

Care UK Community Partnerships Ltd

Clara Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was carried out on 31 October and 2 November 2018 and was unannounced on the first day.

Clara Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Clara Court accommodates 76 people in one adapted building. At the time of our inspection there were 71 people using the service.

The service accommodates people across three separate units, each of which have separate adapted facilities. All of the units specialise in providing care to people living with dementia.

The service is required to have a registered manager to manage the service. At the time of our inspection there was a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in 2016 we rated the service good. At this inspection we found the service had improved and evidence supported the rating of outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated concerns.

We received positive comments from people and their relatives about the service. One relative told us, "Do they look after her, I should say so. They care for her so lovingly and respectfully. The care they provide to her is like family care." Other comments included, "Yes definitely, she actually says she feels safe", "Yes, from what I have seen, yes", "There always seems to be plenty [of staff] about. This view is shared by my other two sisters as well."

Staff we spoke with told us they would not hesitate to report any concerns to the relevant authority. Policies in relation to safeguarding and whistle blowing reflected local procedures and relevant contact information. People's medicines were managed so that they received them as the prescriber intended.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A robust recruitment process was in place to ensure prospective new staff had the correct skills to support people living at Clara Court. There were sufficient staff available to provide support to people to ensure their

safety was protected.

Staff developed good relationships with people and their families. Relatives told us staff were considerate and looked after their family members well.

The service supported people at the end of their life. End of life care plans included people's wishes and thoughts to ensure their remaining days were as peaceful as possible.

The environment created a homely atmosphere and consideration was given to the requirements of people living with dementia.

Many of the staff had worked at the service for several years. The provider continually recognised their contribution in providing a good service and worked in partnership with other organisations to further develop the service.

Staff knew about people's dietary requirements. Snacks and drinks were available throughout the day.

Activities and social events took place to avoid social isolation. Relatives and friends could visit without restrictions.

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.

Medicines were managed appropriately.

Staffing levels ensured people received care when they needed it.

Is the service effective?

Outstanding 

The service was effective.

There were champions within the service who actively supported staff to make sure people experience good healthcare outcomes leading to an outstanding quality of life.

Staff received regular supervisions to monitor their performance to ensure outstanding care was delivered.

Is the service caring?

Good 

The service was caring.

People's dignity was protected and staff treated them with respect.

People and their families were involved in care and treatment plans.

People were encouraged to personalise their rooms to ensure they felt at home.

Is the service responsive?

Outstanding 

The service was outstandingly responsive.

Staff used innovative and individual ways of involving people and their family in their support plans.

People told us staff had outstanding skills and had an excellent

understanding of their social and cultural diversity that may influence their care.

People had outstanding support at the end of their life.

Is the service well-led?

The service was well led.

The service had a clear vision about how it should support people. People said the way the service was led was exceptional and distinctive.

Staff felt valued and supported by the management of the service. Staff felt motivated and proud of the service. There were high levels of satisfaction across all staff.

Quality governance ensured the service was providing effective care.

Good ●

Clara Court

Detailed findings

Background to this inspection

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

This inspection took place on 31 October and 2 November 2018 and was unannounced on the first day. The inspection on the first day was carried out by two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using this type of service. The inspection on the second day was completed by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and any improvements they could make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. In addition, we requested feedback from the local authority commissioning with experience of the service.

We spoke with the registered manager, the regional manager, the deputy manager, three visiting healthcare professionals, the activity coordinator and six members of the care team. In addition, we were able to speak with eight relatives and three people who lived at Clara Court.

We reviewed seven care records and observational charts and each person's medicine record. We completed a stock check of medicines including controlled drugs and viewed records relating to the way the service was run.

We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Is the service safe?

Our findings

We received positive comments from people and their relatives about the service. One relative told us, "Do they look after her, I should say so. They care for her so lovingly and respectfully. The care they provide to her is like family care." Other comments included, "Yes definitely, she actually says she feels safe" and "Yes, [safe] from what I have seen, yes."

Staff demonstrated a good understanding of safeguarding procedures and knew who to inform if they had any concerns. Policies in relation to safeguarding and whistle blowing reflected local procedures and relevant contact information.

