

Ms K A Rogers

Charnwood Country Residence

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: Charnwood Country Residence is a residential care home that can provide personal care and support to a maximum of 27 people. The service was providing personal care to 23 people aged 65 and over at the time of the inspection.

People's experience of using this service: The provider continues to provide an outstanding service for people. The provider and management team were extremely good at planning and delivering care that was tailored to people's individual needs and preferences. Care plans and transition programmes for moving into the service were developed for people, which were very comprehensive and met their needs in a truly personalised way. There was a thoughtful and inclusive approach to organising interesting and meaningful occupations and activities for people, which enhanced the quality of their lives. The provider employed a physiotherapist to support people enhance their mobility and an Admiral Nurse (who specialises in dementia care) to provide support and guidance to people living with dementia.

The provider had exceptional leadership qualities and had developed a culture of continual improvement and learning to ensure people received a quality service. The provider has six services; five have been rated Outstanding by the Care Quality Commission (CQC) and one rated Good. The provider developed creative and positive learning experiences for staff, which enhanced their skills and encouraged them to have a thoughtful approach when supporting people. There was a supportive organisational structure and excellent monitoring systems to ensure the provider and senior management knew what was happening in the service. There was a registered manager but due to specific circumstances, a new manager had been appointed and was completing a transition period with the support from the provider.

Staff had developed very positive and meaningful relationships with people. The care provided was compassionate and sensitive to people's diverse needs. People were respected, were included in decisions and their privacy and independence maintained to a high standard.

People felt safe and could raise concerns. The staff team knew the action to take to safeguard people from the risk of harm and abuse. They supported people to take managed risks and enabled them to live the lifestyle of their choosing. Staff were recruited safely and deployed in sufficient numbers to meet people's needs.

People's health and nutritional needs were proactively met. They were supported to take their medicines as prescribed and had access to health professionals when required. The menus provided people with a nutritious and healthy diet, whilst still ensuring there were treats and snacks in-between meals. The provider ensured they worked within mental capacity legislation when people had been assessed as lacking capacity to make their own decisions. When they were able, people were supported to make their own decisions about the care they received. Staff had a good understanding of consent and gave examples of how they obtained this before carrying out care tasks.

Staff received training, supervision and support that helped them to feel confident when supporting people. The environment was very clean and tidy and was suitable for people's needs.

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

Rating at last inspection: Outstanding (report published 21 July 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was 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 ☆

Charnwood Country Residence

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of 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, that is caring for older people.

Service and service type: Charnwood Country Residence is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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. Due to circumstances, there was a new manager, who had started the process of registration with CQC.

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events, which the service is required to send us by law. We sought feedback from the local authority contract monitoring team and safeguarding

team before our visit. We used this information to plan the inspection.

During the inspection, we spoke with ten people who used the service and two of their visitors. We spoke with the provider, the new manager, a team leader, two care workers, the activity coordinator and both chefs. We looked at a range of documents relating to people's care and the management of the service. These included care records for seven people, medication administration records for eight people, staff training and supervision, staffing rotas, audits and quality assurance reports.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff had completed safeguarding training and had procedures to refer to and follow. In discussions with staff, it was clear they understood safeguarding and how to protect people from the risk of abuse. They knew the different types of abuse, the signs and symptoms that would alert them to concerns and who to report them to. Staff were also aware of the provider's whistle blowing policy and procedure.
- People who used the service said, "I feel safe, there's no reason not to" and "I feel safe here. There are alarms on the walls in the dining room."

Assessing risk, safety monitoring and management.

- Staff completed risk assessments to identify hazards and the steps required to minimise risk such as falls and skin damage.
- One person who used the service described the equipment used by care staff to move them safely and said, "I can transfer easily and safely with help. We use the banana board to get on the chair and the hoist for the toilet and shower." Another person said, "The aim, all the time, is to get them [people who used the service] to do it safely on their own."
- People had personal emergency evacuation plans, which were devised to guide staff on the level of support each person required when exiting the building in an emergency.
- Checks were carried out on equipment used in the service to ensure it remained safe to use. Radiators had covers on to prevent burns and windows had restrictors for safety.

Staffing and recruitment.

