

The Partnership In Care Limited

Risby Park Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Risby Park Nursing Home was providing accommodation, nursing and personal care to 47 people the time of the inspection. The service can support up to 54 people.

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

Risby Park Nursing home continued to provide an outstanding service, delivered by a highly skilled, motivated and very caring workforce, led by an exceptional registered manager. People and their relatives shared the highest praise in describing how they were supported, for example, "They have everything covered, it's the best place ever."

The service had worked hard in the continued upskilling and training of nursing staff so that people could receive additional services within the home, which improved their quality of life. Local healthcare professionals had high levels of trust and respect for the staff and their skills. The provider and registered manager had continued to invest in improving the homes environment in line with the very latest best practice and published research in care for people living with dementia. Managers worked creatively and in partnership with people to enhance visitor experience. Visitors, and pets, were made very welcome and comfortable, so all could get the best from their time together, reducing social isolation and improving wellbeing.

Risby Park Nursing Home continued to provide outstanding caring practice to people, and their loved ones. People felt they were partners in their care and encouraged to make decisions about this. Managers had been instrumental in setting up a network of carer events, both in the service and social events in the community. Relatives told us of the positive impact this had on them, as they came to terms with the impact of their loved ones decline in health. This support network extended to relatives whose loved ones had passed away, so that they could continue to receive support from the networks they made over the past months and years. There was a very high level of promoting the dignity of people. The understanding of people's life history was seen as a key in the planning of peoples care delivery, and we saw this being used in staff's daily practice. People were supported to celebrate their previous experiences and achievements, including using these to help younger people understand the impact of dementia and the breaking down of barriers and associated stigmas.

The provision of care and support at Risby park Nursing Home was exceptionally person centred. Very detailed assessments of people's needs were completed before they moved in, even at short notice, with action taken to meets these needs without delay. One person who had very recently moved in told us, "We keep thinking its [Risby Park] too good be true." End of life care at the service was incredibly well planned by staff who had received additional training to make this as dignified and peaceful of possible.

The provider and registered manager were proud of their place in the local community and saw actively arranging community events and hosting intergenerational projects as a way of reducing social isolation

and creating enjoyment for all. People's wellbeing was enhanced by person-centred activity planning by a dedicated engagement team. Social opportunities were widespread and took place within the community as well as the home. Relatives told us the high levels of activity people were able to engage in kept their family members active which was beneficial for their health.

The service was led by a registered manager and management team that were committed to delivering a service which improved the lives of the people in fulfilling and creative ways. Their drive and passion had created a service that provided the very best dementia care that was based on best practice and research. The registered manager encouraged and facilitated staff to go the extra mile in delivering care that made people feel special. Staff understood how to make people and their relatives feel valued and told us this improved their lives and made them happy. In the words of one relative, Risby Park Nursing Home gave them, "Five years I never thought I'd have with [relative]. Here (Risby Park) made it all easier to accept."

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

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

Rating at last inspection

The last rating for this service was Outstanding (Published 13 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Risby Park Nursing Home on our website at www.cqc.org.uk.

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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Risby Park Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by three inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also asked professionals from the local authority for their views.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people living at the service and six of their relatives. We also spoke with the registered manager, the clinical lead, two engagement officers, the service's end of life champion five care staff, two housekeeping staff and a visiting healthcare professional. In addition to this we reviewed three peoples care records, medicines administration records, and various documentation regarding the running of the service, including policies and audits. The also carried out observations of activities and mealtimes.

After the inspection

We asked the provider to send us additional information to review, such as newsletters and meeting minutes. We also received feedback from relatives who were not available to talk to us on the day of our inspection.

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 felt safe at the home and relatives confirmed this.
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred, staff reported these to other agencies as required, including the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed, and measures were in place to mitigate risks. Staff were familiar with risk mitigation plans including risks associated with health conditions, mobility and nutrition.
- Risk assessments detailed how to support people with personal care needs so they could do as much for themselves as possible without falling or injuring themselves.
- Regular checks were made to ensure that equipment used to transfer people such as hoists and slings were safe to use.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) so staff were familiar with how to assist people in an evacuation.
- The service had a maintenance team who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

Staffing and recruitment

- We observed, and people confirmed there was enough staff to ensure people received prompt care and support.
- The provider had safe recruitment procedures which ensured only staff suited to work at the service were employed. All required pre-employment checks were carried out including criminal record checks.
- Recruitment and retention levels at the service were high. The registered manager and provider worked hard to ensure staff were retained by ensuring they were well supported, felt valued and highly trained. This helped ensure people received support from a consistent and familiar team.