People's care plans contained detailed and informative risk assessments. Staff understood the importance of positive risk taking to promote people's independence. For example, we saw that one person was supported to access the community on their own. The person agreed to wear an identity bracelet with the contact details of Clara Court in case of emergencies while out alone. This enabled positive risk taking to promote independence.

Risk assessments included moving and handling, the malnutrition universal screening tool (MUST) and skin integrity. Accidents and incidents were reported in line with the service's policy and procedure. Staff demonstrated an awareness of using the incidents as a way of learning and prevention. Staff understood their responsibilities to record and report concerns and safety incidents. The service reviewed and investigated incidents and reported them internally and externally.

Sufficient staff were available to ensure people's needs were met. We asked relatives if they thought there were enough staff available and we received comments such as, "Yes, from what I have seen," and "There always seems to be plenty [of staff] about. This view is shared by my other two sisters as well." We saw that call bells were answered promptly and staff spent time with people without rushing. We saw evidence of appropriate skill mix when we viewed the services rota.

A robust recruitment procedure was in place. This included checks carried out by the Disclosure and Barring Service (DBS). These checks help employers make safer recruitment decisions to prevent staff who were unsuitable joining the service.

We viewed people's medicine records as part of our inspection. The service followed current guidance about the management of people's medicines. Where people received covert medicines, there were clear procedures which were in line with the Mental Capacity Act 2005. We saw best interest meetings had taken place relating to people receiving medicines covertly. Records showed that people's medicines were managed safely and as the prescriber intended. Where people required medicine on an 'as required' (PRN) basis, we saw that records were in place to monitor the effectiveness of the medicine.

Staff understood their responsibilities in relation to infection control and hygiene. The service followed policies and procedures in line with current relevant national guidance. We saw that the service was cleaned to high standards and staff were equipped with personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care. We asked relatives if they felt the service was clean, comments we received was, "Yes extremely. I bump into her cleaner's every day. My mum comments on it too." and "Yes I am very happy with the way it is kept cleaned."

Personal emergency evacuation plans (PEEPs) were in place to identify the support needs of people in the event of an emergency such as a fire.

Is the service effective?

Our findings

People and their families commented positively about how well-trained staff were... "Oh yes crikey. Some have an odd day but it is mostly 100% on", "They have sussed it out", "The ones that do their job do it ok", "I think they know" and "Just about level. I know that sounds funny, but just about level."

The service offered respite care for families when they required this. We saw positive comments from families about this service. Comments included, "On behalf of my wife I would like to thank Clara Court's team for their outstanding care whilst [My wife] received respite care. During this second respite I was confident that her needs would be met and your team would continue to achieve this", "I was apprehensive and wondered whether it was appropriate for my [relative] to have her first respite care at Clara Court. Fortunately, we were met by welcoming staff which relieved my anxieties. The environment is clean, well aired and relaxed. I phone daily and the team had no difficulty to update me regarding [my relatives] progress. Although they had limited time, it did not interfere with our communications. They (staff) were caring and reassuring at all times. In return, it gave me 'peace of mind'. My wife's visitor's all confirmed that the staff did their utmost to get her to settle.

Staff completed induction training and completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe and compassionate care. Staff told us the training was good and they were up to date with their training. Records we saw confirmed this. Staff training included safeguarding, dignity, dementia, health and safety and infection control. Staff also received face to face training which included moving and handling. Training was carried out annually and training completion and attendance was monitored by the registered manager.

People using the service were supported to take part in the recruitment of staff and had an influence on the outcome. We saw that two-people living at Clara Court were involved in the recruitment of new staff and chaired residents' meetings as well as showing visitors around with minimal support from staff. Both of the ambassadors told us they were 'the eyes and ears' of other people living in the home. One ambassador commented "I know if the new recruits have a passion for the job and are willing to make a difference to people's lives." Both ambassadors commented positively about their role. In addition, we were told, one ambassador at one point, when they first moved into Clara Court, suffered declining health and the family 'prepared for the worse'. However, the registered manager recognised that there seemed to be a 'pattern' to the person refusing food and subsequently suffering ill health. The registered manager noticed the person refused food when the family were around. The family were asked to avoid meal times when they visited and from that point the person started eating again and made a full recovery and went on to become the service's ambassador. The person told us they had a new lease of life and felt the role... "Weeded out the ones (members of staff) that would not 'fit in'." The registered manager told us how the role had given the person a sense of making a difference for people living at Clara Court by having an input in who was appointed to work at the service.