- There were sufficient staff deployed in the service. Staff told us people's needs were met with the staffing ratio although they said they were busy. The provider told us they were currently reviewing staffing levels to see if an additional member of staff was required in the evenings.
- There were ancillary staff such as activity coordinators, laundry, administration, catering, housekeeping and maintenance, which enabled care staff to focus their time on providing personal care for people.
- One person commented that staff had been slow to respond on one occasion in the evening when they had pressed the call bell. Another person said, "I use the bell system here by my bed. I used it last night as the wind was blowing my curtains violently. The response was fast, within two minutes." Another person said, "There's not a great turnover of staff. There is occasional agency staff but not often." This showed us the provider tried to maintain a consistent staff team but was prepared to use agency staff to fill short notice absences when required.
- The provider had a safe recruitment system, which ensure full employment checks were completed before staff started to work in the service.

Using medicines safely.

- There were safe systems for the management of medicines which included, ordering, storage, administration, recording and returning to the pharmacy when not used. There were some minor recording issues, which were mentioned to the provider and new manager to address.
- People received their medicines as prescribed. Comments included, "The medicines arrive at the same time every morning; they are occasionally late if there has been an incident [for staff to deal with]."

Preventing and controlling infection.

- The service was very clean and tidy. Staff had access to personal protective equipment such as gloves, aprons and hand sanitiser to help prevent the spread of infection. We saw staff wore linen aprons at lunchtime when serving meals to people.

Learning lessons when things go wrong.

- Accidents were audited to check for patterns. We saw falls analysis completed for February 2019, which showed two people had sustained a fall. Their risk assessments were updated, and steps taken to minimise further incidents.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care.

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People had assessments of their needs completed, which provided information about whether those needs could be met in the service, the level of support people required and how this was to be delivered.
- The new manager and staff team worked with other agencies to ensure people's needs were met. For example, they worked closely with GPs to ensure people at risk of infection had assessments and anticipatory antibiotics prescribed for use when out of usual working hours.

Staff support: induction, training, skills and experience.

- Staff told us they received sufficient training for their role; this was confirmed in staff training records. As well as essential training such as moving and handling and first aid, staff had completed training specific to people's needs such as dementia care. Senior staff completed leadership courses to enhance their management skills in areas such as dealing with formal complaints and completing return to work interviews. One member of staff was supported to enrol on a trainee nurse associate course at a local university; this enabled them to enhance their care skills and take on delegated responsibilities from the local district nurses.
- Staff told us formal supervision meetings had slipped in recent months, but the new manager had devised a plan to address this. Despite this shortfall staff told us they were supported on a day to day basis and could speak with the new manager at any time. There was also the opportunity to speak with the provider and quality manager who visited the service on a regular basis.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- People's nutritional needs were met. The menus were changed seasonally and those seen provided a well-balanced diet. There were choices and alternatives at each meal and a selection of snacks served in-between meals. The chef was aware of people's dietary needs.
- People told us they liked the meals. Comments included, "The food has been excellent. It comes on time. The new chef seems very genuine; if you want something special he'll do it for you" and "The food is very good, more than I can eat. There's always a couple of choices."
- Staff contacted health professionals when required for appointments or to arrange visits to the service. One person said, "I went to see a GP on Monday and one of the carers took me."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and to date had four current DoLS applications, two of which had been assessed and authorised by the local authority. Two people were awaiting assessment.
- Staff gave examples of how they ensured people's consent was gained before they carried out care tasks. We observed care staff provide people the opportunity to make choices and their own decisions throughout the day, for example, where to sit and what to eat and drink.

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

- The environment was light and airy and suitable for people's needs. There was a range of equipment provided to support people with reduced mobility. There was lift access to the upper floor.
- The service had dementia-friendly furniture in some bedrooms to assist people maintain their independence and help them make choices about clothing.
- The provider's annual information return, described the use of technology to enhance safety and reduce the incidence of falls for those most at risk. This included infrared beams to alert staff to people mobilising in their bedrooms and special night-time lighting (blue lights) controlled by sensors in some bathrooms to reduce the risk of falls at night.

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

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.

