

Brooklands 1 Limited

The Julie Richardson Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

The Julie Richardson Nursing Home is a care home registered to provide accommodation and personal and nursing care. The service can accommodate up to 40 people in one adapted building. At the time of our inspection 37 people were supported by the service. The majority of people at the service were living with various stages of dementia.

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

People received care and support that had an extremely positive impact on their wellbeing. The staff excelled in using personalised, responsive techniques when caring for people who could display behaviour that may challenge. This created a warm, a home-like environment, filled with positive, meaningful interactions and constant stimulation for people. People's relatives were very complimentary and one relative said, "The ethos of this place is a continuation of life, not the end of it."

The service had an established reputation of being able to meet the needs of people who could be seen as presenting with very complex care needs. Professionals were extremely impressed with the care provided by the staff at The Julie Richardson Nursing Home. We received only exemplary feedback from external professionals, comments used included, "I wish every nursing home would be like this."

People had been offered personalised activities. The team excelled in creating opportunities for people to reduce social isolation and anxiety caused by for example, repetitive behaviours triggered by living with dementia. Staff explored people's life histories which aided having an excellent understanding of the reasons for people's behaviour. As a result, people were provided a carefully identified, personalised approach that enabled people to live a worry free and content life.

There was a positive, welcoming atmosphere and people benefitted from meaningful caring relationships with staff that had an in-depth understanding of people's needs. There was a strong commitment to providing excellent care that appreciated people, valued their life histories and build on their experiences. Staff excelled in providing one to one support that considered a person and their all senses, such as smell and sound. There were documented success stories how these therapies positively influenced people's sense of contentment.

The registered manager led their team by example. The registered manager was described by her team as a role model and someone they aspired to. The registered manager acted as an advocate for people living with dementia. They wrote to the local council with suggestions to make the local amenities more dementia friendly.

The registered manager remained extremely passionate about continuously improving the practice and they worked towards a degree with a well-known university that specialised in practices surrounding dementia. The registered manager encouraged and empowered staff to implement new projects that were

in line with the current good practice and had a positive impact on people. One of the new initiatives, 'A breath of fresh air' project had been successfully implemented. The project aimed at bringing people out to the local community. This included individual outings as well as a big, summer picnic when all people living at the service had been taken to the local park.

People benefitted from exceptional care as there was a dedicated, long standing staff team. The feedback from staff about both the registered manager and the provider showed there was a well embedded, caring and positive culture. There was an emphasis on empowering and motivating staff. Many staff members had been appointed as champions in various areas and it was clear the quality assurance was everyone's business.

The provider looked for ways to continuously improve the service and worked well with a number of external parties and partners. This included sharing lessons learnt and participating in local and national learning and networking opportunities.

The environment was bright, clean, fresh and welcoming. This included dementia friendly signage, thematic areas, such as photo wallpapers of local landmarks and a sensory room.

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 remained safe living at the service and there were always sufficient staff available to meet people's needs. This included when people had been assessed as requiring one to one approach. Risks to people's needs were assessed and there was information how these risks needed to be managed. Medicines were managed safely.

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

Rating at last inspection

The last rating for this service was good (published 25 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 remained exceptionally effective.
Details are in our effective findings below.

Outstanding 

Is the service caring?

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

Outstanding 

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 Julie Richardson Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by three inspectors 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 Julie Richardson Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager, who was registered with the Care Quality Commission. 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 18 February 2020.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with 5 people who used the service and 5 relatives to gather their views about the care provided. We also spoke with 11 members of staff, including the provider, the registered manager, two nurses, four care staff, the chef, one ancillary staff member and the activities co-ordinator.

As the majority of people were not able to give us feedback we spent time observing how staff interacted with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and samples of people's medicine records. We looked at two staff files in relation to recruitment and staff's supervision and training records. A variety of records relating to the management of the service, including complaints, accidents and samples of audits were also viewed.

After the inspection

We contacted 27 external professionals to gather their views about the service. We also contacted two more staff members and three more relatives.

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.

Staffing and recruitment

- There were enough staff to meet people's needs. People benefitted from a long standing and stable team which contributed to continuity of care. The service was fully staffed, and the management team aimed not to use temporary agency staff. The registered manager recognised, due to people's high needs staff knowing people well was extremely important. They successfully managed to establish and sustain a team of committed staff.
- People said they had prompt support. One person said, "Wonderful and safe, staff there if you need them." Staff did not appear rushed and had time to chat with people and provide them with their full and undisturbed attention.
- Staff told us there was enough staff. A staff member said, "Yes, we have enough staff on duty!"
- The registered manager ensured safe recruitment practices had been followed.