The service promoted the use of champions within the service who actively supported staff to make sure

people experienced an outstanding quality of life. Champions are staff who have shown a particular interest in areas and acted as role models for other members of staff. The registered manager told us that by having champions in Clara Court had opened the door for career progression and gave staff ownership and empowered them to take the lead in supporting other members of staff. Staff told us how being a champion enabled them to ensure people received individualised care that was responsive to their needs. For example, enabling people to make choices about the way they live and the care they received. Staff told us the importance of seeing each person as an individual with individual needs and asking questions in a way that people could respond to. For example, we heard staff asking closed questions rather than open questions to people living with dementia. Such as "would you like" Rather than "what do you want". Staff told us how the experience of specific training they had received had made them appreciate the importance of seeing the world through the eyes of a person living with dementia and to ensure reassurance is provided with appropriate communication and touch.

The service had dedicated champions for dementia, health and safety, falls and dignity. We saw that champions had made a difference to the quality of the service provided. For example, the champions in dignity were all committed to take action and stand up and challenge what seems to be disrespectful behaviour. Champions enabled staff to keep their practice up to date which in turn meant people received appropriate care. We spoke with staff who were champions and they told us they were able to cascade updates and best practice to the rest of the staff team.

The service encouraged evidence based approaches to support the delivery of high quality care and worked towards recognised accredited schemes. We spoke with a visiting healthcare professional who told us about various projects the service was involved in. For example, the service was part of the hydration project. The rationale for the project was to reduce the rates of urinary tract infection (UTI) in care homes. NHS England reported in 2014 that urinary tract infections was the condition with the highest hospital emergency admission rate. The aim of the project was to reduce urine infections through improving hydration in care homes. In addition, to improve the general health and well-being of people living in care homes and to optimise the management of UTI management and prescribing. The role of Clara Court in the project was to ensure hydration stations were on every unit of the home and to implement seven structured drinks rounds per day. Monthly UTI data was collected to enable a change in the way a UTI was diagnosed.

We saw a dedicated member of staff who was known as 'the hydration man' offering people a variety of drinks throughout the day. This was an official role and was part of the hydration project. When people had consumed the drinks, this was recorded to ensure they had received sufficient fluids to minimise the risk of developing infections. The registered manager confirmed there had been a reduced number of urine infections as a result of the project. This was evidenced in the accident and incident reporting that we saw and demonstrated that falls due to urine infections had significantly reduced within the service since the project began. For example, in June 2017 seven urine infections had been recorded and in June 2018 there had only been one urine infection recorded. Similarly, September 2017 showed seventeen urine infections recorded and September 2018 only two recorded. In addition, falls related to UTIs had dramatically reduced since the project began. We saw that in June 2017 21 falls had been reported and in June 2018 only nine falls had been reported. September 2017 saw 17 falls relating to UTIs and September 2018 only six had been reported. This demonstrated the project had significantly improved the well-being of people using the service.

Other innovative projects were the training of staff in Verification of Expected Death (VOED). We saw staff were booked to attend the training in November this year. When an expected death occurs out of hours in care homes, the Out of Hours (OOH) GPs may decide not to attend to verify the death. If there is no-one in the care home who can undertake VOED this situation delays the transfer of care for the deceased person. This can lead to distress to the family and care home staff. The service recognised this was detrimental to all

concerned and had agreed to take on this training to ensure expected deaths did not cause undue stress for staff and the relatives of the deceased.

We saw that three members of staff had been accepted onto the Nurse Associate training programme which was due to take place in January 2019. The nursing associate role is intended to be an important role in its own right, and to act as a route for those who want to progress to become a registered nurse.

In addition, the service promoted a staff recognition scheme for staff who 'go the extra mile' (GEM). The service was provided with a GEM pack which included a poster to be displayed in the reception area, cards to nominate members of staff and 'colleague of the month' certificates together with a photo frame to display a picture of the colleague of the month.

