

St. Michael's Homes Limited

Howard Lodge Care Centre

Inspection report

Beacon Hill Road
Kelvedon Common
Brentwood
Essex
CM14 5FQ


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Tel: 01277373603

Website: www.stmichaelshomes.co.uk

Ratings

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

Summary of findings

Overall summary

About the service

Howard Lodge provides accommodation with personal and nursing care for older people, some of whom may be living with dementia. Howard Lodge accommodates 72 people across four separate units, known as hamlets, each of which has separate adapted facilities. At the time of the inspection 71 people were using the service.

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

Feedback from people and relatives about their experience of using the service was universally positive. This was summed up by one relative who told us, "I have nothing but praise for this home. The quality of leadership and togetherness of staff, their genuine caring nature, all of this stands out." This sentiment was echoed by everyone we spoke with.

The provider and registered manager demonstrated exceptional leadership and lead by example, promoting a highly caring and person-centred ethos where people's needs and wishes were placed at the heart of the service. Consequently, the culture within the service was extremely positive. Staff felt listened to and valued, and worked very well together as a cohesive and supportive team.

The level of engagement with people, their relatives and the staff team was excellent. The service listened to people and actively sought feedback to ensure people, relatives and staff were fully included in how the service was run

Staff morale was high and staff told us they loved their jobs. This benefitted people who were supported by a happy, stable workforce who knew them very well. The positive impact of this was summed up by a relative who told us, "Carers walk around with smiles on their faces. That's a great lift for everyone."

We were provided with numerous examples of the kind and caring nature of staff and how the service went the extra mile to meet people's needs and aspirations. Family members told us there was a positive atmosphere at the service and people were encouraged and supported to take part in a range of stimulating and meaningful activities.

The service demonstrated a commitment to providing opportunities for people to continue to do things they had previously enjoyed or try new things. Best practice guidance was consistently applied to support people with dementia to have opportunities for meaningful engagement.

The provider had invested in time and resources to ensure the building and gardens were attractive and well maintained and met the individual needs of the people who lived there. Careful consideration had been given to ensuring the environment was 'dementia-friendly', providing lots of opportunities for stimulation, exploration and reminiscence.

The service had been recognised and won awards for its level of community engagement. Strong links with the community had been forged which provided people with opportunities to feel like valued members of their community and promote their social inclusion.

The provider demonstrated a strong commitment to providing excellent end of life care which considered the support needs of people, their relatives and staff. When people died, care and attention was given to remembering and celebrating their lives with their relatives and staff.

The training staff received was of a very good quality and staff were encouraged to continuously develop their skills and knowledge. People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. Policies and systems in the service support this practice.

The safety and quality of the service was monitored and assessed consistently. Regular audits on all aspects of the service were completed and improvements were made when needed. The service was creative and innovative looking at different ways they could continuously improve the service and ensure positive outcomes for people.

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

Rating at last inspection. The last rating for this service was Good (April 2017)

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

We were made aware of a notification of a specific incident. Following which a person using the service died. This incident is currently subject to investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the unsafe management of medicines. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern, and this had been an isolated incident.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

the service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well led

Details are in our Well led findings below.

Outstanding ☆

Howard Lodge Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors, and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Howard Lodge Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced and was carried out on 28 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