Assessing risk, safety monitoring and management

- Risks to people and their individual conditions had been assessed and recorded. This included where people were at risk of falls, inadequate nutrition or compromised skin integrity. The records gave clear management plans how to manage these risks.
- People's relatives praised how staff were keen to pre-empt people's needs. One relative said, "One of the best homes [person] has been to – (all staff are) willing to help."
- People were protected from risks surrounding environment. The registered manager ensured checks around water, fire and equipment safety had been carried out. There were systems that described what to do in case of an emergency, including in an evacuation scenario.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments from people included, "Nice safe feel. The kind of person I am I wouldn't be here if it wasn't safe, I had falls at home, feel much safer here" and "Safe, good place, I'm enjoying it here."
- People benefitted from staff that understood how to identify and report any concerns relating to suspected harm. A member of staff told us, "We take concerns seriously, report to senior and record. If needed would go further, to directors or to CQC or social services."
- The provider had procedures in place surrounding the action needed when there had been concerns raised. Any concerns or suspected safeguarding queries had been reported appropriately.

Using medicines safely

- People received their medicines safely and as prescribed. Staff responsible for the management of

medicines had the right training, were skilled and their competencies had been regularly assessed.

- People told us they received their medicines when needed. One person said, "Nurse comes around early in the morning, always there with my pills."
- There were safe system to store medicines, this included where a cold storage was required. The medicines records were completed in full and when people needed 'as required' medicines appropriate protocols had been put in place.

Preventing and controlling infection

- People were protected from risks surrounding infection control as the environment was fresh, clean and free of unwanted smells. One person said, "Let me tell you-cleanliness can't be faulted. Room always clean and tidy."
- Staff had training in infection control and were observed following a good practice guidance. Wash rooms had a plentiful supply of soap, paper towels and antiseptic gels were readily available throughout the building. Colour coded equipment was being used correctly in order to reduce the risk of cross infection between high and low risk areas.
- Staff had access to and used personal protective equipment effectively.

Learning lessons when things go wrong

- There was a good system to monitor accidents and incidents. This included occurrences where people's behaviour could challenge. Following a thorough assessments of potential triggers people's person-centred care plans were updated with suggestions of personalised management plans.
- There was good communication between the staff team and ideas and lessons learnt were a team effort. All staff had been involved to ensure the ideas were promptly carried out in practice.

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 outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services.

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

- The provider continued to improve the service and the management team promoted and regularly implemented innovations in order to enhance the effectiveness of the service. They built on their previous participation in research and using national guidance to adapt the design of the service. For example, following an attendance at a Dementia conference, a sensory room was created. It is a specially designed room which combines a range of stimuli to help people to engage their senses. For example, lights, colours, sounds, sensory soft play objects and aromas all within a safe environment that allows people using it to explore and interact without risks. The sensory room was successfully used to deliver person-centred support and we saw video evidence of the sensory therapy having a calming and therapeutic effect on people.
- Since our last inspection the provider also introduced further thematic areas including those that represented the local landmarks. This was particularly important as majority of people who used the service used to live in the local area. The areas gave people with dementia a purpose when walking around. We saw staff utilised these areas effectively. For example, one person was encouraged by a staff member to sit next to a book case and they were observed engaging in a book related to their former hobbies. This was in line with this person's care plan, their interests and we were able to observe a positive, calming effect this support had on the person.
- Another new development was 'Aum Therapy' which was a therapy of five sense. There were lots of recorded examples of where this therapy had helped to reduce people's agitation. This had also calmed people and had a positive effect on their wellbeing. It is designed to provide stimulation and engagement for individuals that are expressing anxiety, agitation or behaviours that challenge. This had proven beneficial for a number of people and now forms part of their regular planned care.
- The provider continued to build on dementia research study and Dementia Care Mapping (DCM). They continued to use their "Banbury Interaction Observation" tool. The tool was designed to observe caring interactions so the adjustment in the way staff communicated with people can/could be identified.
- The team used current good guidance to assist with care planning. People's care plans contained evidence of different tools used to assess pain, for example, the 'Painad' tool. It was developed as a shorter, easier observation tool for assessing pain in non-verbal older people and it can detect pain and changing levels of behaviour intensity. There was also laughter therapy in use where the team gathered and said jokes to make people laugh.
- There was a significant emphasis on using technology and innovative devices. For example, a specialist device had been purchased to assist in case of a person choking. The DeChoker ACD (Airway Clearance Device) has been developed specifically for use in a choking emergency. On two occasions this piece of

equipment saved people's lives. In addition, where people had been assessed as likely to benefit from alert mats, these had been in use.

- People's needs had been assessed by the registered manager prior to admission to the service. This was to ensure not only their needs could be safely met but also how they would fit into an existing community at the home. The information gathered was then used to develop person-centred care plans. These combined people's needs and the best practice guidance, such as surrounding people's communication needs or oral hygiene. There was an ongoing process to review if people's needs continued to be met and we saw evidence of prompt reviews.
- The team had a track record of successfully being able to meet the need of people whose needs could not be met in other nursing homes. The registered manager said, "Our ethos, staff training and staffing levels all allow us to provide care for these individuals when other parts of the system have failed them. We enjoy seeing the improvement of the physical and mental wellbeing of our residents in their day to day life."

