Alchemy Care (Greensleeves) Limited

Greensleeves Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service
Greensleeves Care Home is a care home providing accommodation and personal care for up to 34 older people. People living in the service had a range of needs associated with older age such as physical frailty and dementia. There were 32 people living at the service on the day of our inspection. Accommodation was only available to women, the provider told us they continued to consider whether they could meet the needs of any men who wanted live to at the service.

People's experience of using this service and what we found
People received an outstanding, well-led service which was exceptionally responsive to their needs. We were told, "This is by far, the Buckingham Palace of care homes." And, "The place is heaven on earth. It has an amazing reputation and is well run."

People's well-being was placed at the heart of the service. Innovative and inventive practices were in place to holistically meet people's needs by well trained staff who were contented in their roles. The service had a sensory room called Namaste, people who were living with dementia used the space experienced calming and person-centred care which enhanced their well-being. Relatives told us, "[Person] is well and her health and well-being have improved since she's been there." And "[Person] has improved since they have been there, and she can have a better conversation now."

The service was led by a passionate and committed registered manager and management team who were proud to work at the service. The management team continually strived to drive service improvement for the benefit of people and staff, this included researching initiatives from organisations such as the Alzheimer's Society. Everyone we spoke with praised the management team. One person told us, "The management are very good, they are understanding, and are there for any concerns."

People and their relatives were empowered and encouraged to give feedback on the service. The management team listened and strived to continually improve people's experiences. One relative told us, "There is always a person of management around. I am happy with the manager and they always ask if I am happy with things and my opinion." People told us they felt safe as staff and management knew them well and were approachable.

People were encouraged to personalise their space and surround themselves with items important to them, staff respected people's space and belongings. One person told us, "All the staff are very good here without exception. I made it my home, it's a good place to be." Research was carried out to enhance the environment, ensuring it was homely and accessible for those living with dementia.

People were actively involved with decisions relating to their care and environment. One person told us, "My family and I have meetings with [deputy manager], they talk to me about my care and whether I am happy. I can make changes as I wish." We saw people we able to make suggestions, and the management team had

worked hard to accommodate them.

People were supported by kind and caring staff; we saw people and staff interacting positively during the inspection. One relative told us, "The best thing is the care, everyone is so sweet to the residents and so caring in every way." There was a full schedule of activities developed at people's request with their involvement. One person told us, "The thing I like is the people, I have made friends and we do all kinds of wonderful things."

People enjoyed home cooked food which was tailored to their tastes. Where people required an alternative diet due to health or cultural needs, these were well catered for. People experienced dignified and relaxed mealtimes.

Only females lived at the service; this had been kept under continuous review. The registered manager frequently consulted people and their relatives on this decision; their wishes and opinions were listened to and respected. One relative told us, "It is amazing it is all ladies, for dementia ladies." People were supported by a gender mix of staff, one person told us, "Originally I said I don't want men to help me, now I don't mind as they are well trained and respectful. I changed my mind as I got to know them."

People's needs were robustly assessed before they moved into the service. Person-centred care plans were developed with people and their families, this included people's life stories and wishes. Staff ensured people were seen by healthcare professionals where needed. Visiting healthcare professionals spoke highly of the staff and the care they delivered to people.

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.

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

Rating at last inspection
This service was registered with us on 1 October 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 29 January 2019.

Why we inspected
This is the first inspection for this newly registered service.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Greensleeves Care Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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

Service and service type
Greensleeves Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Greensleeves Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. Inspection activity started on 4 March 2022 and ended on 9 March 2022. We visited the location's service on 4 March 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from Healthwatch,