Using medicines safely

- People and their relatives told us they were supported to have their medicines at the right times.
- Only trained staff who had been assessed as competent to give medicines safely supported people with their medicines.

- Detailed protocols were in place for people who may require as and when medicines for pain relief or symptom management of a health condition.
- Medicines were stored securely and regularly audited by the registered manager or a nurse to ensure they were being managed safely.

Preventing and controlling infection

- We observed the premises were clean, tidy and free from odours. People and relatives confirmed this was always the case.
- The service had appointed two infection, prevention and control champions. One with a focus on clinical care, and one with a focus on housekeeping and the home's environment. These champions ensured staff practice and performance in this area was up to date with best practice, with a positive impact on people's wellbeing and safety.
- The service's management team oversaw infection control and carried out regular audits to ensure standards of cleanliness were good.

Learning lessons when things go wrong

- Accidents and incidents were recorded and responded to appropriately to ensure positive outcomes could be achieved and lessons learned. The registered manager had oversight of these, and the provider monitored them for any trends or patterns.
- Staff completed thorough records of incidents, which helped when monitoring them.
- There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement.

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 now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The environment at Risby Park Nursing Home was exceptional. The providers and registered managers approach was not only to make the home as suitable as possible for the needs of people, for example those living with dementia, but for relatives and friends who visited too.
- The registered manager ensured best practice was followed. For people living with dementia, we saw that aids for people to be able to navigate and recognise different areas of the home had been installed that reflected to their life history. For example, copper piping had been fitted around the doorway of a person's room who used to be a plumber, this provided them with a tactile and visual guide.
- We saw handmade strings of flags across bedroom doorways which have been embroidered to spell names and reflect life histories. This was to keep people from walking in for people who preferred their door left open.
- The registered manager and provider recognised that visiting a care home and seeing people living with dementia can be daunting for those who are not used to it and see such change in their loved one. They recognised this as a potential barrier to social interaction and family involvement, so along with the joint activities for families they saw the environment as a gateway to encouraging and facilitating visitors.
- Since the last inspection there had been pets stations installed in each residential area to encourage pets to visit and make it easier for relatives from afar to visit, with water bowls, pet food and snacks. There were also visitor welfare areas of small kitchenettes with drinks and snacks, again for people who have travelled far or stay for a long time.
- The provider had installed a play park for child visitors and relatives, a small petting zoo with pygmy goats and chickens, plus a family BBQ area and pizza oven to facilitate and encourage visitors. This gave families things to do when they came to visit enhancing the experience and increasing the duration. We spoke to two relatives who had travelled for two hours to visit, they said they were always offered refreshments. "It's so welcoming here, the place is buzzing with lots going on for people. You hear joking and laughing."

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

- The registered manager identified best outcomes for people when receiving care could be achieved by working with other healthcare agencies, to upskill staff and deliver the very best care from staff that were familiar and trusted by the person. We saw written testimonies from community nurses praising the skill of staff.
- Healthcare agencies recognised the high-quality care provided by the service and trusted them to carry

out tasks that most nursing homes would not be able to. This included nurses being trained to verify when a person had passed away, which led to a more peaceful, dignified impact on families.