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

- The registered manager continued to work collaboratively with doctors and carried out regular reviews of people receiving anti-psychotic medicines in order to reduce the use of these where possible. We saw the records that confirmed people had been assessed as no longer needing these medicines, as their behaviour was now successfully supported by providing the personalised approach. This meant people were able to live fuller lives and be more active rather than resorting to the medicines that could potentially make them withdrawn and drowsy.
- The registered manager ensured they proactively reached out to professionals to explore if further ideas or suggestions could be added. For example, they told us they had a meeting scheduled with a falls prevention specialist for the day after our inspection to consider any additional ideas in how to manage people's falls. Following the meeting the falls specialist said, "I must admit I was delighted to see that I could add very little, they had literally thought of every risk modification possible within the confines of the building. The number of falls in this home are solely due to the complexity of their clientele. Impressive!"
- We received further excellent feedback from other external professionals and another professional said, "Manager and staff are very welcoming and approachable at anytime. They are always willing to help and support when approaching them with any queries."
- People's care plans reflected that prompt and proactive referrals continued to be made to various professionals. Any advice received from professionals had been quickly acted upon. The team worked with a number of professionals to ensure people's care continued to achieve good outcomes for people. The number of professionals the registered manager provided us with to obtain feedback and the exceptional feedback received from all who responded before the report was finalised demonstrated exceptionally good partnership working.
- People's relatives gave numerous examples of how people's health care needs were met, "Hearing checked, [person] sees GP if necessary, teeth checked on." Another relative said, "They have arranged hospital appointments for [person]. If I can't go carers will go with her."

Staff support: induction, training, skills and experience

- People remained very well cared for by highly skilled staff who had an in-depth understanding how to support people living with dementia including where people experienced distressed behaviours. Staff had excellent knowledge of people's needs and used it to provide personalised approaches that recognised people's individual needs. We observed staff effectively used their skills to respond effectively when people appeared distressed or anxious.
- Feedback from staff demonstrated they quality of training they had enabled them to have an excellent understanding of dementia and related behaviours. It was apparent staff saw the person behind the

diagnosis and the support provided respected people's individuality. Staff told us they had innovative training that made them experience the feelings of a person living with dementia. For example, a stimulation of a situation that made staff experience a real like almost frustration, similar to what a person living with dementia may experience. .

- Staff felt extremely well supported by the provider not only to develop their skills and knowledge to meet people's individual needs but also to further their careers. One member of staff told us how they had been allocated an experienced staff member to shadow during their induction. They added their induction consisted of various training, videos, case studies and discussions. Another staff member said the provider supported them with a placement at the hospital, "He helps us a lot. I will be a nurse here when I finish my course!" All staff we spoke with expressed the training provision and support was exemplary.
- The provider continued to run a scheme that supported more staff to become registered nurses. The provider recognised recruitment and retention of nursing staff was a challenge and their ambition was to proactively address this. One of the initiatives, in conjunction with one of the universities helped staff to study whilst working. They also supported working environment for students, we observed a student nurse working at the service on the day of our visit.
- Relatives remained very complimentary about staff knowledge and training. Comments included, "Good training, good staff skills. Staff from other homes come here for training" and "Definitely trained. Manager checks up."
- External professionals also praised the staff and their skills. One professional said, "The nursing staff are very in tune with the resources around them and if they are unsure of what speciality is required will contact the surgery for additional information."

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

- There was a strong emphasis on the importance of eating and drinking well. Good quality food with a variety of different options to choose from continued to be offered. Staff appreciated the impact living with dementia could have on people's dietary intake and continued to ensure people's nutritional needs were met. We observed staff remained vigilant about ensuring good hydration. Throughout the day we observed staff offered drinks and successfully encouraged people to take sips of drinks.
- Staff have access to the kitchen during the night. The chef prepared sandwiches, cakes and soup so these were readily available to people who needed to or chose to eat at night. This was particularly vital as a number of people, due to how they experienced their dementia, were awake at night and slept during the day. Staff were well aware of people's individual preferences and patterns of eating and drinking and ensured flexible approach.
- People complimented the food. Comments included, "Food really good, choice, hot and tasty" and "Very nice dinners, cup of tea when you want." One relative said, "[Person] loves the food, been here when [person] is being supported. All home cooked on the premises."
- We observed the lunch service. There was a calm atmosphere throughout the mealtime experience, everyone had the support they needed from staff who were attentive and professional. People were offered a choice of where to eat. For example, we saw two people sat at, as we were informed, their favourite spot, at the kitchenette counter, for the lunch. This ensured people's needs were the key that drove the way in which the support was delivered. Staff were extremely supportive, explained the meal, asking people which component they would like to try and offering small mouthfuls of food. Nothing was rushed, and staff had time to encourage people to eat.
- People's records described people's dietary needs in detail. Kitchen staff were fully aware of people's nutritional needs, involved in planning menus and the chef regularly sought feedback. The kitchen team ensured meals were presented in an appetising form and looked as attractive as possible when people needed specific diets, for example soft diets. This involved using moulds to serve pureed food. The chef said, "You eat with your eyes first."