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with one healthcare professional who regularly visits the service. We spoke with seven members of staff including the registered manager who is also the nominated individual, members of the management team, the chef, activity worker and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, care records, policies and quality assurance records. We spoke with two healthcare professionals who regularly visit the service, four staff members and eight relatives about their experience of the support provided.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were clear systems in place to safeguard people from the risk of abuse. People told us they could speak with the registered manager or any staff members if they felt unsafe. One person told us, "If I was worried, I would speak to one of the staff."
- Staff received safeguarding training and were knowledgeable about safeguarding policies and procedures. Staff clearly described what constituted abuse and what action they would take should they suspect people were at risk of harm.
- The service had a safeguarding lead, and staff were confident they or the registered manager would deal with any concerns. Staff explained how they could escalate concerns to external agencies. One staff member told us, "If we raised a concern, we would follow up and if it not taken seriously, we would go higher in the home, to CQC or outside bodies such as the police or social services."
- The registered manager demonstrated their knowledge of safeguarding; safeguarding incidents had been appropriately identified and appropriate referrals had been made to the local authority. Investigations included immediate actions taken to reduce risks of reoccurrence.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were managed safely. People were supported to live their lives according to their wishes and were involved in risk management planning. For example, for a person chose to decline certain medical intervention, risks of potential deteriorations in health had been assessed and other approaches had been planned for, such as, symptom management if the person was to become unwell.
- Risks to health, such as diabetes had been assessed. Care plans and risk assessments guided staff on how to respond to recorded blood sugar levels (BSL) outside of assessed levels, and detailed how these affected the person. Guidance on the use of diabetic medicines were clear, care records included people's blood glucose ranges so staff could test people if they were showing signs of hyper or hypoglycaemia.
- People who were at risk of choking received diets appropriate to their needs. Speech and language therapists (SaLT) advice was clear in people's care plans. Staff were knowledgeable of which people received modified diets and at what assessed International Dysphagia Diet Standardisation Initiative (IDDSI) level.
- People's care records and associated risk assessments were documented on an electronic care monitoring system (ECM). Staff could access the records on mobile devices which considered risks of health conditions as well as providing information on people's needs and preferences. Where there were risks identified, such as, dehydration, the ECM sent a notification to care staff to encourage fluid intake for the person. Environmental risks assessments had been completed. People had personal emergency evacuation plans (PEEPs) in place, these were contained in an emergency grab bag which further held a contingency plan and practical items such as torches and a first aid kit.

● The service had an open culture. Staff knew when and how to report accidents or incidents which resulted in appropriate action being taken. The service continually learned lessons when things went wrong. For example, audits of incidents and accidents were analysed, where safety measures had been put in place such as the use of sensor mats to minimise falls, these had been introduced for other people who were at risk of falls.
● Staff gave an example lessons learned. A person's health had deteriorated, and they required just in case (JIC) drugs. Due to the time of the prescription issued, there was a potential delay in receiving the medicines. Staff went to the pharmacy themselves to collect the medicines but had learned lessons to request JIC drugs at an earlier stage.

Staffing and recruitment
● There were enough staff to meet people's needs. People told us they were supported by staff who knew them well and assisted them appropriately. One person told us, "I feel safe with the carers, because there is always one around. The good thing is they know us, they spend time asking us questions and seem to actually want to know the answers." A relative told us, "It is normally the same staff, but they increase when needed."
● Staffing levels were determined from different factors. A dependency tool was used in conjunction with call bell response times and feedback from people and staff. The registered manager told us they increase staffing levels depending of people's needs, rotas confirmed this. We observed enough staff were available to respond quickly to people's requests and staff had opportunities to spend time with people.
● The registered manager told us staff were employed based on their values as all training was provided before staff worked alone.
● Staff were recruited safely. Staff recruitment files showed that all necessary checks had been completed for new staff with regard to their suitability to work in a care setting.

Using medicines safely
● People were administered their medicines safely by trained and competent staff. People told us they received their medicines at the right time and our observations confirmed this. Comments included, "My pills are always on time, if not I think I would become quite unwell." And, "The staff look after my medication and I am happy with how this is dealt with. I am a bit of an anxious person, if my medications are late, I can get worried. They know this so they are not late."
● People received their medicines in a person-centred way, the service used tools to ascertain pain levels for people who were unable to verbally express discomfort. Staff were guided by protocols to enable them to identify when people required their 'when required' (PRN) medicines.
● The service operated an electronic medication administration record (eMAR) system, staff had been trained to use the system. The eMAR system highlighted when time specific medicines were required and detailed a medicine profile for each person, so staff knew people's preferred way of receiving their medicines.
● The service's medicines lead completed weekly and monthly audits. Actions were taken forward to promote safe use of medicines, for example, the clinical room temperature check showed the room could become warm. An air conditioning unit had been installed to ensure medicines were stored at the correct temperature.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were requested to show proof of their lateral flow device (LFD) test results prior to entering the service. Visitors were requested to wear personal protective equipment (PPE).
● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely. Staff were observed to be wearing their PPE appropriately. One person told us, "They kept us very safe with coronavirus, the staff were always wearing masks and still do, I miss their faces, but I see their smiling with their eyes."
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● Measures were in place to support people to see their friends and family safely. The service had a visiting suite and facilitated in house visits for people. A relative told us, "They (staff) were absolutely second to none in protecting them (people) from Covid."