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

provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, activities staff, one volunteer plus seven care staff. We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four health and social care professionals who regularly worked with the service for their feedback.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe with the staff that supported them. One person said, "It's a lovely safe home, the staff couldn't do more for you, they are lovely." A relative told us, "The staff are very good so I can leave knowing [person] is in good hands, I trust them [staff]."
- Staff received training in how to protect people from the risk of abuse. They knew the signs to look for and how to report concerns.
- There was a whistle-blowing policy in place and staff were confident if they raised any concerns with the registered manager they would be dealt with quickly and appropriately.
- The registered manager understood their safeguarding responsibilities, including completing investigations, taking action to reduce future risk and sharing information with the appropriate authorities.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed which were reviewed monthly or sooner if people's needs changed. They covered a wide range of areas such as, mobility, falls, skin integrity, bed rails and nutrition. Guidance was in place on how to manage the risks and staff showed a good awareness of what was needed to keep people safe.
- People's risk of choking had been assessed and the service had purchased a 'de-choker,' a specialist piece of equipment which could be used to try to remove objects lodged in the throat. Staff had received training in how to use this equipment.
- When accidents or incidents had occurred, these were recorded and analysed to provide learning opportunities and minimise future risk.
- The service fully embraced the best practice principles of 'Prosper,' a local authority initiative aimed at reducing the incidents of falls, pressure ulcers and urinary tract infections in care homes.
- Prosper was being used in a meaningful and consistent way which had a positive impact on people's safety and wellbeing. A social care professional told us, "As part of engaging with Prosper, we request that homes submit monthly data used as a means of detecting patterns and trends within their home. Since joining the project, Howard Lodge have consistently and regularly submitted their data. Furthermore, they made the decision from the start to submit data separately from their four hamlets to give them more scope of seeing how the home is performing, and where issues may be developing."
- A range of health and safety checks were regularly completed to ensure a safe environment. The service employed a maintenance person to keep the service in a good state of repair. A person told us, "The maintenance man loves his job; we're always chatting; I think he's brilliant and he does a good job."
- Personal emergency evacuation plans (PEEPs) were in place, and fire safety checks and drills were regularly completed.

Staffing and recruitment

- The service was made up of four units called hamlets. Each hamlet has its own regular team of senior staff and care staff which meant people benefitted from continuity of care. Feedback showed this had a positive impact on people. A relative told us, "I like the way that they keep the same staff in our hamlet so that [person] sees the same people, they take a long while to get to know people, so keeping the staff the same is really good for them."
- There were sufficient staff deployed on each hamlet to meet people's needs in a safe way, and staff responded quickly to people if this was needed. A relative told us, "There are enough staff and the buzzer is answered straight away." Another said, "There are always staff around and I know [person] won't be left alone."
- Robust recruitment processes were in place to make sure staff were recruited safely. All relevant checks had been completed including taking up references and completing Disclosure and Barring (DBS) checks which are used to check potential new staff do not have criminal records and are suitable to work with vulnerable adults.

Using medicines safely

- There were systems in place for managing people's medicines. Medicines were stored, administered, and disposed of safely.
- Only staff who had been trained and assessed as competent administered medicines.
- People we spoke with told us they received their medicines safely and as prescribed. One person said, "They come round regular with the pills, I really trust them with my medications".
- Regular medication audits were completed, and action was taken when improvements were needed.

Preventing and controlling infection

- On the day of the inspection we found the service was clean and well kept and there were no bad odours.
- The service completed monthly health and safety audits and visiting relatives were involved in completing infection control audits to monitor the cleanliness and hygiene within the home.
- Staff received training in infection control and had access to personal protective equipment (PPE). Staff used PPE appropriately to ensure people were protected from the spread of infection. For example, we observed staff washing their hands, and using aprons and gloves in the correct way to reduce the risk of contamination.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were scrutinised and learnt from to minimise the risk of re-occurrence. New improved systems had been implemented where failings were identified. For example, where a medicine error had occurred, additional audit practices had been put in place, and observations of staff practice had increased from one to three to improve safety.
- Staff had been designated as 'champions' to look at different ways safety could be improved for people. The areas they had focused on included reducing pressure ulcers, end of life care, wound care and falls. Champion roles were rotated to ensure that learning about key areas was shared with all staff.

Is the service effective?