- The kitchen team were empowered to fulfil people's smallest wishes. For example, when during a 'resident of the week review' one person identified they fancied a cheeseburger and that was prepared for them.
- The kitchen had the highest five stars hygiene rating and followed all the latest guidance. Both in terms of keeping the records of food and fridges temperatures and adhering to the latest food texture guidance such as IDDSI. The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard to describe texture modified foods and thickened drinks for individuals with swallowing difficulties of all ages, in all care settings.
- External professionals were involved as needed and they praised the support people had around nutrition. One external professional said, "They are very good at ensuring patients are drinking and eating and offer these constantly throughout the day and extra when needed. They are always willing to go the extra mile when required."

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 staff always respected their wishes. One person said, "(Staff) always ask if you would like so and so. Definitely don't make you do anything you don't want to!" Staff had an excellent knowledge of MCA and all knew they needed to work on the assumption that people were able to make their own decisions.
- Our observations confirmed where people were unable to communicate verbally, they were enabled/supported to make decisions as staff waited for a non-verbal response. Using their knowledge of the person staff were able to establish that people had given consent. We observed staff ensured they asked for people's consent, for example, asking before and during supporting them with eating.
- People's care plans contained details of people's decisions making abilities. Where people did not have capacity to make specific decisions, these had been made following the best interest process. For example, where people needed to be given their medicines covertly.

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

- The environment was adapted to meet people's needs. The interior was dementia friendly and was designed according to the current research on dementia. For example, toilet doors and railings were painted in contrasting, bright colours. Where able people moved around easily and navigated between the areas. There were several sitting areas and a patio garden for people or visiting relatives to enjoy and a patio garden. This gave people a choice of where to spend their time. Most of the home's areas were decorated in a way that followed guidance for helping people with dementia to be stimulated and orientated. One person said, "A nice place to get lost in."
- People were able to personalise their bedrooms with own furniture and items of importance to them.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Throughout the day we experienced an exceptionally warm, caring, relaxed and happy atmosphere. The provider, a family run company, created a strong person-centred culture that put people in the heart of care delivery. Our observations on the day of the inspection confirmed it came naturally to the team as everyone was smiley, friendly and there was no tension. There were high levels of open, and almost intuitive engagement and enthusiasm demonstrated by all the staff. A staff member said, "The home is like our family -with residents, their families and staff." A relative confirmed, "I am on first name terms with carers, can't fault any of them. I am confident that when I am not here things done correctly."
- The caring culture was well embedded at every level of the organisation. This included the directors, for example, attending social gatherings wearing fancy dress as well as kitchen staff showing a great deal of knowledge about people. The registered manager told us, "I explain during the training offered to staff (on how to) treat our residents as if they are like our parents or grandparents. I emphasise the kindness, empathy and compassion during the training and I see that from our staff towards our residents in their day to day life." They added the team very much followed the "Mum's test" approach to drive the way in which people were being supported. The feedback from people's relatives and professional confirmed this was successfully achieved.
- People's relatives were extremely positive about the caring nature of staff. Comments from relatives included, "The caring approach is demonstrated by the entire team not just care staff", "Manager –you couldn't wish for a more caring person" and "I see examples of kindness, compassion and empathy on every visit. The ethos of this place is a continuation of life, not the end of it. I cannot find fault with anything."
- Staff demonstrated their commitment and exceptional approach in various ways. The registered manager told us about one care staff, "Our super boy successfully conducted a parachute jump to raise the money towards the project fund. We managed to raise 250 pounds and hence we were able to provide more outings to our residents, this improved mental and physical well- being of our residents and improved overall quality of life of people under our care".
- Feedback from people demonstrated people fully experienced this positive and warm atmosphere. Comments from people included, "Staff are lovely friends" and "Always fantastic care" and "A privilege to be here. They look after you." Staff made people feel very important and any occasions, such as a birthday were a big celebration. One person had a big party themed around a well- known dancing programme organised for them. One of the directors had a chat with another person a few months before their birthday and they talked about babycham glasses. The director remembered it and bought vintage babycham glasses for the person. Staff reported the person was, "So happy, and she drank the drink with golden smile on her face". A key carer, who considered another person as a member of the family made all the arrangements to

celebrate their 105th birthday. This was particularly important as the person had no relatives and they recently lost a member of family.