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● People told us they felt staff had the right training to meet their needs and our observations confirmed this. Staff received training relevant to the people they supported, for example, training in dementia awareness and person-centred care. Staff told us their competencies were assessed by management and they received regular supervisions, spot checks and attended meetings; records supported this.

● Staff received a variety of training opportunities for professional development as well as personal growth. Staff had the knowledge, skills and experience to support people effectively.

● Most staff held National Vocational Qualification (NVQ) to level two or above and were encouraged to increase their skills and knowledge. Staff gave examples of how they had been supported by management to increase their knowledge. One staff member told us, "I had a supervision last week and was asked what kind of training I want to do."

● New staff completed the Care Certificate, The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We saw staff had a minimum of three weeks shadow training with experienced staff members to get to know people and the service before working on their own.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

● People were well supported to eat and drink according to their wishes, tastes and health conditions. Menus were designed around people's feedback. One person told us, "The food is excellent. I can choose what I want but usually there is something I want. There is always a second choice, the puddings are good." And, "I remember we put a request in for some crumpets which they got in for us. We got pancakes for pancake day the other day, we had them with chocolate and cream."

● People had control with their mealtime experience and chose to eat meals in the dining room, a smaller dining area or their bedrooms. There was music played in the dining room and fresh flowers on the tables. People were shown plates of food to assist them with their decision making. Where people required assistance to eat, we saw staff helping them in a relaxed manner. Some people had adapted cutlery to enable them to eat without assistance.

● The chef and kitchen staff were knowledgeable of where people had dietary requirements and had researched when alternative ingredients could be used. For example, meals were prepared with low sugar for people living with diabetes. A person was unable to eat certain foods due to religious beliefs; kitchen staff prepared their meals in a separate area.

● Staff monitored people's weights and food intake, the electronic care management system alerted staff

and management when people had a lower nutritional intake. Actions were put in place such as offering different food options, for example, finger foods. Where needed, we saw appropriate referrals had been made to people's GPs and dieticians.

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

● People's needs were robustly assessed before they moved into the service. Extensive planning was completed before a person was admitted. The preadmission questionnaire provided an overview, to include goals, wishes, religious and spiritual preferences and details such as a preferred brand of makeup or type of perfume. The management team told us, "It's not just about care needs, it's about the whole person. We know if we can meet physical care needs but we want to get under the skin of a person to make sure they are the happiest they can be."

● There were admission considerations in place where only females lived at the service, this was led from the people who lived there. This was something the registered manager had kept under review in consultation with people and their relatives. The registered manager told us they were keen to meet all people's wishes and, for example, should a person born as male identify as a female they would be welcomed to the service as long as their needs could be met. People and their relatives reinforced the provider's consideration to cater for females only. They told us they felt secure and comfortable. Comments included, "I feel it is fine just for ladies and a good thing." And "It is amazing it is all ladies, for ladies with dementia."

● People were encouraged to visit the service before moving in. Where this had not been possible due to the global pandemic, the registered manager arranged virtual tours using technology. One relative told us, "Before my relative went there I was able to look round through face time and the manager showed me a room she could have."

● The staff used nationally recognised tools in response to people's individual needs. For example, when assessing pain levels in people, staff considered either the Abbey Pain scale or the Pain Assessment in Advanced Dementia (PAINAD) scale. Staff would consult these tools depending on the communication needs of who they were assessing pain for. Recognised tools were used to measure the effectiveness of staff support with people's well-being, such as, the Quality of Life in Late-Stage Dementia (QUALID) scale and the Cohen-Mansfield Agitation Inventory (CMAI). This helped staff understand if their support was appropriate for people.

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

● The service was clean, and the layout was well thought-out to meet people's needs. People and their relatives commented on the décor and felt it was suitable for them. Speakers were installed in the hallways and played calming music; staff told us this had a positive effect on people's mood.

● The garden had been designed with people's wellbeing and ease of access in mind, the garden was flat and wheelchair friendly. People had recently requested a picnic area in the garden, we saw plans were in place for this to be achieved. People told us, "When the weather gets nice, I'll be outside doing my walk, I used to walk round the garden a lot. I used to garden a lot here."

● People were able to walk freely around the service as they pleased, clear written and pictorial signage empowered people to recognise shared spaces and bathrooms. Each bedroom was clearly personalised with photographs of people to help them identify their rooms independently. A dementia friendly clock was displayed in each shared space to promote people's orientation of time and date.