- People told us that staff treated them extremely well. Comments included, "They all know I like to be in bed by 7pm, sitting up so that I can watch all my soaps" and "The staff are lovely and kind." A relative said, "We are pleased with the attention to care here. My sister hovered in the corridor as they settled mum into bed and they kissed her goodnight."
- All levels of staff supported people in an exceptionally kind and caring way. For example, one person who walked about the service and was easily distracted was supported to sit down by the chef. They gave the person a cup of tea and a plate with a banana sliced into pieces. The chef then unwrapped a chocolate bar and split it into sections for them, whilst chatting to them. The person enjoyed their snack and sat long enough to eat both. This helped the person, who was living with dementia, to increase their nutritional intake.
- A care worker walked beside a person and used positive and encouraging words until they reached the lounge. Another care worker was overheard checking with people that the open window was not causing a draught for them. A care worker was observed comforting a person by hugging them when they became upset and another assisted a person in a discreet way to cut their food up when they saw they were struggling. These acts of kindness helped people to feel valued and respected by staff.
- The activity coordinator spoke very positively about the support one person required to help them settle into the service. They said, "[Name] has needed a lot of support, gently talking to them since they moved here. [Name] is very private but has still wanted to reveal their worries bit by bit."
- One person entered the staff office on a regular basis; staff were very patient with them, asked them to sit down, spoke to them about their family and what they were to do that day. Staff were tactile, comforted the person and held their hand for as long as they wanted it to be held. This demonstrated a compassionate approach to a person living with dementia, which helped them to feel cared for and loved.
- The staff were fully aware of how to support people with a range of diverse needs including people from the LGBT (lesbian, gay, bisexual and transgender) community. Staff gave examples that demonstrated their awareness of important equality issues and how this was reflected in their daily practice when supporting people. Staff had completed training in equality, diversity and human rights, including awareness of sexuality and intimacy when living with dementia, and equality characteristics. Staff had also received training in 'Safe to be me' to ensure they were aware of how to support people with diverse needs.
- There was a 'matching' process for volunteers. This included volunteers visiting people and sitting and chatting over cake and coffee to establish connections. This helped people to have an additional support network and meant they had the opportunity to sit and chat to people in a social capacity rather than just chatting to staff who met their care needs.
- Staff spoke very positively about the enjoyment they got out of coming to work. They spoke about 'loving

their job', having a 'good team atmosphere' and the home being 'very welcoming'. They recognised that if they were happy in their workplace then this would be reflected in their day to day practice. One member of staff said, "I think there are good times ahead. I would definitely place my own relatives here."

- Staff supported people to maintain contact with relatives through Skype and made them welcome when they visited.

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

- The service had an electronic 'person-centred software'. This enabled relatives with lasting power of attorney to access their own relatives care plan and daily notes, and communicate with the new manager and team leaders about them. There were two computerised music speaker systems and staff had included people's musical playlists on them.

- Dignity Action Day, 1 February 2019, was celebrated in the service. Activity coordinators and those people who wanted to participate, revisited the service's dignitree. This was a branch with leaves each detailing thoughts about the meaning of dignity. Staff organised a coffee and cake morning to talk about what dignity meant to each person and how it could be respected. There were photographs of people enjoying the conversation. The staff had written a dignity poem, which they read out emphasising to people their understanding about the importance of maintaining dignity.

- People told us they were asked for their views and included in decisions. Comments included, "We have a meeting to ask our opinions; we had one yesterday", "I went to a resident's meeting yesterday. We discussed things like care, food, hygiene; everyone seems quite happy" and "I requested that we have a second roast dinner in the week and they have obliged."

- One person who used the service acted as an advocate for other people and made observations and fed back to the quality manager. The same person had been involved in recruitment of staff. The new manager told us this ensured the person felt involved and was able to speak up for people who may not wish to do so in meetings. The person's one-page profile had been updated for 2019 and set goals for them to be a dignity champion, exploring in-house voluntary roles and more recruitment involvement.

Respecting and promoting people's privacy, dignity and independence.

- People provided very positive comments about the staff team and the support they received. They said, "You get to know the staff quite personally, even their families that they go home to" and "I find it peaceful here."