- Visiting professionals were also highly complimentary, and everyone, without exception commented about the exceptional kindness, compassion and empathy demonstrated by the staff team. Comments included, "I have found staff to be very respectful and caring in their approach to their work" and "They (staff) maintain dignity at all times and are very caring towards the residents."
- Staff celebrated and promoted inclusivity that ensured any diverse needs were respected. The team was formed by staff that came from a range of ethnic backgrounds and there were designated events to celebrate different cultures. For example, a "National Fashion Show" where staff wore their national dress as a way of celebrating different cultures. A staff member said, "Residents loved it!". Staff also told us there was also an excellent support when reasonable adjustments were needed to support staff, so they were empowered to continue with their employment. An external professional shared with us their observation, "There are members of staff from different backgrounds - which I believe helps them to appreciate equality, diversity and to respect others. They always demonstrate team work and offer to help each other without complaints." A relative said, "Plenty of staff, all nationalities and they stay, most of the time see the same faces."
- Staff went extra mile to meet people's individual needs and to enhance their wellbeing. One person required a procedure to aid their wellness and as they were unable to pay for it staff organised a fundraising and gathered the money required. The registered manager told us about another example, "It is not uncommon for our staff to go over and beyond as needed. One of our staff members took [person] shopping and bought clothes for them with her own money. Staff refused the money offered by the management as she felt it like it has been bought for her grandmother".
- Peoples' individual needs, such as spiritual needs were met with monthly Communion services and hymn singing taking place. People had access to different visiting church leaders as well as being supported to attend services at the local parish church. One person's relative said, "[Person] likes to go to church every Sunday." Another relative said, "[Person] likes to come to the service. Carers even sing hymns, say prayers and they read the Bible every day to the [person]." When a person expressed to attend church service staff contacted the church and arranged for a special service only for the person, the person was so happy and was talking about it for days.
- Staff gave us numerous examples how the provider's caring approach was also directed at staff. Staff shared with us stories where the provider supported them with their personal issues caused either by various family emergencies or ill-health. Senior staff told us how they ensured the staff shift allocation considered staff's wellbeing. This was particularly important when staff supported people who were prone to displaying a behaviour that may challenge so they received an appropriate break. This caring approach meant the possibility of staff being exposed to the risk of developing a feeling of burnout was being proactively managed.

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

- Throughout our inspection we didn't witness a single occasion when people weren't asked before carers/staff carried a care task. We observed staff went to great lengths to involve people in decision making. Staff were particularly skilled at interpreting non-verbal replies from people living with verbal communication impairments.
- Staff went extra mile to fully include people. One person did not speak or understand English. Staff consulted with the person's family and made a communication booklet and communication cards. Staff used these to communicate with the person by saying words in person's first language. This worked effectively and enhanced the person's ability to express their views. The provider also involved the interpreters for major decisions.
- Staff knew people's needs so well that caring for people came to them naturally and appeared effortless

even when the support being provided required a skilful approach, lots of attention and patience. We saw numerous examples of staff engaging with people in a way that met people's/their individual needs. This included people's emotional needs. For example, one person was observed being assisted to have a meal holding their favourite soft toy. We observed staff demonstrating a very caring approach towards it and reassuring the person the toy was safe and would be taken care of for the meal time which put the person at ease. When another person became distressed, we observed staff providing a calm non-confrontational support. This gave the person space and respected her wishes, whilst continuing to make sure the person was safe through observation from a distance.

- Staff engaged people to create unforgettable moments for them. For example, staff worked with one person who wished to organise a big surprise party to celebrate their wedding anniversary. Staff decorated the environment with different colour balloons and banners. Staff sourced accessories to groom the person looking like a bride, this included a long veil, a crown and a make-up. On arrival of the person's spouse there was a sparking red carpet and the staff held rose petals, with a bridal march music as the background music. The person's eyes were in tears with happiness and joy.
- Staff went out of their way to make people's wishes happen. One person, a permanent resident expressed they missed their home which was a very important to them and associated with special memories. The team made it possible for the person to visit their home, they spent a whole afternoon in their garden enjoying chats with neighbours, family and friends. The person was also happy to see their pet again. Those visits significantly enhanced the person's comprehensive wellbeing especially the psychological aspect of their health.
- People and their relatives confirmed they were actively involved in making decisions about the support and praised the support provided by the team. Comments received, "Carers kind and thoughtful. They smile a lot and are cheerful" and "Carers take a real interest in people."

Promoting people's privacy, respecting people's dignity

- Staff respected people's privacy and dignity at all times. When staff asked people if they needed assistance with personal care it was done in a discreet way. Dignity and respect was given a high priority and staff ensured people were presented well with their hair done and attention was paid to peoples' teeth and glasses. We observed staff knocked on people's bedroom door before entering. One person said, "Staff talk to you nicely, call you by your name and knock on your door."
- During Dignity Champions meeting one of the staff had recommended the use of the wheeled recliner chairs for people who required full hoist. This was to reduce the distress discomfort and moreover to provide additional privacy and dignity by avoiding the hoisting in the communal area. A number of chairs had been purchased and people highly appreciated it as they were able to move around whenever they like to, including out in the garden and without waiting to be hoisted to use a wheelchair.
- Staff worked with people or their relatives or advocates when needed. One person said, "Care plan (review is) ongoing, (staff) asks me if I am managing, and asks me if I am happy with things." One relative praised the communication they received from the service/staff, "I am kept in the loop, (staff) keep me informed, equally (they) listen to anything I say!"
- People's relatives shared with us their observations that demonstrated staff respected people's dignity recognising areas that mattered to people. For example, one relative said, "[Person was] used to being smart. Always clean clothes!" This meant staff knew what was important to the person and ensured they were always presented smart.

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.