Our findings

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

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

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

- People were assessed prior to them moving into the service. The assessment identified people's physical, mental, social and cultural needs to ensure these could be met by the service. The registered manager told us, "We will go in pairs as this enables one person to complete the paperwork while the other person speaks to the person coming into our Home. This helps to create a more comfortable assessment for the person."
- To reinforce good practice the service had designed and produced pocket information cards on a key ring which held concise and relevant guidance for staff on a range of subjects, such as, signs of sepsis, action to take in the event of a fall and mental capacity act principles. This enabled staff to have easy access to important information to enable them to support people effectively in accordance with best practice principles.
- Innovative technology and equipment was used to deliver effective support, and promote people's independence. For example, the use of 'luminous footprints' to help people find their way to the bathroom at night without needing to call for assistance. This technology had been effective and had reduced the incidents of falls for some people.

Staff support: induction, training, skills, and experience

- People told us staff were professional and competent. One person said, "The staff here are excellent, very well trained, they know what they're doing." A relative told us, "The staff are always professional in what they do and support the residents very well in every way."
- New staff were given a comprehensive induction, which included completing mandatory training and shadowing existing members of staff to learn about people and the job role.
- The service used the Care Certificate to induct new staff and support their learning. Staff were required to complete a workbook over a twelve-week period as part of their probation. The Care Certificate is considered best practice, setting out a set of standards that health and social care workers should adhere to in their daily working life.
- The training provided to staff was of a very good quality and covered a wide range of subjects. The service considered staffs different learning styles and accommodated their needs. One staff member said, "The training is very good, they are always giving us up to date training. They make sure you do it all. I can't learn on line, sometimes it doesn't go in, but here you can choose, all my training has been done face to face. The manager gives you the option to choose."
- Staff received training in equality and diversity and had been provided with training resources such as 'Safe to be me' which provided written guidance on how to meet the needs of older lesbian, gay, bisexual and transgender (LGBT) people.

- Training was delivered by the registered manager and a qualified 'in-house' trainer who also provided 'pop-up' workshops for staff where they would set up a stand regarding particular areas of practice. For example, they set up a workshop to teach staff how to use the de-choker devices purchased for the home.
- Staff received face to face training in how move and position people safely and effectively. We observed staff moving people which they did so gently and competently. A person told us, "The carers are always careful when they help to move me, I have to have that awful hoist to move me and I don't like it, but the staff are always careful when they do move me."
- Specialist training was provided to develop staff understanding to meet the individual needs of people who used the service. One staff member said, "The last training, I really enjoyed was the virtual dementia tour. It makes you so much more understanding of people's experience of dementia and in some way I though this could be me one day."
- Staff told us they enjoyed working at the service and felt very well supported. Staff received regular supervision, appraisals and observations of their practice. This ensured staff performance was monitored and any learning needs were identified.
- The service used staff 'champion' roles in a meaningful way to promote staff learning and development. Champion roles were rotated to ensure all staff had opportunities for learning.
- Regular 'champion' meetings were held where best practice guidance was shared and applied in practice. For example, at the last champions meeting a discussion was had about how to support people at risk of falls who stepped over sensor mats. It was identified that sensor lasers would be of more benefit for those people and these were then purchased.

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

- People were supported to have enough to eat and drink which met their needs and preferences.
- Each Hamlet had a 'hydration station' in the lounge area providing a choice of drinks for people and visitors. People were regularly offered hot and cold drinks which were left within reach.
- People said the food was nice though some said they would like more variety. One person said, "The food is quite good here, sometimes you get the same thing too often, but on the whole, it's nice." Another said, "I'm OK with the food here, but you can have too many cheese and crackers for tea. Perhaps they could put on more of a variety." A relative told us, "The food is of good quality and I've eaten here so I know that to be true."
- We observed the lunchtime experience for people which was a pleasant, sociable event. The dining room was clean and fresh with tables laid out nicely with cruets, table cloths and matching serviettes. The interaction between staff and people was friendly and personable. People received any assistance they needed in a caring and discreet way and equipment such as plate guards were used to promote independence.
- People were regularly weighed and guidance for staff was in place on how to support people at risk of poor nutrition or choking. If, required referrals had been made to relevant health care professionals such as the GP or dietician.