We saw that work placements were offered to college students who had an interest in care work to enable them to continue to work at the service. We saw a comment sent to the service from the college where the students previously attended. 'Your contribution to our learners' personal development is apparent in the way they have developed in confidence and personal attributes.' Two members of staff were previously college students and had continued to work at the service. We spoke with one of the members of staff and they told us they had had health issues and had been supported by the service during that time. They said, "I have received an incredible amount of support in returning to work following my health issues." They told us how they had been able to change their original contract to enable them to continue to work at the service. Supervisions were used as a way of support and acknowledging additional support needs. One member of staff told us how they were supported during a difficult time in their life. They told us, "I have to admire the patience the [registered manager] has shown me through a difficult time." Records showed that supervisions were carried out on a regular basis.

People commented positively about the food. The service provided good quality food with a variety of options to choose from. We saw people enjoying their meal in a relaxed atmosphere with assistance from staff when required. One relative told us how their family member had put on weight since arriving at Clara Court... "We are happy with that. Mum likes to eat with a spoon, so they make sure she can eat everything with just the spoon, including her roast beef on a Sunday, which is cut up so she can use her spoon." One person said, "There is plenty of it, and it is pretty good." Staff were aware of people's individual preferences and was flexible when people ate and where they preferred to eat. One relative told us, "Yes. The food is very good. They have several choices. If one doesn't like vegetables they can have a salad. It is all about choice." We saw that people were able to invite their family to join them for meals.

The service used the MUST tool to determine what risk a person was of malnutrition. Each person was weighed monthly or weekly dependent on the individual risk. Weights and risk levels were submitted monthly to the registered manager who reviewed and entered the data on a weight monitoring document and on a monthly weight tracker from date of admission.

There was a strong emphasis on the importance of eating and drinking well. There were methods used to encourage people who had difficulty in eating and drinking. For example, the first action for recognised weight loss was the addition of fortified food and high calorie smoothies (food first principle). Should weight loss continue a referral to a Dietician via GP was made. The home provided finger food snacks every day, fruit and snack boxes were available 24 hours a day. People had set fluid targets which were agreed by the GP. Average fluid intake was normally 1600mls per 24 hours, however when this dropped an agreed fluid target was set in conjunction with the GP. All people with less than average fluid intake was on a fluid monitoring chart. The service had taken part in a hydration project with the Clinical Commissioning Group (CCG) for the last 6-8 months. This involves ensuring a minimum of 7 drinks are offered per day. This data was recorded and collated monthly and submitted to the CCG. The registered manager told us how the

project had significantly reduced the amount of urine infections people contracted.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff were trained and had a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff told us they had completed training on Mental Capacity Act 2005. Staff showed an understanding of consent and the MCA. Staff told us, "We support people to make decisions." The service had nominated champions for mental capacity who were confident about using the MCA and made sure people's human rights were respected. We saw that best interest decisions were made in accordance with legislation.

Clara Court was set in surroundings that recreated the feeling of home. The premises were designed on three floors with two lifts serving all floors. Corridors were wide to accommodate wheelchairs. There were different areas for people to use for their private space to spend time with family and friends. Each floor had tactile wall artefacts and we saw Memory Boxes with a full display of items chosen by the person and or families which gave a life time summary. Coloured dots signified the capacity and respite status of people. Each door had a photo of the person which could either be current or from a period of their past. The garden was well laid out with pockets of trellis, greenery and flowers. It was well maintained and could be accessed all year round.

Is the service caring?

Our findings

We received positive comments about the caring nature of staff. Comments included they're a great bunch", "Oh yes absolutely, they worry about their patients", "Yes definitely, she has slight dementia", "Very. The atmosphere makes me smile. The residents are always happy it's like the staff treat them like their own family." We saw that people were able to maintain their relationships with the support of Clara Court. For example, when married couples lived in separate services weekly visits were arranged to enable the couple to maintain their relationship. We saw a comment from a professional who was involved in the support of one couple which was, "The visits between [Name of couple] seem to be going really well. [Name] certainly looks much happier than when I last saw him." In addition, we saw that the service promoted family connections by way of video calling for relatives who live abroad. A comment from a relative who lives abroad was, "Having a parent who suffers from dementia or Alzheimer's can be really hard on all members of the family. I realise how vital it is to keep up regular contact in order to maintain my ever-evolving relationship with my mother. For me, the fact that I live abroad makes this very challenging. Although I can make it back to the UK for four or five times a year, at times, I simply want to chat to mum face to face for five minutes. Since mum has been a resident at Clara Court this has all been made possible through the use of an app and very caring staff members. The video calls are free and I usually manage to talk to mum and get to see her at least once a fortnight. It makes me feel so much closer to her, even though I am far away.