● People had ownership of their spaces and were encouraged to decorate their rooms to their tastes, we saw people had brought furniture from their previous homes. One person told us, "I am happy with my room, I have no complaints I could bring my bits and bobs with me." The registered manager told us they would purchase new furniture if people wished. Where needed, appropriate equipment was in place, for example, specialist beds, hoists and commodes. People could choose if the wished to shower or bath using

wet rooms and assisted bathrooms.

Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare agencies and support including physio therapists, opticians and district nurses. People received support in a timely manner. For example, a person required physiotherapy; there was a waiting list, so the service arranged private sessions. Staff encouraged the person to complete exercises. This had a positive impact on the person, they told us "I think I have improved quite a bit; the staff help me, and they keep telling me I am doing well."
● Staff worked with external agencies to provide good outcomes for people. One healthcare professional told us, "They always take my advice into consideration and come forward if they have a query. They are proactive in what they do."
● Records confirmed people were supported to access healthcare such as chiropody and audiology. People were involved in the decisions and care plans guided staff on how to assist people.

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 MCA 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.

● MCA assessments had been carried out where appropriate in relation to people's care needs. Where people lacked mental capacity to make their own decisions best interest decisions were made, discussions involved relatives and professionals. Staff had received MCA training and demonstrated their knowledge by ensuring people were involved in making decisions.
● DoLS authorisations were appropriately in place for some people, the service had assessed their mental capacity and made applications in people's best interests. Where conditions were imposed on authorisations, we saw evidence they had been met. As a result, people were restricted in the least possible way.
● People told us staff always asked consent prior to assisting them. One person said, "The carers always check with me if I am happy, they ask me for permission before they do anything and offer choices, little things like they ask me to check my bath water is comfortable, they ask me if I want my back washed. It's the little things that make me feel respected."
● Staff told us how they obtained consent from people and described what actions they would take if a person was to decline assistance. One staff member said, "We always ask for consent, we encourage people and explain exactly what we need to do. If they (people) don't want to we would leave them and go back in half an hour later or ask another staff member to offer help." We observed staff obtaining consent from people before providing support throughout the inspection. We saw a range of documentation requesting

consent from people which was reviewed on a regular basis.

Outstanding ☆

Is the service caring?

Our findings

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

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

● The service put people at the heart of everything they do. Staff and management were highly motivated and committed to ensuring people were treated exceptionally well with their equality and diversity upheld. Where people were born outside of the UK, activity staff ensured activities reflected and respected their culture. One staff member told us, "For [person] we baked some [nationality] pastries and followed some recipes. I showed her pictures and she picked out what she wanted to bake." Staff ensured people's religious festivals were celebrated and included others by bringing in cultural foods for them to try. Staff had an in-depth knowledge of people and could describe what was important to them. One staff spoke about where they and a person had a mutual interest in football. They told us, "We always watch the football together she won't go to bed until the match is finished and then we have to debrief, we always have a laugh."

● Staff followed a shared goal, promoted by the provider of 'Putting the quality of life and wellbeing of our residents foremost'. One staff member told us, "Everyone is treated as an individual, it is not your typical, 'everyone is having this for lunch'. We want where people have their routines at home to be able to carry them on." One person moved into the service with infected legs, they historically declined support, and had a strict, self-directed routine. They only permitted staff to assist them to bathe at 9am. Staff respected this and developed a diary system with the person to ensure bathing was offered at their preferred time. The person's health and well-being greatly improved, their pain and need for professional involvement reduced as staff showed understanding and respected their wishes.

● The management team worked exceptionally hard to encourage people to express their individuality. For example, it was very important for one person to maintain their appearance, the management team purchased and made space for a dressing table to enable them to apply their make up and do their hair. The person also found it difficult to accept their changes in continence and declined continence support aids. Staff purchased discreet continence aids which they accepted. The person experienced a better quality of life as a result of innovative practices and respect from staff.

● The management team had devised an extensive well-being programme. This planned how staff could support people's well-being in a personalised way. For example, people's wants and wishes, bucket list dreams and occupational activities to promote independence. The heads of departments attended meetings to plan how the programme could be achieved and reviewed its effectiveness. All staff received equality and diversity training and had read the appropriate policies. The registered manager confirmed staff demonstrated their knowledge through observations and feedback. Where people's preferences had been expressed, these were met. People were asked whether they would prefer a female or male staff member to support them.