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

- Staff effectively worked with a range of health and social care professionals including GPs, district nurses and dementia specialists to ensure people received consistent, and personalised care and support.
- People and their family members told us health professionals were quickly involved if this was needed, which had improved outcomes for people. A relative told us, "When Mum came out of hospital the staff here have been so good at helping her put on weight and she's picked up because of their help. They are wonderful and so supportive."

- The involvement of health professionals and any advice or guidance provided was clearly recorded within people's care plans.
- The service applied best practice guidance to support people with their oral health care. One of the directors of the organisation was designated 'oral champion' and was working with community dentists to organise home visits. Where people were able they were supported to access their own dentist in the community.
- Oral healthcare formed part of mandatory training and was also covered during induction. Staff ensured people's oral health needs were met with detailed guidance in place for staff to follow.

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

- The premises had been purpose built and the décor was of a very good standard. People were observed freely moving around the service and spending time where they wanted to.
- The service benefitted from an attractive enclosed and accessible garden which was well used and enjoyed by people, staff and visitors.
- The provider had invested in changing the windows of people's bedrooms that faced out to the garden, into patio doors. Patio areas and seating had been installed. This meant people could enjoy the garden more fully in a way that mirrored 'home'.
- Careful consideration had been given to the building design and facilities out to ensure they met the individual needs of people living with dementia. A wooden summerhouse called the 'reminiscence villa' had recently been built in the garden which included an outdoor seating area. This was adorned with old photos, newspapers, an old radio and clock, war time memorabilia and comfy armchairs. People's relatives told us they regularly took their family members there to sit and chat about old times. Reminiscence can be a valuable tool to promote confidence and self-esteem in people living with dementia. A person told us, "I love to visit the shed, sometimes I go in other times, I like to sit outside it."

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

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

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

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

- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- The registered manager had a detailed understanding of the mental capacity act and reinforced best practice principles to staff.
- Staff had received training in the MCA and understood how to support people with decision making.
- People had given their consent to care and treatment and this information was recorded within their care plan. Staff asked people's permission before providing care and support.

Is the service caring?

Our findings

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

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

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

- People and relatives told us staff were very kind and caring and our observations on the day confirmed this. A person told us, "The staff couldn't do more for you, they are lovely". A visiting relative said, "Staff are very kind and patient with [person] and they are so lovely to me too; they notice how I'm feeling, it's so lovely."
- Staff and people had formed positive trusting relationships. Staff engaged with people in meaningful conversations and demonstrated warmth, using touch appropriately to convey affection and reassurance. A relative said, "Carers walk around with smiles on their faces. That's a great lift for everyone."
- People benefitted from being supported by regular staff who had got to know them very well. At lunch time we observed a care worker chatting with a person. They said, "I know you don't like the apple pie so what if I found you a mousse?" Later, when the person was eating their mousse the care worker passed by again and said, "I knew you'd enjoy that."
- The service went the extra mile to provide compassionate care and support. A relative told us, "My wife had to be taken by ambulance into hospital following a fall, a carer went with them, and stayed with them the whole time they were in hospital; it's that sort of place here, a real family atmosphere."
- Feedback confirmed that the kind and caring nature of staff and management was directed not only at people who lived at the service but their relatives too. A relative told us, "The striking thing about this place is that they look after me as well as my spouse, they are wonderful. Staff have every quality, respect, kindness and time for the residents and the relatives. There is kindness everywhere; I have no car and public transport is non-existent so they have been arranging a lift for me three times a week."

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

- People and their relatives, where appropriate, told us they were involved in all decisions about how care and support was provided. A relative told us, "I'm treated like one of the team: it's first name terms and staff will tell me what [person] has been up to and what they've been talking about."
- Staff listened and responded to people's requests throughout the day, and we saw they were attentive and responded to people's requests for help and recognised the importance of giving people time and attention.
- Throughout the inspection we saw staff involving people by talking to them and asking people what they wanted to do. A relative told us, "[person] doesn't speak but the carers talk to them, and always by name."