In addition, we saw a professional visitor survey for January to March 2018. Supporting comments included, "All staff are caring and knowledgeable pleasure to work with", "Interactions with staff and observed interactions with their clients means if my parents ever need full time care, then Clara Court would be my first choice", "From a professional perspective everything is always ready", "Superb communication all round. Very good", "This is the home that I'd pick for a beloved family member. Can't say any more than this", "The fact that if needed Clara Court would be first on the list to care for parents is an indication of the good work the staff always do when I visit" and "Visit booked on the same day and time taken by [registered manager] and staff to show the resident around and answer all queries".

People told us, "Yes, they are (caring) the last place was in a nunnery and they weren't kind and locked me in a room. It is not like that here" and "Yes, they are. Even though some of them are men, they all respect me." People commented on staff respecting their dignity... "Definitely. Dignity without a doubt, 100%. Relatives told us, "Privacy is not that important as mum likes to be involved in everything" and "Yes always. If we are in her bedroom they always knock on her door. They are very respectful." "They are unbelievable. Because of the changes in my mum I think they know the new (mum) better than me. They are so good at diversion tactics. I have learnt a lot from them."

Pre-admission assessments, enabled the expectations of people's needs, and wishes to be respected. Life history allowed an insight in to people's expectations. Families told us they were reassured that they were entering a partnership rather than a takeover.

Families were involved in any decision making with regards to their relative's plan of care. People were encouraged to personalise their bedroom and this was encouraged prior to admission to

ensure a familiar and friendly environment on admission. The service encouraged people and their families to get involved in starting and working on their Life History/Story Books with the Lifestyle Coordinator. Formally known as the activity coordinator.

Once care plans had been formulated, staff ensured that people and or their families had a chance to go through the care plans and give input as and when required and if any amendments were needed staff ensured that this was actioned. Every month one person would be the 'resident of the day' and on those days staff aimed to involve people and or their families in the monthly reviews and obtain any feedback that they may have.

Confidentiality was maintained and information was only shared when it was in the best interest of people. The service followed the providers Equality and Diversity policy for guidance to ensure that those who live, work and visit Clara Court were treated as individuals with dignity and respect. The service complied with the Equality Act 2010 and ensured people were not treated unfairly due to any protected characteristics under the legislation. We saw that two members of staff were not treated any differently due to their chosen lifestyles. One of the members of staff told us, "Equality and diversity was part of the interview, I felt safe to say who I am."

The service supported people to access external bodies such as advocacy services when required. We saw advocacy service contact details displayed in the service. Advocates are people independent of the service who help people make decisions about their care and promote their rights. We saw comments from relatives relating to the service acting as an advocate for their family member. "We are so grateful that [Name of staff] acted as an advocate for us during the time when mum was admitted to Clara Court from hospital. [Name of staff] saw during respite how mum was not just a 30-minute snapshot visit. Although mum has good communication skills this can be deceiving, being our advocate and having the training and skills the staff could see all mum's shortfalls and needs. Quickly they alerted the social service to mum's needs." The family commented how they had engaged with all of the staff even the maintenance person who helped put up photos and paintings which "Made such a difference."

Visitors were able to visit without restriction. We saw friends and visitors during both days of our inspection.

Is the service responsive?

Our findings

The service involved people and their families in their care and support plans. People's individual needs were assessed before they came to live at Clara Court to ensure the service was able to meet those needs. The assessment included individual preferences to enable people to have as much choice and control as possible. People's care and support plans were written in partnership with them. Staff used innovative ways of involving people to ensure they felt valued and listened to. For example, asking people about their level of independence in a way that they understood and asking what they wanted to achieve in relation to being independent. We saw examples in people's care plans where the question was asked how much support do people want and what should the service do to enable that to happen. Examples were offering a walking aid on days when people felt they needed that support while other days people were being independent and not using any mobility aids. This gave the person choice and allowed the person to be in control. Staff told us this was beneficial in terms of improvements in mobility as people felt it was their choice and worked harder to improve their mobility. Where necessary family support was requested to ensure details about the person's requirements were not missed.