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

- The provision of activities was a real strength of the service. A full programme of activities was available to people. Activities included various entertainments, considered where people wanted to follow a previous interest or try something new. People were encouraged to take part in cookery sessions, knitter natter groups, arts and crafts, gardening activities and tea dances which followed their previous interests. There were exercise sessions, based around the wellbeing programme together and slow yoga aimed to maintain or even improve people's mobility.
- There was a "Breath of fresh air" project introduced since our last inspection. It was designed to offer shared experiences of outdoor life and included trips to the local park, the canal and tours out. The highlight was a picnic when all people living at the home had been taken out to a local park. The provider told us it was unusual to experience an empty building with only one staff member left in case of an unannounced visitor. One relative told us, referring to people's often outings, "In the summer they go out quite regularly. They go to the park. They go into town. They try to provide a homely atmosphere for everyone."
- Peoples' individually assessed wellbeing needs had been fostered by the use of a specialist sensory room, equipped with light and sound equipment. For example, one person with an acquired brain injury had regular sessions in the room, this included light, sound stimulation and massage sessions. An innovative projector was used to encouraged participation and movement by projecting a series of interactive games onto a table or floor. We observed two sessions taking place and saw the person thoroughly enjoyed the experience. We also observed doll therapy and hug therapy being successfully used by staff throughout the day. Doll therapy can lower anxiety in people living with dementia, it improves communication and a sense of connectedness. Hugs are associated with health benefits such as lessening symptoms of illness and improving blood flow.
- People's personalised wishes had been explored, recognised and catered for. For example, one person's wish was to visit a museum and they had been taken to a museum. Staff told us it made the person "Very happy, the feeling lasted all day and the next." Another person loved horses and they had been taken for a trip to a horse sanctuary. Another lady loved cats. The team organised for a home cat, named Tippy to come and live at the home and play with the person. Staff also decorated the person room and ceiling with cat pictures. Staff told us, "It made a difference, [person] is happier." One professional said, "The black kitten is such a lovely part of their time, all the residents talk about the kitten and watch it as it plays."
- There was a real emphasis on developing links with the wider community. A toddler group visited regularly. Play mats were placed on the floor and they sang, played and had stories read to them before interacting with people. We saw records of the positive impact this had on people, including lots of laughter, happiness, singing along. There was a dramatic change in people's engagement level. There was a wealth of

photographs of the children interacting with people clearly presented as engaged and happy. A representative of the nursery said, "Our children thoroughly enjoy the visits, they have become very fond of the residents. It is wonderful to see the smiles on the faces of the residents and staff as we walk through the door. The parents of our children absolutely support and speak positively of the fact we take part in an intergenerational scheme. Some parents have explained that their children rarely get to see grandparents and therefore love the fact their child is building a relationship with the elderly."

- In addition, college students visited as part of their Health and Social Care course where they also interacted with people and supported activities. Pupils from a local secondary school had the opportunity to do their work experience at Julie Richardson Nursing Home.
- People highly praised the activities provision that offered them lots of opportunities to get involved. Comments from those who could recollect the events included, "Trips out from time to time. Two or three times recently!", "Plenty to do" and "I join in with a lot, exercises, trips, carer takes me down to the shops for a change!" There were numerous boards and folders with a huge amount of pictures of various activities that had been enjoyed by people.
- People's relatives were extremely positive about the positive impact the provision of activities had on people. One relative told us, "The person responsible for activities does an incredible job. [Person's] time here has worked wonders for them. [Person] went from being uninterested in life to being engaged in activities."

End of life care and support

- Where people were supported with end of life care, staff ensured people had a pain free and dignified death. Staff had training surrounding end of life care and bereavement support and had an excellent understanding of how a compassionate end of life should be like. Staff worked in collaboration with other health professionals when people needed end of life medicines or any additional support. Designated, passionate champions of end of life had been appointed and they provided additional support to the team.
- The feedback we received from the relatives of people receiving end of life care demonstrated staff excelled not only in meeting people's needs but also in providing emotional support to families. One relative told us, "Very pleased with treatment [person] had, I definitely say it was more than good. We were very pleased with the end of life care. Staff also kept us informed and we were well supported during this time. [Person] was not an easiest resident for them to deal with and the staff coped very well." Another relative said, "Caring towards the family too, including calling me at night and asking to be there so I was able to get there to spend the last hours with [person]. Very peaceful and moving what could be a difficult situation. . . Being able to be the part of the after-death body care was very important to me. Very grateful to manager and the team, [person's] life was full of care and loving approach." They added, "I know [person] went in a way he would have wanted to go."
- People's files, where needed contained advanced care planning documents or best interest meetings regarding end of life care. The care plan described in details people's preferred place of care, any details of funeral arrangements and the details of particular faith or beliefs support if chosen. For example, one person's care plans stated, "Roman catholic priest". One of the church ministers told us, "Where I have gone on to conduct a funeral, families have frequently ask me to pass on thanks for service provided."

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

- The service had an established reputation of able to meet the needs of people whose needs could not be met elsewhere. Due to some people living with an advanced dementia a significant number of one to one support was in place. We observed where individual staff had been assigned to support people they remained focussed on the person they were caring for and did not leave their side. It was clear that people with limited cognitive ability benefitted from being supported by staff they knew and recognised. One

relative told us referring to the high dependency of the person who needed one to one support, "Staff handle [person] brilliantly". They added when a staff member was allocated to deliver one to one support and the staff member is not achieving expected result then, "One carer leaves and another one comes." This showed staff went the extra mile and adapted and changed who delivered the support to suit the person's needs.