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

● Staff were exceptionally skilled in enabling people to express their views and wishes. For example, one person was unsettled and required medicines to help them remain calm. Staff spoke with the person's family and discovered they had a passion for art, and obtained an easel, canvass and oils paints to enable the person to paint. Staff arranged for the person to display their art at an in-house exhibition. The person settled in the service and spoke about the meaning behind their artwork, the person no longer required their calming medicines.

● People's opinions and wishes were at the centre of the development of their support. Care plans were written with people and their family, records also included who was important to the person. A relative told us, "I have filled in a very long care plan for my relative with lots of details." One person's spouse lived in a local care home and staff arranged visits, on the couple's anniversary staff arranged a special celebratory meal for them. When the person's loved one passed away, staff showed empathy and created a photo album for the person to reminisce and express their grief.

● Staff told us where people were unable to communicate their views about their care and support, they would watch carefully to make sure people appeared comfortable. One person told us, "They are very aware if any of us are not ourselves". One person was reluctant to move into a care setting and was expressing emotion when at home which required involvement from the mental health team. A staff member spent a week with the person at their home to gain an understand their reservations and to build trust. The person was able to settle well in the service and no longer required the mental health team's input.

● The staffing rota was developed around people's wishes. Shift patterns had been adjusted as some people preferred to bathe in the evenings. One staff member told us, "It's all personalised and tailored to them. We ask what time someone wants a bath or a shower and how often."

Respecting and promoting people's privacy, dignity and independence

● Respecting people's privacy and dignity was central to the services ethos. Staff fostered practices to ensure people felt respected and their dignity was upheld at all times. We saw staff knocked on people's doors and awaited a response before entering their bedrooms. Staff spoke discreetly with people where needed. For example, when asking people if they wished to go to the toilet, this protected people's dignity.

● People's independence was promoted by staff practice and encouragement, staff described ways of how they empowered people to retain their autonomy. People told us staff motivated them to do things for themselves when they could. One person told us, "Staff are always asking me if I am happy to be helped by them, they don't assume and that is important to me." The management team encouraged people's independence. Breakfast was laid out in a buffet style to include continental and cooked options; people helped themselves at a leisurely pace. This was to support independence and choice as well as to stimulate appetites as people could smell and see what was offered.

● There was a lively atmosphere in the service, people were seen to be laughing and enjoying themselves. We observed some kind interactions, for example, a person walked away from their seat at lunch time and was unable to find their way back to her seat. A staff member approached them in a friendly manner, and they danced back to the dining table whilst laughing together.

● Staff focussed on people's abilities and provided care to promote people's independence and choice. For example, a cookery club had been created, this allowed people to prepare a snack or supper. People were asked what they wished to cook, and staff ensured ingredients were made available. This provided more choice and gave people a sense of pride and achievement. There was a range of technology to support people's independence. Where some people were not able to use the call bells system due to dexterity, very large buttons were installed in people's rooms so they could call for staff when they wanted something without having to rely on a sensor system. People had individual temperature controls in their bedrooms so they could regulate their own heating system.

Outstanding ☆

Is the service responsive?

Our findings

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

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

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

● People received outstanding responsive care; people's well-being was at the heart of the service's values. People living with dementia were provided with extraordinary responsive support. The provider had installed a 'Namaste' room where staff followed a programme to enhance people's well-being, this included therapies including hand massage, reminiscence, discussion and food tasting. Where some people showed signs of anxieties, the Namaste room provided a calming atmosphere using sensory lighting, scents, music and touch tailored to the person. For example, one person enjoyed classical music, their plan included to play this whilst receiving a hand massage. This area had an extremely positive impact on people, staff used recognised well-being tools to measure the effectiveness; we saw an increase of people's well-being had been evidenced. The use of anti-psychotic medicines were not required for some people who had been previously prescribed them, we saw a reduction of falls and people were alert. One staff member said, "I see little miracles happening in there every day, whether it be to cut a residents nails who may struggle with that close personal care. One lady we had that was struggling to get out of bed, was depressed, I got her into Namaste, I found out she loved barber shop music, it was like a light lit up in her face, she opened up and spoke about her husband and the music they loved."

● People received exceptional responsive support to improve health and prevent conditions such as urinary tract infections (UTIs). Staff developed person-centred practices to address this and thought of inventive ways to naturally lessen infections. People who were prone to UTI were offered cranberry juice, probiotic yoghurts and used PH balanced soap. The electronic care management system prompted staff to encourage people to drink more. Care plans guided staff to offer people their favourite drinks, for example, flavoured water. We saw evidence these interventions were effective, and people had a reduction of UTIs and associated complications such as, pain and an increase of confusion.

