

Ms Lindsey Jane Wood

The Crown Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service: The Crown rest home provides residential care for up to 18 older people who do not requiring nursing care.

People's experience of using this service: The service was small and personable offering a family setting in generously sized accommodation. The location was rural, set in peaceful surrounding with far reaching views. People could go out independently but those needing assistance were supported by staff or relatives. People could enjoy the grounds and partake in village life.

People could relax or stay as active as they wished with their choices and preferences known and respected by staff. The service was focussed on the needs of people using the service and helping to ensure peoples choices were promoted and people received positive experiences of care.

The service was owned and managed by the same person who was very dedicated, had over thirty years' experience and was a registered nurse. They employed a clinical lead, also a registered nurse and a deputy manager who had previously managed a care home. They had a strong staff team who were well trained and competent. Staff were very loyal and had many years' service. Many held professional qualifications and many years of experience to bring to the team. Staff were observed working in a highly professional way and the team ethic was strong. This meant that people were supported by staff who were kind, considerate and regularly went the extra mile to support people in line with their needs. The support provided was seamless with high standards maintained throughout the staff team daily which meant people expectations were always met.

The service engaged with family and other professionals to help ensure care was provided as holistically as possible. Staff supported people to access the services they needed to facilitate their independence and health and there was a strong emphasis on customer care. The service kept up to date with developments within the care sector to ensure that staff were sufficiently knowledgeable and able to competently carry out their tasks to ensure people's well-being.

The service was exceptionally clean and designed for the comfort, safety and enjoyment of people using the service.

People were provided with personalised care. Generous staffing levels helped ensure people's needs could be met in a timely way and staff cover remained constant without the need for agency staff. Additional staff were employed specifically to organise and facilitate social activities to enhance peoples well-being and stop people becoming isolated. People were encouraged to retain their existing skills and levels of independent and mobility and activities help to stimulate people's minds. We observed people being engaged throughout the day choosing to go in the garden, sit quietly, listen to music, sit reading or watching the television. Staff were observed treating people with respect and courtesy and creating a relaxed, inclusive environment for people and their visitors.

Rating at last inspection: Good: Date last report published:28/06/2016

Why we inspected: This was a scheduled inspection based on our previous rating. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 well-led

Details are in our Well-Led findings below.

Good ●

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

Inspection team:

The inspection was carried out by one inspector over two days.

Service and service type: The service is registered for up to eighteen people for the regulated activity of accommodation and personal care. It is not registered for nursing.

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.

The inspection site visit activity started on 25 March 2019 and ended on 26 March 2019.

What we did:

Before the inspection we reviewed any information held about this service including the provider information return. This provides us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed notifications which are important events the service is required to tell us about.

On the day of inspection, we spoke with eight people using the service, one relative, two friends of a person using the service, the registered manager/ owner, the deputy manager, three care staff, the cook and domestic staff. We carried out observations across two days and looked at records relating to the business and the recruitment and management of staff. We looked at two care plans and medicine records. Following the inspection, we received further information including feedback from health care professionals and GP practice. Following the inspection, we received emails from relatives in support of their family members care.

Is the service safe?

Our findings

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

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

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

- Staff received training to help them recognise and understand what might constitute abuse and what actions they should take. The management team had attended enhanced training for safeguarding. From this they could review their practice, and ensure it was relevant and compliant. Policies were live and updated automatically when there were changes. The service adhered to local and national guidance.
- Staff could explain actions they would take to safeguard people and staff were confident to act upon concerns. They had every confidence in the management and said they were responsive and proactive to any feedback given. The registered manager said each month they had themes and topics which were meant to refresh staff's knowledge and ensure their practices were up to date.
- Regular management meetings helped them focus on any risks or adverse events, including safeguarding concerns. Management were proactive in documenting and flagging up risk to show what actions they had taken and their investigative processes.

Assessing risk, safety monitoring and management.