- The service had been part of several pilots and studies regarding the healthcare and clinical delivery of care of people. Staff had received additional training to do this as their high levels of competency was recognised. For example, staff had recently been the first nursing home staff in the area to be trained in the use of implanted blood monitoring sensors for people who have diabetes. This meant people with acute diabetes did not have to be woken through the night to have their blood checked.
- Staff told us the training they received was comprehensive and high quality. Staff felt very well supported through regular supervisions, meetings and training they received. One staff member told us they were funded by the provider to undertake specialist training in musical activities. They told us, "I've never known a company to provide so much training to benefit residents as this one".
- The registered manager drove forward participation and facilitation of achieving best practice healthcare, alongside other homes and community health care professionals. On the day of our inspection, staff had been attending a meeting for a tissue viability project, to share learning and experiences to deliver the best skin care practice. The service was also about to start participation in a project for incontinence care.
- Champions had been appointed for nutrition, end of life care, falls and people's wellbeing. Staff appointed to these roles all received specialist training, and carried out training for staff, and updates in best practice at staff meetings.
- There was a strong emphasis throughout the service in keeping people active, moving and healthy. This took place in small regular planned and spontaneous daily events, as well as promoted large events, such as 'The Risby Park Olympics'. We received very strong and positive feedback from relatives about the positive impact this had on their family member. One relative told us, "People are not static but move around. That can only be good for them."

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

- People's nutrition and hydration was intensely managed, particularly for people with very high support needs. Attention to detail and problem solving was paramount to managers and staff, who were supported by the nutrition champion.
- One person who had recently moved into the service told us staff had gone out of their way to find out and provide the food they wanted. They told us, "'I'm a fussy vegetarian but they have managed to give me lovely food. Chef and their assistant visited to ask if I like what they are doing, or can they do anything else. [Partner] is able to stay and be looked after too, including all meals, they are a pescatarian and they cook for them too."
- We spoke to one relative who said they were worried about how the service would support their family member to remain at a healthy weight, due to their dementia because they walked around constantly. The relative told us staff were so kind and observed their family member very well, and if they sat for a moment, staff would quickly offer the person something to hold in their hand and eat. They went on to say, "[Person] must have walked miles, but they maintained their weight."
- We observed that people enjoyed mealtimes and were complimentary about the food. People were able to enjoy an alcoholic beverage if they wished. Themed seasonal and cultural food events took place to encourage people to eat, for example a Burns night themed supper had just taken place, complete with Haggis, Whiskey, a Scottish Piper and poetry recitals.

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

- Assessments of people's needs were holistic and comprehensive. We saw that full information had been sought and recorded to identify outcomes. Managers and those appointed as champions discussed and shared current guidance from The National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. This ensured the service was using

evidence-based techniques to support the delivery of high-quality care and support. For example, in the care and management of acute diabetes.

- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. The plans were regularly reassessed as people's needs changed. Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met.

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.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We observed staff asking for people's consent before providing support to people. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wanted to spend their time and what they wanted to wear.

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- At the heart of Risby Park Nursing Home was a very strong ethos of providing person-centred care. The registered manager had this as a cornerstone of their practice and was their continued aspiration for the service. We observed staff to be very kind, caring and thoughtful. Relatives and people reported exceptionally caring staff. A relative said, "It's not a cure home, it's a care home. They really care. I observe things here all the time because I'm here most days. Standards are excellent. The staff know people well and respond to them beautifully. They even visited [family member] in hospital in their own time. That's how kind they are."
- Staff had a detailed, in-depth knowledge of people's personal histories, backgrounds and preferences. This was also reflected in people's care plans and records. Care plans clearly identified where people had a preference of staff gender when providing them with personal care for example. Staff knew people's preferred names and titles and ensured that these were used.
- The registered manager valued the input of people's relatives and friends and saw them as valuable partners in providing people's care, who also needed support. They had facilitated a carers network, with a regular meeting followed by pub lunch events for support and exchange of ideas. Also included were relatives of people who have passed away, to keep friendships going and help them through the grieving process. These events were well attended and appreciated. One relative told us, "Relatives go out to lunch together. We pick different places to go, and we talk about other things, not just this place.' I have made a true friend through that and I would not have known them otherwise."
- Relatives told us how well they were looked after by the service. One told us, "Staff care for me too. They worry about me too. Staff always offer to take me home. A few weeks ago, community transport had a problem and said my transport couldn't be until 5 p.m., so staff took me. One day I was waiting outside and it (transport) was late, so the secretary came out and said don't stand in the cold, I will take you home."
- The provider and registered manager went the extra mile in ensuring people felt welcomed and well treated when they moved into the home. They wanted people to feel proud to live at Risby Park, and able to welcome their visitors with pride, as they would have done in their own homes before moving there. The provider ran an annual awards ceremony for all six of their service homes for first impressions. This was to raise awareness and creativity in making the service feel homely, friendly and welcoming. This was themed each year, and families were encouraged to get involved. We saw pictures of people being involved in stage shows, creating props and making decorations.
- We saw that peoples plans of care had a strong emphasis on the person's persona before the onset of

their dementia. In one care plan we reviewed, it stated 'the person was kind and gentle, and not to let any confusion and agitation mask this.' It detailed what staff could focus on, 'To get the best from them.'

