionals such as GP and Care Home Support Service (CHSS) and we received very positive feedback from them.

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

- There was a good choice of communal dining rooms, a choice of lounges and a landscaped garden people could safely access. There was a well-equipped library, a hairdresser's salon and a shop where people could buy things like sweets and toiletries, open daily.
- People were able to personalise their own bedrooms with favourite furniture, pictures and items of importance to them.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us how staff respected their choices. One person said, "The staff are aware of the help that I need and always ask me if I am ready to do things. If not, they will come back later".
- Staff knew the principles of the MCA. One member of staff said, "We give people choices, if a person was assessed not to be able to make a specific decision, for example to have bed rails, we would follow best interest principles".
- People care records contained assessments of people's capacity to make specific decisions. For example, where people were not able to fully understand the reason for them living at the service. The registered manager applied for DoLS when required and they kept a record of all DoLS applications and their expiry date to ensure these were re-applied for before they expired.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were very kind and caring. One person said, "I am looked after well; the staff are very kind to me and help me to do things". Another person said, "The staff and carers are all extremely nice". The day of our visit flowed with ease, we saw examples of good teamwork. There was light banter between staff and people and the general atmosphere was positive, friendly and warm.
- Staff demonstrated a very caring approach and treated people with respect. We observed a member of staff patiently reassuring one person about their phone charging correctly. We saw the staff member reassuring the person as many times as required for the person not to be anxious about it. We observed staff knew people's needs well and they were able to pre-empt their wishes by knowing their preferred routines well. One person said, "I would say the staff are very caring, nothing is too much trouble for them to do".
- The team was committed to respecting people's diversity. Staff told us they received training around respecting equality and diversity. Comments from staff included, "We do treat every person the same, despite their religion or other (diverse) needs. We have got a chapel in here and we make sure we support people to the chapel when the priest is there" and "We all had training, we used to have a person here who wore a burka for religious reasons. We've got a diverse team and we can explore other cultures, staff do bring their own traditional dishes, we all get on very well". An external professional said, "They are good at respecting individual's differences".

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

- We saw staff asked people how they wanted their support to be delivered. People told us how staff ensured they were consulted, one person said, "I have a care plan in place, and it is reviewed every so often". Another person said, "My visitors are welcome here at any time". A relative said, "We have never had any trouble visiting we come and go as we please".
- People said the care they had met their expectations and was what they needed. One person said, "I am happy here the staff look after me well". Another person commented, "The staff are very efficient and don't hurry me to do anything. They know my needs and are always courteous and polite".

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected and feedback from people confirmed this. One person said, "Staff knock on my door before entering and ask if I'm ready for some help". One relative told us, "Personally, I would say the staff know what they are doing. If they come to do some personal care while we are here, they always knock on the door before entering and ask permission to do what they have come for. We are asked to leave the room whilst this takes place and once she has been made comfortable again, we are invited back in".

The provider used an innovative system for laundry that allowed for a quick recognition of which clothes belonged to whom. This ensured people never had their items of clothing misplaced which aided their dignity and respected their property. The staff also used a discreet way of distinguishing when people needed a special diet, such as fortified food. They used different coloured crockery so staff knew which people needed additional attention around meal time. This allowed to ensure people had the right support without making it obvious to everyone else in a dining room and without being easily identified as needing additional support which could be seen in somewhat patronising way.