We saw that care plans were reviewed regularly or as needs changed. We spoke with the visiting GP who told us that they had a unique relationship with Clara Court and that they... "Massively punch above their weight;" the GP went on to say that they "Will happily sing their praises." The GP told us that anything they request the service to do is never an issue. They told us sometimes "it's already done before I request it." For example, someone requiring additional monitoring due to a decline in health. Another of the visiting professionals we spoke with said, "I would have no hesitation for my mum and dad to live here."

We saw that one person became extremely unwell due to a recurring condition and stopped eating. The GP wanted to prescribe strong pain relief to manage the condition. However, comments from the relatives reported, "Mum was so weak and lost so much body weight which she could not afford to lose. The girls including the manager nursed mum around the clock. They sat with her all night re assuring her and keeping her temperature down with cold flannels. If mum wanted something to eat at 2 o' clock in the morning it was made for her even though she only managed a couple of mouthfuls. I will never be able to repay them even if I live for another 100 years. They have all become part of our family and we will always be eternally grateful." This demonstrated that staff respond to and went the extra mile to address people's needs.

Visiting professionals told us the service was focused on providing individualised care and achieved outstanding results. We spoke with three visiting professionals who all echoed the exceptional care provided by the service. The service understood the needs of people and promoted equality. We saw one person who had declining health and spent their day in bed. The person had reverted to their first language. Staff were able to speak a few words in the person's first language to make them feel 'at home'. In addition, we were told a church service visited the person in their room. This was an important aspect of their life both when they were well and more so now their health had declined. We saw that end of life wishes had been discussed in detail with the person and their family.

In the last Relative satisfaction survey (2017) Clara Court were 5th out of the 119 Care UK homes surveyed. The top three areas were 95% for the activities, 90% for availability of staff, quality time with relatives and 95% for staff keeping families informed of changes or updates.

One relative told us how the day centre facility had enabled them to continue to work full time... "She comes here twice a week for the Day Centre and for respite too." The relative commented in the services compliments folder and wrote, 'I would just like to say how much I appreciate the support that [my relative] and I receive at Clara Court. Both the day service and the one to one service allow me to work full time and gives me peace of mind that [my relative] is being looked after. In addition, we have access to GP visits and you also support us with arranging monthly medications.'

We saw examples of where the service had supported people to achieve their goals of living back in the community. For example, with support with daily tasks and treatment programmes, the service worked with people to get them back home where they wanted to be. The registered manager told us, "The sky is the limit at Clara Court, anything is possible." We saw an example where one person was able to access the community on a regular basis with support from the service. The person reported "I am on top form." We saw that the person decided against having a befriender to go out with him and told staff he wanted to go into town 'to have a pint'. Clara Court and the person made an agreement that they would keep in contact with each other during the trips out by mobile phone. This meant that including the person in decisions enabled them to have an active role in their own care.

In addition, the service incorporated the 'Living well with dementia' strategy. Living well with dementia is a national dementia strategy which sets out a vision for transforming dementia services with the aim of achieving a better awareness of dementia. We saw creative approaches to care and support. For example, to evaluate any initiatives including behaviour charts that were already in place and document any new requirements. Dementia champions supported staff and enabled any new requirements to be cascaded throughout the team. This demonstrated well trained staff who understood person centred care and developed a flexible approach which enabled people to live well with dignity. The registered manager told us that by having meaningful activities and using person centred care the use of antipsychotic medicines had reduced. For example, there were now only three people who received antipsychotic medicines. In February this year there were five people receiving the medicines.

Arrangements for social activities were innovative to meet people's individual needs so people could live as full a life as possible. We saw that the service enabled one person to continue to attend their summer family party. The staff surprised the family and attended the party with their relative and stayed with the person to support them. This meant grandchildren were able to see their grandmother for the day. The family commented, "It meant that all the grandchildren and friends could enjoy having mum with us without the worry of her becoming agitated or worried. We had a great time dancing with her to familiar songs and creating some more new memories. Without the support of Clara Court this would not have been possible."