● Staff underwent experience-based training, bringing learning to life to support the well-being of people who lived at the service which promoted person centred care. For example, a dementia 'simulation,' staff had an opportunity to experience the challenges living with dementia and other age-related conditions. Staff were passionate about this and told us how they had increased their understanding of people. Staff had changed the way they approached people, always introduced themselves and were aware to minimise unnecessary, startling background noises such as doors slamming. One staff member told us, "We don't have many challenging behaviours anymore, the ladies are very relaxed."

● Staff had a clear understanding of what person-centred care meant, one staff member told us how they trialled creative approaches with people. For example, one person who liked to carry a doll with them, had difficulties in sleeping, the service obtained a cot so the person could put their doll to bed at night-time which encouraged the person to rest. Where another person had difficulties sleeping, staff tried other

holistic approaches such as holding the person's hand until they dropped off. The service obtained a 'hug me doll' which is similar to a weighted blanket. This helped the person feel secure and worked well, the person had started to sleep better following this.

● The management team held regular meetings by video link with relatives called the 'family forum'. This gave relatives an opportunity to make suggestions, give ideas and discuss matters within the service such as changes due to the COVID-19 global pandemic, activities and catering. People and their relatives told us they were involved in all decisions relating to the care and support they received. Comments included, "They discuss her care plan with us and ask our views." And, "We get to voice our opinions, we have meetings but don't need to wait for the meetings. They don't make decisions for us."

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 was a strong emphasis placed on people experiencing meaningful activities to enhance their well-being. The activity staff developed a comprehensive programme of activities to stimulate people's physical, emotional and cultural needs. Where people lived with advancing dementia, activities were adapted to suit them. People were welcomed to help around the service, for example, lay tables and pot plants in the garden. People told staff what their favourite roses were, they had been purchased and planted in the rose garden. Planters were purchased which were adapted for people who use wheelchairs following people's feedback. One person told us, "The garden is lovely in the summer, we spend a lot of time out there, I was asked what we should plant, and they got in what I suggested."

● There was an extensive programme of group activities which was planned around people's interests and preferences. This plan was displayed on the 'bored board' which also contained pockets of individual activities for people to take as they wished. These included word searches, cross words, colouring and games. There was a large library area, we saw people choosing books so they could read in the quieter lounge. Staff said although a schedule was planned, the day was completely led by people, if they changed their minds with an activity something else would be facilitated based on what people wanted to do.

● Smaller group activities and one to one sessions were held for people to explore individual interests. For example, a session of jewellery making was being held during the time of the inspection where a small group of people attended. During the session, staff sparked conversations amongst people. A person told us how much they enjoyed knitting, they said, "I like that whatever we ask for we get, I wanted some yarn and needles and they were with me after a couple of days, my friend asked for the newspaper, this was arranged the next day. We want for nothing."

● People had contributed to a 'wish tree', staff said where possible wishes would be granted, or creative ways would be thought to grant the wish. An example of this was a beach day, staff decorated the lounge, and provided food and games to simulate being at the beach. St David's day had recently been celebrated; people ate Welsh cakes, flower arranged with daffodils, held a Welsh themed quiz and played Welsh music. A person told us, "They make a big fuss of everything, like Christmas, we did so much." Birthdays, religious and cultural events were celebrated at the service. One relative told us, "My relative loves the food and is a diabetic so they made her a special cake for her birthday. It was really nice of them."

End of life care and support

● People received exceptionally compassionate end of life care and support. An end of life champion had been appointed as they had a specific passion for empathetic end of life care, they received extensive training to support their role. Staff were particularly skilled in discovering people's wishes and wanted to explore other methods to capture people's views. One staff member told us, "Good end of life planning is having holistic things in place and it's important medication doesn't over shadow everything else, we give space and time for families, having personal touches such as music and scent diffusers in the room, tastes and smells, have the right religious support in place."