- Staff understood the importance in learning about a person's life history and using this to enable people to continue doing the things they had always enjoyed. Staff worked hard to use this information as a springboard for new opportunities and were creative in doing so. For example, one person with dementia was being supported by an engagement worker to put together a presentation on their life as a farmer for a local college. They will present this to students supported by staff. This grew from conversations they had as part of an intergenerational histories project with overseas students that the service had been part of.
- The registered manager had facilitated 'Resident Ambassadors' to be elected. These ambassadors were asked to sit in on staff interview panels and had a regular meeting with the registered manager and the provider's senior staff. The registered manager valued the input and importance of the voices of people living at Risby park Nursing Home.
- People's care plans promoted dignity throughout, for example, "[Person] needs all their needs anticipated by staff, but still give [person] visual chances at all times to help them feel valued and in control."
- Staff were conscious of maintaining people's dignity when supporting them, knocking on doors before entering and providing clothing protectors at mealtimes. People looked very well presented and cared for and staff paid people compliments in a respectful way.
- Staff were proactive and patient in supporting people to maintain their independence. Staff were enthusiastic and encouraging when supporting people to help themselves.

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 Outstanding. At this inspection this key question has remained the same. 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

- Relatives and professionals told us staff knew people very well and provided individualised support. Care plans were extremely person-centred and detailed so that staff were able to provide very person-centred care. We saw examples where staff had through trial and error, made changes to people's support that reduced agitation and distress. For example, monitoring how a person responded to older or younger staff members at particular times of the day.
- Care plans highlighted individual needs and preferences and included very detailed person-centred information such as how staff should interpret body language or use particular words. These were words and terms the person used to describe something, before the onset of dementia, so staff should use these, rather than their own descriptions.
- So that staff could provide the most responsive care to people, they were trained and directed to use intensive listening techniques, to pick out key words from many during a confused statement to make sense of what the person may be wanting to say or talk about.
- People told us the service was extremely responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require. One person who had recently moved in told us that the room environment was changed to meet their needs very quickly after staff came to carry out an assessment. They said, "They have all been so kind. When they came to do the assessment, they listened and were attentive. We only had to say things that once and they know what we need. I could not adjust my position in bed at night, so the maintenance man put those rails up. We give them ten out of ten. Now normally I do not give anything that much, so they must be amazing."

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 used innovative ways to enrich people's lives through activities and social events that enhanced their quality of life. This included an annual dog show, where people were the judges, an annual winter wonderland festival which attracted several thousand visitors over the duration, a grand summer fayre and country show where people could milk a cow and enter homemade jams into a competition.
- The registered manager saw engagement with school groups and younger people a positive way to counter social isolation. The service is working with the Young People of the Year charity and has set up regular visits and idea sharing groups to reduce the stigmas associated with dementia. One of the engagement officers responsible for activities told us that they were positively encouraged to seek and find more training to enhance the opportunities for people and make them as flexible and relevant as possible.
- The provider and registered manager used innovative ways to encourage staff in using their own creativity

for engaging with people living with dementia. For example, there had recently been a competition for staff to create themed rummage boxes. These are boxes of items that people living with dementia can explore, reminisce with and prompt conversation.