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

- Staff demonstrated positive values and were polite and respectful. A person told us, "All the staff are

lovely, helpful and respectful; the relationship between us and them is very relaxed, not stuffy so you can have a laugh."

- Staff knocked on peoples doors before entering, asked permission before providing support and called people by their preferred names.
- Visiting friends and relatives were made to feel welcome at the service and told us they felt part of a family. One relative told us, "Nothing is too much trouble for the staff; I come in at all different times, and the staff make me feel so welcome. I'm now friends with relatives of other residents here; that's the sort of place it is, lovely."
- Staff knew people well and understood how to promote independence so that people did not become de-skilled. A relative told us, "Staff really know [person] well; they can walk, and staff like [person] to keep doing that with minimal assistance." Another said, "Staff try to encourage [person's] independence; [person] needs help but staff only go so far so that [person] will try things."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection, this key question was rated as Good.

At this inspection, this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received personalised care and support which met and exceeded people's needs and preferences. A relative told us, "They treat [named] like a person not a commodity, [named] gets very personalised treatment. Staff chat to [named] about things they like and are interested in."
- The service was sensitive to and responsive to people's individual needs. For example, where it had been identified a person was missing their cat a robotic cat was purchased to bring comfort to the person.
- To empower people to have choice and control, a wishing tree had been introduced which was displayed in the communal hallway. People were encouraged to identify things they would like to do, no matter how big or small. The wishes were placed on the tree, with a date added when their wished had been granted. One person wanted to see a sausage dog and we saw photographic evidence to show this wish had been fulfilled. Another person loved Arsenal football team. The service had arranged for tickets to see a match. We saw a thank you letter from the person which read, "Thank you for the generous outing to Arsenal and for the gifts, please accept my thanks for a great day out."

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

- The service worked hard to create opportunities for people to continue to do things they had previously enjoyed or try new things. For example, chickens had been brought into the service, for people to enjoy and help look after. Research has shown that therapeutic use of chickens, otherwise known as 'Hen Power' can reduce agitation, improve health and wellbeing and lessen feelings of loneliness in older adults, including those with dementia. A relative said, "[family member] absolutely loves the chickens especially Colin. [Named staff] always make sure when possible that [family member] can see Colin when he comes in from the garden; either in the tea room or office. Last week [named staff] even took Colin up to the hairdressers so that [family member] could see him."
- The service had won a community engagement award in 2018 from their local authority due to the excellent links they had forged with the community. This work enabled people to enjoy an active social life and continue to feel like a valued part of their local community after the transition to residential care. For example, regular luncheon clubs were organised where people from the community were invited into the service to promote social inclusion.
- Best practice guidance had been followed to support people with dementia to have opportunities for meaningful engagement through the use of intergenerational activities. Research has shown intergenerational interaction serves as a meaningful activity and improves quality of life for older adults living with dementia. A mother and toddler group had been set up, where mothers and their babies visited

every two weeks, giving people the opportunity to spend time and play with the children. A person told us, "It's lovely when the little ones come in, we all enjoy playing with them." A visiting mother said, "The residents love talking about the nursery rhymes with the toddlers."

- People were also supported to access and play an active role in their local community. Visits to schools, nurseries and church groups were regularly organised which met people's social and spiritual needs. Where people had expressed a desire to give something back to their local community, a local charity had been identified for people to support. With staff assistance, people visited the charity in person to donate gifts and Easter eggs for children.

- The provider employed three highly effective and well trained activities staff who provided opportunities for occupation and engagement over a seven day period. One staff member had recently completed training in 'imagination gym', a sensory relaxation programme. Consequently, sessions were organised which included the use of sensory exercises such as aromatherapy oils to promote people's wellbeing. This had a positive impact on people, for example, one person's teeth grinding had reduced as a result.