- People's independence was promoted, and staff appreciated the importance of encouraging people to do as much as they could themselves. People told us they were encouraged to be as independent as possible. One person said, "I don't really need any help but if I do all I need to do is ask".
- Staff received training around confidentiality and ensured people's personal information was respected. We saw staff used individual logins when accessing electronic records and they ensured they shut the system down when leaving computers unattended.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was overwhelming evidence that demonstrated staff excelled at creating innovative approaches to not only meet people's needs but to increase their well-being. This included suggesting additional ideas that people might not have considered. For example, one person wanted to go on holiday, however their family were not able to take the person with them. The registered manager organised a short stay at their sister service in the area the family had chosen for their holiday. The registered manager was able to give the staff at the other service access to this person's electronic care plans and medicine records which aided a smooth transition and ensured smooth handover of information of the person's needs. The person had not only their needs met but were able to spend days with their family who were staying at holiday accommodation nearby.
- There were other, numerous examples how staff responded to people's individual needs. One person was assessed as high risk of choking. Staff respected the fact the person did not wish their food to be cut for them. Following a near miss choking episode the registered manager implemented practical training for all staff who assisted during mealtimes. People were also included so they could see how staff would manage a similar scenario. The registered manager told us, "This was a fun exercise to do together and I think we have given the residents confidence in how we manage any situation and it has meant that the resident in question is able to maintain her own choice to dine with her peers". This demonstrated learning and reflective practice approaches were adopted and used to influence how staffing practices were developed. This was achieved ensuring active and full involvement of people. Another person experienced acute pain in their hands and feet and were only able to socialise for a very short period before needing to return to the warmth of their bedroom. Staff came up with an innovative idea of a small, portable foot warmer that could be used discretely so the person was able to keep their feet warm without making it known and obvious to others. The person was able to get involved in social activities as a result.
- Staff created reasonable adjustments where possible, so people could remain independent. One person wished to attend the GP surgery in person rather than having the health professional visit them. Staff arranged for the person to go to the surgery by taxi and had an agreement with the practice nurse who would ring the home when the person was on the way back, so staff could look out for them and support them safely back to their bedroom.
- Staff ensured people's individual hobbies, interests as well as any smallest but personally very important areas in people's lives had been explored in detail. Staff utilised this knowledge to enhance the care delivery for people. Staff shared numerous examples of when they had gone the extra mile in meeting people's specific needs. For example, one person enjoyed a card game and they were introduced to a member of staff who wanted to learn how to play it. The person told us, "They (staff) all knew this was something I

enjoyed". This person also told us they were particular about the way they liked their ironing to be done. They told us they always requested one specific member of housekeeping team did this for them. They said, "[Staff's name] does it beautifully, she's brilliant". They pointed out at a freshly ironed linen top that was brought to the room earlier.

- External professionals were extremely complimentary about the care people had which was focused on providing person-centred approach that achieved exceptional results. They told us, "Care is multifaceted and incorporates the medical, social, emotional and spiritual needs of residents, their families and friends. All residents are treated as individuals and their individual needs and personalities are recognised by staff across all departments" and "They know the residents very well and are very caring. I always feel that they go the extra mile for the residents. They are very receptive to trying new approaches to care with more complex individuals. There is a high level of expertise within the home, both nursing and care staff".
- People benefitted from regular and consistent staffing and staff had an excellent knowledge of people's needs. These were reflected in care plans in detail and updated when needs changed. For example, there was information how people liked to spend their time on a day to day basis. People's care plans were very personalised, one person's care plan showed they wished for their facial hair to be removed using a razor and to be assisted to wear make-up as well as nail varnish. People were actively involved in discussing their care plans. One person said, "My needs are discussed with me on a regular basis". Another person added, "Someone discusses what support I need every so often".
- People were very complimentary about staff having an excellent understanding of their individual needs, values and beliefs, which influenced how they wanted to receive support. People described staff as "Marvellous" and felt nothing was too much trouble for staff. Comments included; "The staff take the trouble to come and sit with me therefore have got to know me well over the five years I have been here", "They speak to me as I want to be spoken to and if I don't want to do something they come back later" and "The best thing is nobody forces you to go (and do things), they (staff) don't even say 'why don't you go' as I would have hated it". The person clearly appreciated staff respecting the way they chose to spend their time. Relatives were also extremely positive and told us how living at the home positively affected their loved ones. Comments from relatives included, "[Person] has been here for nearly two years now and has settled in really well. I feel she is happier here than what she was at home", "I am really happy with the level of care [person] receives here" and "The staff know exactly what care both my mum and dad require".