● Healthcare professionals spoke highly of the service's responsiveness to end of life care. They told us, "One resident died some weeks ago, the care provided was very good, she died peacefully with her family next to her. She did not need just in case (JIC) drugs, the death was peaceful. I am sure they are very open to anything."
● Staff had been working towards the Six Step Success programme for end of life care with the local hospice. One staff member described some learning they have taken forward to support the communication for people at the end of their life who were living with dementia. They told us, "We've learned things such as to have soft toothbrushes. Supporting people to be comfortable with pain management, it's a huge course, we are learning about body language and reading it too. Every time you learn something new."
● The end of life care champion proudly told us they were asked to give a talk on Namaste at a care conference to share their knowledge and good practice with other providers. The service worked hard to provide a comfortable end of life pathway. People were enabled to spend time with their loved ones; the service allowed relatives to stay overnight or visit whenever they wished. Equipment such as profiling beds were purchased to enable maximum comfort for people.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were robustly assessed and detailed in their care plans. This documented and guided staff to people's preferred method of communication, and any difficulties they may have. Care plans directed staff to ensure communication aids were available to people such as glasses and hearing aids.
● Where a person was registered partially sighted, considerations in care plans were given for all aspects of daily living. For example, staff to described items of clothing for the person to choose from and specific instructions of how they liked to be supported when walking.
● Where English was not people's first language, staff opened effective communication channels by showing pictures, gestures and involving family members to assist with translation. The service purchased a translation app for when direct answers were needed. This helped the person relax in the company of staff and feel included. Staff were able to gain a good understanding of the person to meet their needs.
● The management team described how the service met accessible information standards. All documents were available in larger print formats, if required a speech software tool could be used. Picture cards were offered where needed. People had requested the activity schedule was printed out as well as written on the board, we saw this was in place.

Improving care quality in response to complaints or concerns
● The management team carried out regular reviews of complaints and concerns. In some cases, they had suggested a communication book so low-level issues could be addressed. The management team told us, "No matter how small the complaint is, it is important to deal with it."
● The management team proactively responded to complaints and concerns appropriately and learned from investigations. People told us they felt confident to raise any complaints with staff or management. Comments included, "If I was unhappy, I just ask for management and they deal with my problems. I have suggested a few things which have been dealt with swiftly. I can't remember what, nothing significant." And, "The manager is very approachable, and we also have their mobile number and can ring anytime. Nothing is too much trouble."

● Information about how to complain was contained in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out what the complainant should expect should they wish to make a complaint, including the timescale of responses.

Outstanding ☆

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and management team promoted an extremely positive and inclusive culture where person-centred care was at the heart of their ethos. People, their families and staff were empowered to be involved in changes and improvements to the service. One relative told us, "It is well run and organised, a superb manager with vision for improvement." People were very comfortable with the management and told us they could approach them for anything which made people feel in control of their lives.
- The registered manager demonstrated innovative practice in researching and implementing new ways to improve dementia care and well-being, people benefitted from the pursuit of best practice. A pager call bell system was put in place, with the intention of eliminating call bell noise that impacted on the wellbeing of people living with dementia; people appeared and told us they felt relaxed. The management team had implemented the use of different colour plates following research from the Alzheimer's Society. Staff trialled colourful plates with people to see if they would stimulate appetite or draw people's eye to their meals to aid independence when eating. Staff gave examples of where this had worked well, and we saw where food was served on coloured plates, people were eating well and without assistance.
- Staff were empowered to make suggestions to improve the lives of people, they gave examples of where they had approached management with ideas which had been followed through. People, relatives and staff were enabled to make suggestions at any time and could remain anonymous if they wished. A suggestion box in the entrance of the service was situated on a transformation board with a 'you said, we did' section. We saw where suggestions had been made, they had been taken forward. For example, people wanted new staff applicants to have taster days before their appointment was confirmed, we were told this had worked well.
- The provider's ethos was ensuring the highest level of staff wellbeing for the benefit of those they supported. There was a comprehensive recognition scheme which valued staff when they had gone the extra mile. A 'wall of fame' board was displayed to recognise staff for going over and above expectations. A detailed people performance management plan was in place which contained strategies to increase staff self-awareness and develop personal growth when setting goals. The plan had been exceedingly effective in driving staff motivation which had a positive impact on the way staff engaged with people. Staff told us they were empowered to train in areas which interested them and befitted people such as gentle exercises.
- People were involved in the recruitment process which helped them feel in control of the support they received. Prior to any staff engagement people would feedback to the registered manager if they were

happy to be cared for by the prospective staff member. This benefitted people by ensuring their views were heard, to help compatibility and to ensure staff have the right outlook that meets their needs and the values of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The management team were remarkably clear of their roles and responsibilities and went over and above to achieve good outcomes for people and staff. The registered manager was highly regarded by people and their relatives. Without exception, we received positive feedback, comments included, "I am happy with the manager, they always ask if I am happy with things and my opinion. It is the best home I have ever come across." Staff were extremely positive about the service, most having worked there for many years. One staff member told us, "From the bottom of my heart, I thought my old home was great, since being here I have found this to be amazing, I love it here."