- We saw evidence couples were supported to have meals together with entertainment provided. This was something they used to do when they were younger but ill health had affected their ability to go out to restaurants. The dining room was set out as a restaurant with a menu, wine, beer and a lovely table decoration of a red rose.

- Staff ensured people made their own choices. For example, two people arrived for breakfast later than others. Staff were aware of their likes and dislikes and were attentive to their needs and choices.

- We observed the lunchtime experience was a sociable experience for people. Dishes had a variety of vegetables and one care worker served them to each person at the table, which provided choice about type and quantity. Another care worker brought a range of sauces. The chef said, "There is no fixed budget so it's great that I can provide all the extras like the snacks and cakes."

- Staff were heard singing 'Happy Birthday' to one person to acknowledge their special day.

- Staff had a good understanding of how to maintain core values of privacy, dignity and independence. They gave examples of how they achieved this throughout their roles. Comments included closing doors and curtains and keeping people covered during personal care, knocking on doors before entering, providing explanations and asking for consent. They also described how they supported people to maintain their independent skills.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. At the last inspection in 2016, the service was rated as Outstanding in this key question. We found the service had sustained this rating and remained Outstanding in responsive.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- There was a culture within the service of putting people at the heart of care planning and delivery. People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. The assessments were extremely thorough. The information was used to write care plans, which provided guidance to staff on how to meet people's need in the way they preferred. Staff knew people's needs, likes and preferences well and could describe them to us during discussions.
- Those people living with dementia were supported by an 'Admiral Nurse' who had specific expertise in dementia and was employed by the provider. The Admiral Nurse was involved in working with people, their relatives and staff to develop strategies and care plans to support people living with dementia. The care plans described the tasks staff were to complete and the appropriate language to use to help people and not confuse them. The new manager told us the Admiral Nurse made a significant difference for people who used the service, their families and staff. For example, they supported people when making the transition from home to a residential setting and held 'drop in's' for staff to discuss issues.
- Transition plans, when people moved into the service, were sensitively arranged. We saw one person living with dementia, whose first language was not English, had a personalised transition plan for their move from home to the service. Their person-centred documentation was very comprehensive and established their personal, social and cultural needs, which was written in a lovely way. Family was incredibly important to the person and they had been fully involved and contributed immensely to the plan of support for the person's move into a care setting. There was a list of activities to try to help with the transition and photographs of family visits. We met the person during the inspection and could see they were a much-loved member of the community at Charnwood Country Residence. They felt comfortable visiting the office, sitting with staff and holding their hands. Staff could clearly describe which distraction techniques worked for the person if they became upset.
- Relatives told us staff were very responsive to people's changing needs. One relative said, "At this home the carers notice the chest problems and tell me they've got the GP coming. They don't wait for me to spot it."
- One person at very high risk of falls had seen a reduction in accidents since the physiotherapist, employed to work in the service part-time, had been involved in supporting them to exercise.
- People had a one-page profile which contained very individualised information about what was important to the person and how best to meet their needs. The section of the care plan on lifestyle was very personalised to each person. They described what activities were important to people and we saw these had been arranged for people in practice. There were two activity coordinators; one worked in the evenings. They had developed a creative variety of meaningful activities for people. These included lots of in-house activities and local walks for fresh air. Children from a local nursery and school visited the service to meet

people and participate in activities.