End of life care and support

- The team excelled in providing a compassionate and dignified end of life support. Staff received training around palliative care and staff worked towards the nationally recognised accreditation in end of life care. This meant they aimed to provide outstanding and innovative person-centred end of life care based on current best practice. Staff also demonstrated a real empathy towards each other. One staff member told us how earlier in the year one of people they regularly supported passed away and the staff member had two days off as they needed some time away. This showed the management team supported the emotional well-being of their team.
- There was a designated display area about end of life care at the home. There was a bereavement book that celebrated people who passed away. It mentioned their name and how long they lived at the home for. There was a condolence card on the table for one person who passed away shortly before our inspection. This meant people's lives were celebrated and valued even after they were gone.
- We received exemplary feedback from relatives around support they had with planning for the end of life care and the actual delivery of palliative care. A relative of a person whose health deteriorated recently told us, "Staff are continually reviewing [person's] care as her needs are changing all the time. We have discussed end of life care for [person] and I am involved as much as I want to be allowing the staff to do their job and putting my mind at rest". This showed there was rapid response to people's changing care needs and timely advice given to relatives at the times they needed it. We also spoke with a family of one person who passed

away just days before our inspection visit. They told us, "End of life care was excellent. As an ex-nurse I don't think you could fault it. Staff were lovely, sat with [person], made sure [person] was not alone. One of the staff gave me the biggest hug today as they saw me walking in with a suitcase to collect the [person's] belongings. We've been so happy with this home"! One professional told us, "They (staff) also provide excellent end of life care when this is required. Staff take care of the resident and their family and friends during this emotional time".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were designated staff responsible for organising an impressive activities programme. One person said, "We receive a weekly notice of all the activities that are happening, and you are free to take part in them or not". There was a bright activity room with photos of past activities and a well-stocked storeroom and a planning board for forward planning. There were puzzles, sketch pads, books and games available to people to help themselves to. Activities staff had completed their minibus training and were able to facilitate outings. There were good links with the local community and people were encouraged to sustain these. People for example attended a coffee morning in the local village hall. There were two guinea pigs people enjoyed handling and these were taken to people's rooms if they did not want to leave their rooms to see the pets. Earlier this year there were chickens hatching in an incubator. This was very successful, and people came every day to see if their egg had hatched. There was also a therapy dog that came in once a fortnight and the next session the handler has organised to do an agility show for people. There was also a film session on every Sunday afternoon on each floor. A garden area had been developed so people could grow things like tomatoes, sun flowers and sweet peas. They also have developed an area which attracts the butterflies and other insects. One person said, "I go to out and do some gardening here and there are always things going on that I can join in with if I want".

- People were very complimentary about the activities. Comments included, "There are things for me to do", "I like to attend some of the activities that are provided but they don't try to persuade you to take part in activities that you don't want to participate in" and "There is always something going on if you want to join in". There was a social activity board with notices of upcoming special events such as a BBQ that was taking place later that month, cooking classes with baking scones planned and weekly art sessions with flower arranging planned next. The staff also ensured they found out what people have done in the past and ensured they made that happen. For example, one person used to do flower arranging and the staff created opportunities for the person to make flower arrangements for the home. This meant the person was able to continue to do the activity they enjoyed and contribute to the community at the home with their floral arrangements.

Improving care quality in response to complaints or concerns

- The registered manager used information received through complaints route to review and amend the service's policies. One relative told us how the procedure was changed after they had raised an issue of the person's hearing aid being misplaced. They said, "As a result of this a new protocol was put in place where the staff must sign to say they have taken them out and where they have been put. There have been no further concerns". This demonstrated improvements had been made as a result of learning from complaints and concerns.

- The entire team also demonstrated an open-minded approach to any comments and all the staff were keen to know where they could do better. A member of staff told us, "It's good to have someone to come in and tell us how to change (things), we don't (always) see it because we're in this day to day (basis)". Feedback from people and their relatives demonstrated the management team ensured any comments had been taken seriously and used to improve the care people had. One family told us, "When [person] first came in there was a problem with changing her stoma bag, so I spoke to the manager and she organised staff training, and it was no longer an issue".