● The management team embraced positive change and best practice for people living with dementia. Staff who were passionate about different areas of care had been identified for champion roles. These roles included leading end of life care, nutrition and hydration, medicines and safeguarding. The staff who were chosen for these positions described how the roles were meaningful, they had researched areas of care and received extensive training to holistically improve people's quality of life and well-being. For example, the chef was undertaking additional learning to become the nutrition champion, they proactively learned from associations such as Cook4Care. Ideas had been taken forward, such as, having bowls of gravy for people who preferred finger foods to dip their food into to create more interest and variety for people; this helped people's weight to remain stable.

● Members of the management team had been highly trained to carry-out specific duties. For example, one deputy manager was responsible for the safety of people. They completed regular audits and analyses to drive improvements for people. Another deputy manager had taken ownership of the health and well-being for people, they had undertaken extensive research on holistic approaches to benefit people, such as the Namaste room. Management meetings were held on a twice daily basis to openly discuss successes and improvements needed.

● The registered manager was also the nominated individual for the service; they had recently recruited a new manager to run the service. At the time of the inspection, the new manager was completing an induction to the service. The recently recruited manager was planning to register with CQC. Staff and people were positive about the new manager's appointment. One person told us, "The new manageress is doing a sterling job so far, they've taken time out to get to know us, my relative said they rang them to introduce themselves and I know they have met."

Working in partnership with others; Continuous learning and improving care

● Staff worked exceptionally well in partnership with healthcare professionals. Staff used the National Early Warning Score (NEWS) to understand people's baseline health conditions so any deterioration of health could be identified quickly for early intervention. The provider had purchased observation equipment to support staff to recognise any new or deteriorated health need. A visiting healthcare professional told us, "They have good equipment such as saturation machines, blood pressure monitors and are always able to give readings and weights which I feel is quite efficient." This method had been effective and benefitted people; incident records showed a reduction in people requiring hospital stays and ambulances being called out.

● We received positive feedback from visiting healthcare professionals. Comments included, "My overall opinion of the service, as a care home they are very caring. They always liaise with me if they have problems, they always adhere to my advice." And, "My overall view is good, there are always activities, they keep them occupied, people seem happy and relaxed. They all know my first name and all welcome me, I would be

happy to put my own grandmother in here."

● We saw where people required professional involvement, this had been sought quickly. Where there had been a proposed delay in health services, staff insisted on a swift response for the benefit of people. For example, a person had been put on a waiting list for the speech and language therapist. Staff challenged the wait time and the person was seen within a day.

● The registered manager belonged to various forums and initiatives. This included membership of the outstanding society, the registered care association and the national care provider association. The registered manager told us they contributed to groups and shared mutual advice and support. The registered manager further engaged with manager's networks on social media sites, they gave examples of sharing lessons and advice with other managers. A member of the management team had participated in a university study of types of dementia and shared their learning with staff to enhance best practice and approaches.

● The registered manager had established an innovative, bespoke electric care monitoring system (ECM), for care planning, staff development, service improvement and relative's communication. Colour coded interventions were in place to enable staff to meet people's needs in a very personalised way. The ECM had dedicated sections for various care needs such as night-time care and mobility, care plans interlinked to guide staff to give consistent support. For example, a person preferred to place their legs out of bed, this put them at risk of swollen legs and could cause mobility problems. Care plans prompted staff to encourage the person to elevate their legs in the day to prevent swelling, yet respect their night time comfort. The system was continually updated to reflect best practice and following staff suggestions.

● Quality assurances processes were in place, audits were completed and reviewed by the staff who were responsible for the area. Any areas identified for improvement were actioned and reviewed again to check the actions were appropriate. Findings of audits and lessons to be learned were shared with staff to ensure they were working towards a common goal and to minimise reoccurrence following an incident or complaint. The registered manager had a good overview of outcomes of audits which were logged on the ECM and had oversight of action plans so they could be completed in a timely way.

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 demonstrated a full awareness of the duty of candour. Openness and honesty formed part of the service's values. They described the duty of candour as being transparent and admitting mistakes when things went wrong. The duty of candour was considered for any incidents, safeguarding matters and complaints, records confirmed these were completed and documented.

● The registered manager understood their regulatory requirements, they were knowledgeable on legislation and regulations. The registered manger understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.