Various activity programmes were available for people either on a one to one basis or within a group. People and families commented how good the programme of activities was to avoid social isolation. The service encouraged people to participate in hobbies and interests that gave them pleasure in the past, enabling memories to be stirred and thereby lessen any anxiety and irritability that their condition may bring. A new wish tree was available and people were encouraged to share their wishes and the service endeavoured to make their wish come true. The service recently supported a person whose wish was to meet their local MP on their 109th birthday. Arrangements were made and the home was able to fulfil the person's wish in meeting the MP who joined them in celebrating their birthday. Another person had a great interest in motorcycles and made a wish to relive their cherished memories. The service enabled the person's wish to

come true and enabled them to visit a motorcycle race track and museum where the person and her husband spent so much time in the 1930s.

People voted to have rabbits in the home and this was arranged by the service. We saw that the rabbits were very docile and gentle and people enjoyed giving them treats and patting them. Numerous entertainers visited the service, and we saw that the service recently had Bollywood dancers which we were told everyone enjoyed. One relative told us, "My Mum really enjoys this. Mum loves Bollywood dancing. The chef is also a key board player and in the afternoon, he comes and plays for them. They have great summer parties with music and food. It is really nice."

A weekly activity plan was available for people and the service encouraged people to participate in daily activities and to socialise in communal areas in the home including the coffee shop area and the dining room at meal times. The service had a local shop and several people took regular trips to purchase items. The service took a key role in the local community and was actively involved in building further links. We saw the local school visited Clara Court to donate the dementia friendly games they had designed and made in their design and technology lessons. The visit was a huge success on both sides. The children introduced and demonstrated their games later playing them with people. One person commented, "I wish our school days were as good as these days it was lovely to see the children." One of the pupils commented, "The best bit about visiting Clara Court was the joy on the residents' faces when they won a game; it made me feel special." The visit had prompted the idea of further connections on a regular basis, between the service and the school.

The lifestyle coordinators had worked with people and their relatives to ensure life history books were completed and people were encouraged to get involved in adding information in their own memory boxes. We saw a memory box outside people's bedroom doors and even if people did not want to have any personal belongings or reminders in the box, the service encouraged them to choose a poem to display.

A shop was on site for people which was stocked with toiletries and treats so that people who were unable to access the community had a means of making their own purchases. The service's Lifestyle Coordinator had also attended a course for chair exercises which had been delivered and enjoyed by people living at Clara Court. We saw group seated exercises taking place during our inspection. We saw that everyone joined in and engaged with the member of staff instructing people of the various moves. People commented how much they enjoyed this session and it... "Makes me come alive."

Systems were in place to investigate and respond to complaints. We saw there was a complaints policy on display in the main reception area. One person told us "I would start at the office if I had any concerns and then go to the manager or the deputy as there is no barrier to seeing them." Another person said, "I would go to the man in charge of the whole thing and I would ask for a meeting." One relative told us, "Yes I would talk to the manager or the deputy. I keep a book on mum's issues and activities. They are happy to write and use this too. So, in effect it is a handover book." We saw there had been no complaints in the previous twelve months.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw notices were displayed throughout the service which enabled people to have access to information such as meeting and community events taking place. The format was in a style that people could read with ease and understand.

The service supported people at the end of their life and worked closely with healthcare professionals to provide outstanding end of life care. The service had taken account of language, communication and the ability to understand when decisions were made. For example, we saw one person and their family were supported with specific requirements such as language and choice of religious services. This was clearly recorded in the person's care plan and any changes to health or requirements communicated to the care team. In addition, the provider recognised that staff also needed support when they were caring for someone during the end of their life. One member of staff told us, "You are never alone you are always supported." We saw other examples where end of life wishes were respected and planned for. One written comment from a relative was, "The plan captures the essence of mum and her needs. It is great to get further proof that mum's conditions and needs are so well understood and catered for. Thank you once again for all the care, help, encouragement and understanding we all receive."

Is the service well-led?

Our findings

People were at the heart of the service; the service's aims and vision were developed with people and staff in mind. Staff told us they were proud to work at Clara Court. There was a strong commitment of inclusion throughout the staff team. We spoke with two members of staff who told us they were supported and made to feel equal in relation to their lifestyle.

The registered manager developed their own leadership skills and those of the team. Staff told us they had exceptional support from the management team. Staff said the managers often help 'on the floor' and came in at weekends to cover a shift when required. They told us the registered manager was a positive role model, who was passionate about their role and was also keen to develop the rest of the team when they were ready. We saw that staff were long standing and had worked at the service for many years. Staff understood their roles and responsibilities and were confident in the leadership of the service. We saw comments from relatives such as, "Credits and praises should go to the team and the leadership of [Registered manager]. From my first visit, I noticed the sense of professionalism including a good standard of care which she strives to maintain throughout Clara Court.