- People knew how to complain and people we spoke with told us they never had a reason to. One person said, "I haven't had the need to complain about anything". Another person said, "If I had any concerns I would speak to the staff or the manager who is always ready to sit down and have a chat. In all the time I have been here I have found the atmosphere to be lovely and have not had anything to find fault with".

Meeting people's communication needs

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

- People's communication needs were explored, and people's care plans contained clear instructions how to ensure effective communication. For example, one person had a limited ability to retain information and their care plan highlighted the fact the person despite this had a good comprehension. Their care plan also went to say the person might need cues, prompts or assistance to fit, clean or remove their glasses.
- Staff had an in-depth knowledge of people's individual communication needs, even if these were caused by a physical need. One staff member told us how one person's head was pointing down due to having their neck muscle contracted. The staff told us how they ensured they always went down to the person's level when communicating. They added, "Otherwise, [person] would only see my legs and not the face". One relative told us, referring to one person that lost their sight; "Someone comes and reads to [person] as [person] doesn't leave their room. This makes [person] so happy as they were always a big reader". The staff encouraged people to use technology and people were involved in decisions about how it is or could be used. For example, one person liked to read their paper using an electronic device however they also enjoyed doing daily puzzles. A staff member took on a responsibility to photocopy and print the daily puzzle for the person, so they could continue to enjoy it in a way they chose.

Is the service well-led?

Our findings

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

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

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

- There was overwhelming evidence the service evolved around people and was run by the people who were at the heart of the service delivery. Every aspect of the service delivery was focused on people's engagements and involvement. For example, people were involved in fire evacuation training and they recently suggested the fire service was involved in the next drill, as well as a real-life evacuation simulation was carried out that included using the neighbouring village hall. The registered manager planned this exercise to happen in due course. People were involved in developing a Care Home strategy for the Local Authority and completed the surveys. This meant they had an opportunity to share their views with the commissioners and contribute to the local strategy. People were also asked for their views by the provider's directors board. There was a specific thematic survey aimed at ensuring people contributed with their ideas on how to market the home. This was to ensure compatibility of people already living in the home with those who may consider moving. This meant the already established, close community that had been formed at the home would be maintained. People were also asked for their comments as part of the staff probationary performance reviews and involved with staff recruitment processes.
- People were kept informed and involved in absolutely every aspect of the running of the service. For example, one of the recent projects focused on auditing people's beds and ensuring where people used bed rails the gap between the bed frame and the rail was safe. We saw people's newsletter explained this task in detail. A designated article "Why staff have been measuring beds" explored the risks associated with unsafe rails and put people's minds at ease as to why this was important. One of the previous newsletters gave an update on how following a departure of one of the night staff new staff were appointed. New staff were introduced to people alongside reassurance the management team was available on call at any time day or night. This meant people had been forewarned and kept fully informed about staffing changes.
- The provider created additional opportunities for people to feedback their views. There were meetings, reviews and an open-door policy. Feedback from people demonstrated their views were valued and people were listened to. Comments from people included, "I am really happy here, I feel cared for, listened to and respected" and "The manager is always around, and she sits and listens to you". People told us how even the smallest suggestions they made had been considered and adopted. One person said, "I brought up that the tea trolley only goes around one way, so I am always last to get my drink. That has now been resolved to my satisfaction in that it goes one way around one day and the opposite way around the next". The provider used an external company to carry out the quality surveys. These were impartial and independent to the provider's own surveys. The registered manager told us, "The team was slightly apprehensive as these were totally confidential, but the results were overwhelmingly positive". This year's survey had just gone out and

the management team were awaiting results. Many overwhelmingly positive reviews had been left at the external rating website that gathered people's feedback. The reviews for The Cotswold showed the vast majority of people were extremely likely to recommend this service. People's comments included, "I would have no hesitation in recommending the home to relations or friends" and "[Person] was wonderfully cared for by everyone at the Cotswold Home and she and all her family are hugely grateful". As a result of these excellent reviews the provider was recognized as "Top 20 mid-size Care Home Groups 2019" earlier on this year. The service's dining experience was also highly recognized and The Cotswolds took part in the Dining Experience competition and were one of the finalists.