- People made very positive comments about the responsiveness of the care received and the activities and occupations provided to them. Comments included, "I couldn't improve my living standards from what they are now", "I get everything I need, even a glass of red wine in the evenings when I'm watching my soaps", "I love it when the nursery and schoolchildren come. I can go out into the garden in the summer" and "There's music and singing during the day. It gives structure like a working day. [Name of activity coordinator] sorts people out and gives them individual activities they'd be interested in."
- The staff had made a significant impact on the quality of life for several people whose goals were to revisit their previous home. One person wanted to spend an afternoon with their relative and cat. This visit had been successfully achieved and more visits planned. Another person had achieved their goal in returning to their home town to see where their family had a shop when they were young. A third person wanted to return to their village and see what their house looked like now. The latter two visits sparked reminiscence about their childhood and family life and both people enjoyed their visit.
- One person, who used to be a butchery manager, was supported to visit a local butcher to see how the trade had changed. The person could spend time talking 'shop', being introduced to staff and looked around the shop. With the person and their family's permission, the event was reported in local press. The person enjoyed their day and enjoyed steak for tea, a gift from the butcher. Other people had visited local churches and poppy fields, and celebrated events such as 'Burns Night' and St Patricks day with entertainers.
- We were told by staff about how a Christmas activity, such as tree decoration competition between the provider's services was turned into a special event with family involvement. The garden club helped in selecting Christmas spices, which were made into fragrant tree angels, people made baubles and families were asked to bring in tree decorations that had special meaning for them. The tree was decorated with music playing and drinks served.
- Several people joined their chorister peers from another of the provider's services to sing at the opening of a 'Remember me' (Dementia Arts festival) event held annually in Hereford. They went on to enjoy craft workshops, a tea dance and had lunch bought for them by the provider.
- We observed activities organised during the inspection. One was an exercise class facilitated by the activity coordinator for 11 people. They gave clear instructions to people regarding the exercises to make sure people were safe and encouraged one person to make specific movements to assist their health condition. The activity coordinator said, "We've changed a lot of activities depending on who is resident. We are always looking for suggestions from service users. There is a projector on order, so we can show more slide shows and have talks with PowerPoint."
- The provider and new manager ensured information was accessible to people. For example, there was a service user guide in an audio format. There were two colourful, pictorial activity newsletters, one for the morning and afternoon activities and the second for evening activities.

Improving care quality in response to complaints or concerns.

- There was a policy and procedure on display, which explained to people how to make complaints. There is a 'Stand-Up' poster displayed that gave people the opportunity to contact a member of the management team should they have a concern. The quality manager completed 'hospitality visits', where they spoke to people about their views of the service and whether they had any concerns to raise.
- People who used the service and their relatives told us they felt able to raise concerns and complaints, and they were listened to. Action had been taken when people raised concerns. Comments included, "If you've got a problem, you've only got to tell one of the girls and its sorted." A relative said, "The ability of the management to take on complaints or problems is great; it goes above and beyond other institutions I've known."
- Staff recorded any complaints so that improvements could be made. The service received very few

complaints and those concerns that were raised, were dealt with swiftly.

End of life care and support.

- People could remain at Charnwood Country Residence for end of life care with support from health professionals. The provider had a policy and procedure to guide staff in providing end of life care. This reflected current guidance issued by the National Institute for Care and Excellence (NICE) and the Leadership Alliance for the Care of Dying People (Five Priorities of Care).
- Staff had received training and guidance in how to support people sensitively at the end of their life.
- People had end of life care plans, which covered whether any wishes had been expressed, whether an advanced care plan had been produced and where people's preferred place of care was to be. One care plan we saw detailed family inclusion in decisions, what choices the person had made regarding resuscitation and what support their spouse would need. It was important to the person's family to be present to say goodbye at the end of their life and this was clearly stated in the care plan. The care plan was met in practice and there was evidence of spiritual support for relatives.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care. At the last inspection in 2016, the service was rated as Outstanding in this key question. We found the service had sustained the Outstanding rating and further developed governance and provider oversight.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service had a manager registered with the Care Quality Commission (CQC) but due to circumstances, a new manager had been appointed and was completing a transition period with support from the provider. The new manager had started the registration process with CQC and when completed the current registered manager would apply to de-register. This process meant there was a seamless handover of management.
- The provider and management team planned and promoted person-centred, high-quality care with excellent outcomes for people. This considered the range of needs people had. For example, the provider employed a physiotherapist who visited the service twice a week to provide opportunities for people to enhance their physical ability through exercise.
- The provider also employed an 'Admiral Nurse', who had specific expertise in dementia care. They completed visits to potential residents in their own homes prior to admission to support a good transition into life in a care home. They continued to support families after the move and for as long as necessary, which ensured they received support to understand how people could live well with dementia. Records showed the Admiral Nurse provided group learning sessions for staff and assisted in the development of care plans for people living with dementia.
- The provider used an Early Warning System (EWS) to predict when people could potentially develop infections such as chest infections and urinary tract infections. They worked closely with GPs to ensure people at risk had assessments and anticipatory antibiotics prescribed for use when out of usual working hours. The collaboration and quick response at the start of infections had led to a reduction in the need for hospital admissions.
- The provider had introduced 'Red to Green' days within the service and advertised this through national radio. This was in response to recognition that when people spend lengths of time in bed they quickly develop muscle wastage. A Red day was described as when a person does not receive support to achieve their personal goals and a Green day when intervention was received to enable those goals to be met. All staff within the service followed this initiative to ensure people achieved Green days. The staff worked well together as a team.
- The provider had demonstrated exceptional leadership and was very proactive within the service. They visited the service regularly and read handover reports and quality monitoring returns to ensure they had oversight. They knew the staff team and people who used the service.
- The provider told us they continually sought ways improve the experience of care for people who used the service and staff skills for the delivery of care. They invested heavily in staff training and development. To