Performance was regularly monitored through appraisals and supervisions to ensure the delivery of care was consistently outstanding. Feedback to staff was provided in a constructive way to ensure improvements were made when required. The service worked in partnership with other organisations to ensure they provided an innovative high-quality service and had taken part in several good practice initiatives to further develop the service. These included, Living well with Dementia and the hydration project. In addition, plans were in place to train staff in the Verification of Expected Death (VOED).

Governance was used to monitor performance and risk and was seen as key into the delivery of exceptional care. Systems were in place to monitor the quality of care. We saw the service used incidents as a way of learning from such events. Measures were put in place to ensure reoccurrence was less likely. There were clear results that showed this approach was effective. For example, dementia champions made a positive difference to people who displayed challenging behaviour. We saw that there were less incidents due to challenging behaviour as a result of having champions. In addition, engaging people living with dementia in meaningful activities improved behaviours that challenges.

The service worked hard to identify and share models of good practice in dementia and worked closely with the district nursing service and the mental health teams. The registered manager encouraged other professionals to make use of the facilities at Clara Court for meetings and training opportunities. In addition, we saw the registered manager had completed a three-day Leading person-centred services for people living with dementia course. This was commissioned by the organisation. The course enabled the service to develop an action plan for undertaking areas of improvement. In addition and to understand how they can work effectively with their identified Dementia Champions and the wider team to embed improved practice and thereby resulting in positive outcomes for people using the service.

There was engagement with people who used the service and feedback was welcomed and used as a way of

continuous improvement. Views of people who used the service was seen as the core of quality monitoring. Staff meetings were held where good practice recommendations were passed on. Staff told us the meetings were an opportunity to contribute and make suggestions. Staff told us the registered manager was approachable and they could discuss any concerns.

The service had developed links with the community with people's preferences in mind. For example, people said they particularly enjoyed the school children visiting the service. We saw that this was taken into account and additional visits were organised.

The service's values were underpinned through meetings and surveys and were guided by the principles of integrity, kindness and respect. People and their relatives told us they were actively encouraged to give feedback about the service. The registered manager told us, "Clara Court is not a care home; we are all visitors here." We saw that regular resident and family meetings were held to provide people with the opportunity to have a say in how the service was run and to enable people to choose how they wanted to live.

A professional visitor survey in January 2018 stated an overall satisfaction of ninety six percent. The registered manager told us Care UK was supportive. They said, "I could have crushed when I had personal problems, they supported me through this." They went on to say there was a team effort throughout the organisation and there was emphasis on empowering colleagues. They said, "When I am not in Clara Court everything is under control."

The registered provider rewarded staff that 'went the extra mile' with the GEM scheme. Staff were motivated and proud of the service. Staff were encouraged to develop. One member of staff told us, "I have taken on a leadership role it makes me feel good about myself." Comments from relatives were, "It is the best care home we have seen. It is clean, tidy and well maintained. We would give it 10 out of 10", "They all come out to greet you", "A very friendly, warm, fun and vibrant place. It is always bright in here. There is no darkness and they is always happy noise going around" and "We wouldn't have our mum today with us if it wasn't for this place. You can come here anytime and are always welcome 24 hours a day. The energy level here is amazing. Dignity, cleanliness and respect are the boxes that are ticked. Can't think of negativity. Even when things go wrong, they acknowledge and sort. That attitude is key. Very professional and very good leadership all the way through the organisation. The garden is beautifully maintained and actively used by all. What more can we say."

The service had a track record of being an excellent role model for other services and had taken part in several good practice initiatives including the hydration project and the dementia strategy. The organisation strived to ensure excellence through engaging with other organisations and reflective practice. For example, Verification of Expected Death (VOED) was another initiative the service was taking part in. We saw staff were booked to attend the training in November this year. In addition, the service promoted a staff recognition scheme for staff who 'go the extra mile' (GEM).

The service had been successful in receiving a number of awards for their work. In 2017 they were awarded the Care UK outstanding services in residential care award. They had also received the Care UK Home of the year award for 2017.