- There was a regular stakeholder's survey, we saw the result of the most recent one and the only area that required attention was the fact that some of the fencing panels at the back garden were dated. We saw the new panels had been put in. We reported how, as an outcome of the excellent leadership, the staff excelled in providing very personalised and thoughtful approach to people in the previous section of this report.

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

- Throughout our inspection visit we saw numerous examples of the provider's aim to provide "Exceptional care delivered around the clock" was successfully achieved. That vision was shared by the entire team. The team were led by example which was evident at every level of the organisation. For example, the inspector observed the operations manager present in the dining room was approached by a carer handing them a tabard saying; "You normally wear it". The operations manager, when visiting the service regularly assisted with the dining experience, assisting people to eat if they needed support. The registered manager told us about the 20th anniversary of last year's BBQ party. The Chief Executive Officer (CEO) of the company was invited to give staff their long service awards. The registered manager said how she thought the CEO had not arrived only to find him among the staff helping with setting up tables and chairs for guests. The registered manager said, "That's the company I work for". They described the support from the provider as 'Brilliant'.

- People and relatives were extremely complimentary about how the service was run. Comments included, "It is a really warm and welcoming place to be", "The manager is very approachable and will sit and listen to what I have to say and always makes things happen", "I can't speak highly enough about the manager. When we were first thinking about going into a home the manager came out to see us and offered advice about how we could do things and what help we could access. When we decide it was time [person] went in for a week's respite and really enjoyed it, so remained here" and "The manager is marvellous, very approachable and very discreet. I feel I can trust her completely".

- The registered manager was a well-established, experienced professional and there was a robust staffing structure. Staff were all aware of their roles and responsibilities. The registered manager told us the staff retention was excellent and many of the team had been working at the service for a significant period of time. There was a very high level of work satisfaction demonstrated by staff and a real sense of pride of working at the home. One staff member told us, "I am very lucky. Over the years I've worked in many places. We are so close, and it is lovely. We look out for each other. We've got an excellent manager that cares about us (staff) and then as a result we care about people and the home". Other comments from staff included, "Brilliant team. Manager is very supportive and a brilliant leader", "We've got the right people doing right jobs" and "It's the role I want to do, the person I want to be. I'm very passionate about the work I do and want to better myself because I'm encouraged everyday".

- There were high levels of open, and almost intuitive engagement and enthusiasm demonstrated by the staff. One staff member reflected on the overwhelmingly positive culture at the home. They said, "I want to do it, I want to be here, I want to help and make a difference to the lives of everyone within our home. I'm part of an extended family, I feel emotionally attached to many people here and treat everyone the same, with the same values and respect. Along with many of my colleagues, I'm passionate about the work I do

and the extra things I get involved in. I want to help improve peoples' lives in some way. So, the little things I do instinctively are obviously making a bigger impact on our residents and my colleagues than I realised". Staff told us how maintenance staff came in on their days off when the weather was hot to water the gardens 'just because'. Many of us told us they were going to be 'all in shorts next week' to help with gardening when the new plants arrived.