End of life care and support

- Risby Park Nursing Home provided an exceptional level of care and support for people who were at the end of their lives. People were supported to remain at the service at the end of their life, in familiar surroundings, supported by staff who knew them well. This exceptional practice extended to the relatives of people. Staff provided on going sympathetic care to families of people who had passed away. For example, the partner of one person who had passed away, had made many friends living at the service. They were welcomed and encouraged to come along on outings, either as a guest or helper. This had helped them to grieve and had not compounded their loss by losing important friendships at the same time.
- Staff were skilled and experienced in end of life care and understood people's needs. The champion for end of life care at the service told us their goal was, "To make dying just as comfortable as living." Staff went to incredible lengths in making a person's passing as peaceful and serene as they could. One person loved their garden, so staff re-created one in their room with a flower archway over the bed and decorated the walls to look like a huge Mediterranean courtyard garden. Staff told us this brought the person comfort and pleasure in their final days.
- All people living at the home were encouraged to make 'Wishes' in relation to their passing. This was so staff could try and arrange for people to do something they had always wanted to or doing something again for one last time. One person's wish was to help others, so they arranged for them to work with the activities co-ordinator to provide activities for others. One person had always wanted to go to Graceland's but never made it, so staff booked an Elvis Presley impersonator and the home had an Elvis themed day.
- Nursing staff had undertaken extensive additional training in providing palliative care. The service had received accreditation from a recognised best practice pathway for providing end of life care

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt able to raise any concerns with the registered manager or the provider and felt assured they would be dealt with.
- There was a robust complaints policy and procedure in a format suitable for people to read and understand. This was given to people as part of a service user guide.
- We observed during our inspection that managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have

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.

- The registered manager was aware of the AIS. Information was available in a different format, such as pictorial and large print to make it easier to read and understand.
- Information was available in people's care records about how they communicated
- Staff supported people to use computer equipment, such as tablets, to stay in touch with those important to them.

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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was led by a strongly motivated and committed registered manager, supported by a team that strived to deliver the best person-centred care they could. The registered manager was seen by staff as visionary and a role model for the very best care.
- The registered manager and clinical lead ensured they took a hands on and visible approach to leading the service. One staff member told us, "We get training from [registered manager and clinical lead]. If you need them, they never turn you away, they are very hands on. They have stayed on shifts to help and helped with tea. [Registered manager] comes in on Saturdays sometimes and asks staff, what would you like me to do? The registered manager walks around and makes sure everyone is okay and brings in chocolates!"
- People and the relatives spoke of the registered manager with the highest praise, using terms such as "inspirational", and "Life changing". One relative joked with us, "I secretly love [registered manager], but do not tell my wife, well we all love them really. They have everything covered, it's the best place ever. This is an extension of my family." Another relative told us, "[Registered manager] is lovely. I admire their strength and courage. They put a smile on everyone's face".
- Relatives told us of the positive impact the registered manager and staff had on them and their loved one, in some cases giving them opportunities that they didn't think were possible. One relative told us Risby Park had given my relative, "Five years I never thought I'd have with them. Here (Risby Park) made it all easier to accept."
- The registered manager's aspirations of the best quality care for people was palpable when we spoke with them. These were delivered by the commitment of the whole team and the results seen by people receiving their support. People and their relatives gave us nothing but high praise for the support they received from the staff team. One relative said, "It's a calling for these staff, not a job to earn money. I can say I trust staff, when I leave, I know [Relative] is going to be OK."

Continuous learning and improving care

- The registered manager's vision and values of continuous improvement were clear for staff and people to see and feel. Although they had extensive knowledge and experience of nursing and dementia care, they continued to search for and learn new techniques and research the latest best practice.
- The registered manager is very qualified in the field of measuring outcomes for people living with dementia. They are qualified as a cognitive stimulation therapist and ran courses of sessions lasting 14 weeks. Based on reminiscence, evidence shows that people benefit from higher self-esteem and promotes

people's feeling of personal safety. They were also working as part of an initiative with Alzheimer's Society to develop music therapy which taps into emotional memories.

- The registered manager is also a qualified dementia mapper which assesses experiential outcomes for people living with dementia. The results from this are published to staff, people and their relatives. A development plan is generated from this and produced co-productively with people.
- Both the registered manager and clinical lead have completed experiential and lived experience environment training, called 'Dementia care matters. The impact of this is to recruit staff who can be spontaneous, for example can sing and dance.

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home that managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- The registered manager had an overarching governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement. This was monitored by the provider who also undertook regular quality assurance visits to the service. The results of these audits were provided to the registered manager and reviewed with the provider's senior managers. We saw that actions were taken in a timely way.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.