- People benefitted from a well embedded key nurse and key worker system that meant individual staff had a personal accountability to ensure people had the right support that met their needs. We observed staff knew people very well and were able to recognise changes in peoples' demeanour which could have indicated a degree of distress. On a number of occasions, we saw staff pre-empted the behaviour that could have escalated into distress. Staff reacted promptly by, encouraging people to move away from situations they were finding increasingly difficult to deal with to maintain a calm, quiet environment. For example, one person became distressed by the presence of visitors. A staff member encouraged the person to walk to a different area, whilst the visitors were attended to by another staff member.
- There were numerous success stories of people's quality of life improving as a result of care received. One person came to live at the home with a plan to receive palliative care over two years ago. Staff supported them with person-centred activities including music therapy, provided five sense stimulation and a special chair was purchased. The person improved a lot and is now able to enjoy fresh air and outings. The person's family are very appreciative about the care and the newly acquired quality of life the person was now experiencing. Another person was worried about finances, and staff printed fake notes for the person to relieve their distress and this helped them feel calmer.
- Feedback received from people and people's relatives demonstrated the care people had was exactly what people needed and in a way that was life changing for them. One person said, "I feel wanted here!" One relative said, "Care plan 100%, I read the care plan, anything they want to know they ask me. Wonderfully patient carers." Another one said, "They managed very efficiently at care plan meeting, all discussed. We asked if she could stay, [person is] happier here than at home, (was) agitated at home not here!"
- We received only exemplary feedback from external, visiting professionals. One professional said, "The home is well equipped to care for the elderly dementia patients they have. They ensure adequate staffing is given to the one to one patients, and closely monitor the falls risk patients, acting quickly when required. They are very good at deescalating and are aware of certain triggers for patients so plan ahead." Another professional said, "We have placed some very complex dementia patients and the care has been well met."

Improving care quality in response to complaints or concerns

- The provider's complaints policy was available and displayed. It included information how to make and escalate complaints. None of all the people we spoke with had any concerns and people spoke highly of the proactive management team who ensured any issues had been deal with before they escalated into a complaint. One person said, "No complaints at all!"
- The registered manager had a log of complaints received and they analysed these individually and periodically for trends, patterns and lessons learnt. For example, following one concern about a missing item of clothing a supervision meeting took place with the staff to emphasise making a thorough record of people's inventory. The registered manager saw any complaints as an opportunity to improve the quality of the service for people. There was also a 'informal complaints and suggestions log' to record any small issues that needed addressing.

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 assessed and reflected in their care plans in detail.
- We observed numerous examples of staff using their knowledge and understanding to support people living with a range of Dementia related neurological conditions. Staff established eye contact, talked calmly and interpreted body language all in order to maintain effective communication.

Is the service well-led?

Our findings

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

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

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

- The registered manager worked at the Julie Richardson Nursing Home since 2013 and was exceptionally passionate about caring for people living with dementia. She told us her parents lived abroad and added, "I see each resident as being like my mum or dad, and I treat them as if they were my parents which empowers me to provide excellent care to my/the residents." The length of service of the registered manager and majority of the staff contributed to a stable and secure team able to provide continuity of care to people who were at the centre of the service delivery. A staff member said, "Great team work, including ancillary staff, we need them all!"
- The staff retention was excellent, there was a very high level of work satisfaction a real sense of pride of working at the home demonstrated by all staff. A staff member told us, "Manager is very supportive, her positive attitude despite at times challenging situations makes everyone want to work better. It's so rewarding, even after 15 years I still love the job and I am happy there and would never think to leave". Other comments from staff included, "Manager is really approachable, you can go to her even with personal problems. She is so committed, she even pops in on her days off - all the time she is there - as a result of that staff behave the same way!" and "Work satisfaction is great!" All staff members we spoke with were engaged, motivated and enthusiastic. One staff member requested they provide feedback whilst remaining on maternity leave and the registered manager arranged for them to do so. This showed a real commitment.
- The registered manager praised the support received from the directors. The directors praised the registered manager's passion, determination and the way she saw nothing was impossible. They gave us examples when the registered manager would come up with a new idea at first appearing as impossible to implement, only to action it successfully next. Staff saw the registered manager as a role model and we had numerous comments from staff who aspired to be like her. One staff member said, "She is there for everybody and she is for sure a role model."
- The entire team at the Julie Richardson Nursing Home were determined to positively impact the lives of not only the people living at the service but also their families and wider community. Staff had an in-depth appreciation of the distress that families could experience when their loved ones no longer recognised them, or when as a result of progressing dementia people's personalities changed. The feedback from families demonstrated staff excelled in supporting families as well as people living at the home. We described excellent outcomes achieved for people in above sections of this report.
- The registered manager lobbied for vulnerable people and their rights also outside the service. For example, they wrote to the local MP about adapting the local park to be more visitors friendly, by for example, introducing toilets.