- The registered manager had successfully empowered their staff and ensured they built the team so that there was a right skill mix and staff were empowered to succeed. They told us how they supported one person with their development for a promotion, how they carefully appointed the new deputy who had been previously involved with the service in a capacity of an external clinical professional. One staff member told us how they encouraged colleagues to be a part of the team. They said, "They (who) have done - they stay, grow and learn valuable skills because of those they work with, the values set out by management and head office, from the residents themselves". There was a very strong sense of close community.
- The registered manager created new posts when they saw potential in staff who were no longer able to commit with full time working. Earlier this year they introduced a lead nurse's role with responsibility for quality projects and new ideas. This post holder worked with the registered manager in identifying projects and extra developments that improved both clinical quality and the quality of life for people living at the home. For example, they looked at core human rights principles and put together a development pack for the staff based on people's experiences. Staff were subjected to experience how it was to live with a sensory loss, or lack of mobility. They drank thickened fluids, pureed food and experienced being assisted with their meal. As a result of this project, a training need was identified, this included the need to tailor the training delivery to suit the staff individual capabilities and a varying level of computer literacy.

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

- There were numerous examples which demonstrated there was a strong focus on continuous improvement. The registered manager demonstrated a very proactive approach to improving care practices. They had been approached by an independent charity to take part in creating a training video around oral hygiene. The first part of the filming was completed, and it featured people living at The Cotswolds through their oral hygiene journey. The training video when completed will be available nationally and will be used as a basis for the staff oral hygiene competencies assessment. This meant the practices around oral hygiene will be improved even further. The registered manager was also in the process of implementing a new oral hygiene policy for the provider and the new policy, once ready will be rolled out to other services. This meant the innovation was celebrated and shared. They also took a lead to liaise with the company that provided the electronic care planning software system to ensure the current formant was amended and reflected any associated assessment of the oral hygiene.
- There were additional developments introduced since our last inspection. For example, the provider introduced a new, electronic system for care planning and medicine records. The system allowed instant access to people's records, better monitoring and real time auditing. One of the housekeeping team told us about the innovative approach to the cleaning products used at the service. They told us all cleaning products were safe to drink as they were water based. The registered manager had further developments planned. Commencing in September they were to formalise a new approach to staff support. The management team planned to introduce an annual supervision that people and staff attended. This was to create a designated discussion opportunity around how the team might improve further.
- The registered manager ensured various audits had been carried out regularly. They introduced a new monthly report that was focused around the same areas as CQC's inspection methodology. The registered manager said, "I can clearly demonstrate month by month improvements and actions taken. This has become a valuable tool to keep the whole team focussed on driving through initiatives and to be aware of any themes that develop". An additional layer of external auditing was provided by the head office. Various

audits that covered clinical aspects of the service delivery or health and safety had been carried out to ensure the service remained safe and effective.

Working in partnership with others

- The team at The Cotswold worked well in partnership with the local social and health professionals. The registered manager attended regular governance meetings with the local surgery. This systematic approach was to discuss deaths and hospital admissions that had occurred, so any trends and pattern could be identified. The registered manager used any opportunity to get involved with local or national projects. They attended the local authority meeting that looked at developing a Care Home strategy for the area. They also participated in one of the projects run by the CQC that looked at suggested changes to how we gather the information from the providers.
- External professionals praised the way the service was run. Comments included, "The manager is very approachable, knowledgeable and responsive to any queries. We have regular meetings where we all feel free to bring up any issues which have arisen" and "The manager and staff are all very approachable and friendly. They respond to my requests and recommendations very positively. It is always a pleasure to visit the home".
- The registered provider worked with the local care home providers' associations to keep up to date with the local updates, share experience and reflect on work practices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted open and transparent culture. A few months prior to our inspection, an information of concern was received by the service. The registered manager proactively shared the letter with the CQC and investigated this anonymous information to find out the correspondence was directed to another service but mistakenly received by The Cotswold.
- Relatives complimented communication with the service and told us about the positive impact it had on them. One relative said, "I am involved as much as I want to be in [person's] care. I have Power of Attorney, I decided to stand back and let the home do all the bits that I would find painful to do. I don't want to be involved with care. The staff do those things which leaves me free to have quality time with [person]. They keep me informed in such a way as they don't breach confidentiality. At the end of the day what I am trying to say is that the home makes it a positive experience out of a bad situation and for that I will be forever grateful".
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood her responsibilities in relation to this requirement.