this end they had recently arranged for managers of their services to experience what it would be like to be admitted to a service. The managers went through the assessment process, introduction to the home and staff, and spent the day as a person who used the service. There was a training day arranged following this for management, team leaders, catering staff and activity coordinators to participate in the feedback session. The session was recorded and used as a training exercise for all staff. Catering staff used the training day to explore the expansion of menus to include more culturally diverse foods. Activity coordinators explored the provision of meaningful occupations and how to support people to participate in activities of their choosing.

- The service had a 'resident of the day' initiative. This included staff discussing the person's care plan with them and updating it when required. It also involved the person being supported with specific activities and menu choices.
- The provider told us the next innovation they were exploring was a new approach to continence care. This was a product, which enabled a digital sensor to register changes in continence aids and so alert staff to the need to support people with personal care.
- The provider and new manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- The local authority told us, "The provider is viewed as an organisation with good practice who employs and sources their own physiotherapists, Admiral Nurse and occupational therapists. The provider is at the forefront of national initiatives, which are then transferred into practice within each setting."

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

- The provider had an excellent quality monitoring system, which has helped identify shortfalls, lessons to be learned and the quality of care to be improved. The provider had a proven track record of sustained improvement and high-quality services. There are six services in the provider's organisation; five are rated Outstanding and one rated Good by the Care Quality Commission.
- The provider's organisational structure included a quality manager who completed monthly audits of the service and hospitality checks with people who used the service. Any areas for improvement were included in an action plan for the new manager to complete.
- The new manager completed internal audits such as an analysis of care needs, staff observations, monitoring the lunchtime experience for people, and specific daily, weekly and monthly checks.
- The new manager showed us written pledges they had made to further improve daily activity for people who used the service. For example, one pledge was to have more sensory areas around the home and garden and was to be discussed with people for their ideas.
- Staff made very positive comments to us about the supportiveness of the new manager and provider.
- The provider and new manager continued to follow current evidence-based practice such as National Institute for Care and Excellence (NICE) Guidance.
- The provider won West Midlands Employer of the year at the Great British Care Awards 2017, which was awarded in 2018.
- Falls analysis was completed to look for patterns and trends, and to minimise re-occurrence.
- The local authority told us, "The provider takes a lessons-learned approach to safeguarding outcomes."

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

- The service held meetings for people who used the service and their relatives. There was also an annual survey; the last one was held in January 2018. One person who used the service said, "We have a lady you can give comments to (the quality manager). It's helpful that I can tell her if there's anything I'm not happy

with"

- There was a range of meetings for staff at all levels and documentation showed staff could make suggestions and raise their views. The new manager said, "I feel part of the team here and I believe in shared leadership and empowering people who live here and the staff. [Name of provider] is amazing; always contactable."
- The activity coordinator said, "I meet with other activity co-ordinators from the other homes and we share ideas. They often know the benefits of other activities."

Working in partnership with others.

- When people were admitted to hospital, the staff printed an electronic 'hospital pack'. This was an information guide for ambulance crews, nursing and medical staff. The hospital pack was extremely comprehensive and included observations, risk summary, recent falls, staff handover record, the care plan, a week of daily notes and person-centred profile, which included an action plan. This enable relevant people to have a full picture of the person's needs and how they were met. The provider told us they had received very positive feedback about the hospital packs from ambulance crews.
- The local authority told us the provider engaged well with Commissioners.