- We had only exemplary feedback about how the service was run. One relative said, "Very united team, all staff know what to do, they all do their parts and it's all valued. Because of manager and the way she runs it - it all works so well!". Another relative said, "The manager is a power house. She makes this place happen. The staff have nothing but praise for her. The atmosphere is great, and nothing is too much trouble."

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

- The service had a track record of working in line with the regulations and the governance systems were well embedded. There also was a significant emphasis on continuous improvement and further learning. For example, since our last visit the registered manager commenced a study to obtain a degree in Dementia Care. The registered manager had an innovative approach to auditing. They appointed, trained and supported a number of champions in various areas. This showed the registered manager was fully committed to not only developing their skills but also empowering their staff.

- The champions areas included safeguarding, nutrition, hydration, dignity and more. We saw evidence of regular audits being carried out by individual champions. They then fed back their findings to the registered manager and ensured an action point/plan was made when an area for improvement had been identified. This ensured a constant push for excellence and made the quality assurance everyone's business. The registered manager reviewed the process regularly ensuring it reflected the best practice. For example, the nutrition champions had and up to date knowledge surrounding oral health and its potential impact on nutrition.

- There was a strong framework of accountability to monitor performance of the service. For example, an additional layer of support was provided by the provider and their quality assurance manager. The team at the service had close links with the provider's other homes so that good practice and lessons learnt could be shared. The provider also sourced an external consultant to carry out an additional in-depth and like a mock inspection audit. We saw the actions points identified by the audit had been promptly actioned. –Where the audit recommended that an audit matrix is/was implemented we saw it had been completed. The matrix clearly specified which audits were to happen weekly and monthly and were marked when completed.

- There were additional new developments since our last inspection visit. For example, an electronic system for care planning was introduced. It allowed an instant access to people's records and a better monitoring of the care plans. Staff welcomed this innovation and told us, "All information is at a glance."

- There was an open, transparent culture that welcomed any constructive challenge from people who use services, the public and stakeholders. The team saw it as a vital way of holding the service to account and they welcomed any feedback in order to improve the service further. Samples of staff meeting minutes demonstrated any lessons and actions from audits has been shared with the team. The meeting had also been used to plan the shared goals, such as the plan to reduce further people's falls and continue with zero tolerance to people developing any skin integrity concerns.

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

- There were various opportunities to involve people, relatives and other professionals. For example, the service had an open-door policy, regular reviews held, surveys sent out and meetings were held. One relative said, "At relatives' meetings the feedback is always positive and other relatives appreciate the good care."

- The service acted as an important part of the local community. Staff successfully developed community links to reflect the preferences and abilities of the people living at the home. We reflected, for example, the on intergenerational project in the responsive domain of this report. People's relatives were very complimentary about the home. One relative said, "Management on a scale of 1 to 10 (10 being excellent) - it would be a 10." Another relative said, "Can't better it. I would recommend this home to anybody."

- Staff were fully engaged and motivated to ensure people's lives were enhanced as much as possible. Staff

told us some of them helped on their days off when for example, a trip out was planned. This demonstrated staff's commitment and a positive and empowering culture fostered by the team.

- We saw overwhelmingly positive reviews had been left at the external rating website that gathered people's feedback. The reviews showed the vast majority of people were extremely likely to recommend this service. Compliments included, "Nursing care has been outstanding. The management and nursing team make every effort to provide for the comfort and well-being of all residents. As well as excellent care and high regard for dignity, I have seen many examples of kindness, compassion and understanding" and "Wonderful staff and team."

Working in partnership with others

- The registered provider proactively acted as an advocate for the industry. One of the directors recently had been appointed as a chair of the local care home providers' association. They led and coordinated the voice of the local services, worked with the councils, shared good practice and acted as a role model for other services. They arranged learning and development days for other providers in the local area. For example, a learning set on how to gain access to a secure email to improve data security and ability to communicate with the health professionals.

- As an organisation the provider produced research and engaged with local and national campaigns to lobby for more investment in the social care workforce so that there were enough workers to meet the predicted future needs for the sector. The provider's initiative that enabled to train own nurses in care homes was hugely beneficial for continuity of care, increased morale and retention of staff. This meant the provider offered genuine career progression by empowering care staff to make the jump to becoming a nurse.

- The team at the service worked extremely well with a number of partners and external social and health professionals to improve good care outcomes. The team strived for excellence through consultation, research and reflective practice. The provider ensured staff had access to and attended thematic conferences and were enabled designated study days. The provider produced evidence of their involvement with the Oxford Academic Health Networks hydration project. This project was referred to within the national, published guidance.

- External professionals were very complimentary about the service and their comments included, "The manager is very approachable and appears fair to all. The staff have been there with very little movement which speaks volumes with regards to management style. I recommend the home to outside patients and relatives for respite as I feel the home is very well equipped for the type of patients (dementia)" and "Manager and her staff have always been professional and extremely welcoming."

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 ensured there was an open and transparent communication with people's families. People's relative were all very complimentary about the service.

- 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 was aware of her responsibilities in relation to this standard.