Improving care quality in response to complaints or concerns

- The provider demonstrated a listening approach and was extremely responsive to people's concerns, making every effort to ensure people were happy with the service they received. For example, where some people had expressed dissatisfaction with the quality of the food which was sourced from an external company, the provider organised a food tasting session. People were invited to try a range of meals and complete a survey to establish what was enjoyed (or not). As a result, some meals were removed, and new selections added to the menu based on people's feedback. A person told us, "I did speak to the manager about the beef we had, it was all gristle; she organised for me to meet the man from the company, and since then, we've had the premium beef on the menu, which is far better."

- A robust complaints procedure was in place to respond to concerns or complaints which were fully investigated and used as a learning tool to improve the service.

End of life care and support

- The provider demonstrated a strong commitment to providing excellent end of life care which considered the physical, spiritual and emotional needs of people, their relatives and staff. People's needs and wishes for their end of life care were explored and documented to ensure people were supported the way they wanted.

- To celebrate and remember people, remembrance ceremonies were held when someone had passed away. These services were led by one of the directors of the company. Poems were read out and slide shows presented showing photos and memories of the person. Relative's feedback about these ceremonies was positive. One relative wrote, "I was worried I might feel sad but was quite the opposite as it was where [family member] had passed away; I felt very warm and cosy; I think [family member] was there with us; Thank you for holding the remembrance afternoon it was a lovely idea."

- A memory tree was placed in the hub of the tea room where hearts were placed with a small photo of people who had died along with memories of them from staff who had cared for them.

- Grief and loss support sessions were organised to help staff process their feelings. Feedback from staff showed they found the sessions were a very good idea which helped them think about how they dealt with things. The service also offered to arrange bereavement counselling for people, relatives and staff if required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs had been assessed and staff supported people to communicate in a personalised way, both using verbal and non-verbal methods to support and reassure. A relative told us, "They know [person's] needs and they all know [person] is practically blind so adapt to that."
- Staff understood the importance of supporting people living with dementia in communicating their needs and wishes. Staff were tactile and took their time talking to people, made good eye contact and listened to what people were saying.

Is the service well-led?

Our findings

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

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

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

- The registered manager and provider demonstrated strong leadership of the service which had resulted in a very positive culture. The impact of this was summed up by a relative who told us, "I have nothing but praise for this home, the quality of leadership and togetherness of staff, their genuine caring nature, all of this stands out."
- An inclusive and highly caring ethos was evident throughout the service which was strongly promoted by the provider, who lead by example, demonstrating kindness and compassion not just towards people who lived at the service, but their friends and relatives as well as the wider community. For example, in December 2018 an advert was placed in the local paper inviting older adults living in the local community to come for Christmas dinner for free at the service.
- The caring nature of the provider was highly valued by staff who were all very positive about working at the service and appreciated the caring nature and support they received from the registered manager and provider. A staff member told us, "The owners and the manager, they are very very caring which is important, they are as caring for us staff as what they are for the residents."
- Since the last inspection the service continued to innovate and drive improvements which meant outcomes for people had continued to grow and strengthen. The quality of staff training, introduction of the wishing tree, the focus on providing excellent support around end of life care and considerable investment in the design and adaptation of the building had all contributed to improving people's quality of life.
- The provider had invested considerable time and resources into ensuring people enjoyed living at the service and were provided with opportunities to live full and varied lives with a sense of purpose. A person told us, "Everybody is happy here; you won't find a better place than this." This sentiment was shared by everyone we spoke with.
- The registered manager was held in high regard by people, relatives and staff. They were visible and approachable and provided a positive role model for staff. A person told us, "I see the manager around the home a lot, she's not one of these managers that doesn't get stuck in and sit in her office, she helps out. She's on the button! We all like her here." A relative said, "I can't fault the place: everything runs smoothly. [named registered manager] is very approachable in fact I spoke to her this morning."
- The provider was also a visible presence at the service and took a 'hands-on' approach, for example, by championing good oral health care and taking the lead on providing bereavement support to people, relatives and staff.
- The provider recognised the importance of ensuring staff felt valued as this encouraged staff retention which ensured people received care and support from regular staff who knew them well. They went above

and beyond to show staff they were valued. Award ceremonies were organised for apprentices once they completed their apprenticeship in recognition of their hard work. This was received positively. A newly qualified apprentice said, "It makes you feel appreciated for your effort."

- The consistency of the staff team was highly valued by people and relatives. A relative described the positive impact this had. They told us, "The stability of staff is a factor in the high quality of this place and its positive ethos. It's as lovely here as it could be- the best care home by a mile."

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

- The provider's level of engagement with people, their relatives and staff was excellent. The registered manager told us, "We held a dementia awareness session for relatives which proved to be successful. We have an open-door policy and always ask staff, residents and visitors to please speak to someone if they have any concern at all, no matter how small they may feel it is."

- The service actively encouraged feedback about the service in a number of ways, for example, by asking visiting relatives to complete their own infection control audits. Any comments received were fed into the registered managers own audits and action was taken if needed.

- Residents and relatives meetings were regularly arranged to invite feedback on the service. The registered manager tried new ways of working to promote involvement. For example, organising meetings over supper time and providing a buffet supper for families to encourage attendance.

- Annual satisfaction surveys were sent out to people, relatives and professionals who worked with the service. The results were analysed and used to drive improvements.

- Staff surveys and regular staff meetings were also organised to ensure staff were included and felt listened to. A staff member told us, "We do get asked our views, they [the provider] are interested in our feedback."

- There were policies and procedures in place to ensure the service could meet the needs of people with protected characteristics including those people who identified as lesbian, gay, bisexual or transgender (LGBT). Staff who shared these characteristics were involved in reviewing and providing feedback on these policies.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with a range of health and social care professionals for support and advice to ensure good outcomes for people. For example, working with the dementia crisis team to organise medication reviews and securing one to one support for people, if needed.

- The service also worked very well with the local authority through the 'Prosper' programme taking advantage of opportunities available to improve care standards. A social care professional told us, "Since engaging with our team, the home has made very good use of training, study days, conferences, etcetera we have provided. Their training officer consistently attends, and on many occasions other staff members from the home are sent along too."

- Strong links with the community had been made and the service worked in partnership with a range of external agencies including local churches, schools, toddler groups and charities.

- The registered manager and provider demonstrated a strong commitment to continuous learning and improving care. The registered manager actively sought training opportunities including attending care conferences and training days. The learning acquired was then cascaded down to improve staff practice.

- The registered manager was a member of 'my home life' a forum for registered managers to share ideas on best practice. They were also a member of the Outstanding Manager Network, Essex Care Association and Registered Nursing Homes Association. These memberships provided access to new ideas, best practice guidance and promoted the delivery of high standards of care, which can be seen throughout this report.

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

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

- There was a clear management structure in place and staff, the management team and provider understood their roles and responsibilities.
- Regular audits were completed by the management team looking at all aspects of the service. The senior staff in charge of each unit provided a weekly report for the registered manager who used this information to compile a weekly-managers report which was shared with the provider. This ensured the provider had robust oversight of the service.
- The provider completed their own checks to monitor safety and quality including an annual internal inspection of the service.
- External audits were also organised, for example, an external pharmacy completed a medicine audit in June 2019. As a result of their findings an action plan was generated to make the required improvements.
- The local authority had recently completed their own audit of the service and had rated the service as good in all areas.
- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. Investigating incidents thoroughly and sharing and learning from any failings.
- Throughout the inspection, we found the registered manager to be very open and transparent. Requests for information were responded to positively and in a timely manner.