- One person who had lost the movement in their legs told us, "I need a hoist, it's always operated by two staff, I feel safe, staff explain what they are doing, they are very conscientious no accidents with the hoist, I have every confidence with the staff." We observed staff supporting people with their mobility and this was done safely.
- There were audits and records showing that equipment was regularly serviced and maintained to ensure it was safe to use. There were no hazards identified around the service, which was well lit, well maintained and hazard free. Staff took sensible precautions to enhance people's safety. For example, there was an effective call bell system, some people had pendants and were encouraged to use these especially when going out in the garden. The service was accessible, and staff provided support and supervision. Regular exercise classes were designed to keep people as mobile as they could be and reduce the risk of muscle wastage and prevalence of falls.
- Individual risk assessments were in place and considered what equipment the person needed to stay safe. People had their own moving and handling slings and there was sufficient equipment. People had bespoke equipment and chairs which met their requirements. Manual handling plans were good but we spoke with the registered manager about enhancing them with pictures. Staff received regular training and we observed them supporting people competently.

- There were systems in place to ensure emergencies could be addressed effectively, for example in the event of a fire, flood or other events affecting the safety and welfare of people. The service notified CQC and other relevant bodies as required.

- Staff received daily handovers, so they were aware of any immediate changes or risks to people they were supporting. In addition, monthly newsletters and any relevant safety alerts or guidance sheets/directives were printed off and disseminated to staff immediately, so they were aware of anything relating to safety of their residents.

Staffing and recruitment.

- People told us staff were always around to help. Visitors told us, that staff had stayed over when there was poor weather. They said there was always senior cover at the weekend and they found staff were mostly long standing and personable.

- Staffing levels were generous. The service employed a regular team of care staff who were very committed and would always step in to cover if the staffing was running short. In addition to the care staff there were senior staff who would lead the shift: A registered manager, deputy manager and clinical lead were all supernumerary which meant they could support staff and cover shifts as required. In the history of the service the registered manager told us they had never used agency staff. This meant people received continuity of care.

- The service used a dependency tool to assess people's level of need and to identify the number of staff needed to deliver the care. The registered manager was developing this tool to improve it. They told us they worked on the floor so were aware of what was happening in the service and could ensure staff were delivering safe, timely care.

- People were satisfied with the staffing levels and care provided to them and everyone had a degree of flexibility in how and when they were supported with people choosing when they wanted support and when they got up and went to bed.

- Staff recruitment was sufficiently robust which helped ensure only suitable staff were employed. There were clear records kept of pre-employment back ground checks, record of the interview and the candidate's suitability for the post applied for. The registered manager said at least one person using the service had input into the interview process and people's feedback was routinely sought about new staff. We saw from records that staff retention was good adding to the consistency for the service.

Using medicines safely.

- One person told us, their tablets were administered by staff and staff had arranged for them to be seen by GP to review and try to reduce their tablets when appropriate.

- We observed the administration of medicines. This was done in a highly professional and safe way which respected people's choice and routines. People were not woken unnecessarily to be given their medicines, but staff were aware of time critical medicines and ensured people had them at the correct time.

- There was clear guidance and medicine protocols for staff to follow to ensure people received their medicines safely.

- Medicines were stored safely; regularly checked to ensure they were in stock when needed and kept at the right temperatures. Audits were regular, and no errors had been identified. Staff were well trained and assessed as competent before being able to administer medicines. Not every staff gave medicines which was a matter of choice and depending on staff's confidence to administer medicines.

- A number of people had their own medicines in their room which were kept safely. They had been assessed as being able to take their medicines independently. We spoke with one person who was able to describe what medicines they took and when they took them. They had the capacity to choose to take their own medicines and staff enabled them to retain their independence in all areas of their support.

Preventing and controlling infection.

- The service was exceptionally clean throughout with no unpleasant odours. Throughout the service was the smell of fresh baking and flowers. Everyone commented on the cleanliness and praised the long-standing domestic staff who clearly took a lot of pride in their work. Staff told us they worked as a team and if they saw anything that needed doing they just did it.

- There were audits in place to demonstrate that cleaning was done regularly including both routine cleaning and more intensive cleaning.

- The service was recently awarded five stars, (the highest star achievable) for its kitchen.

Learning lessons when things go wrong

- The management team were either registered nurses or had previous experience managing care homes and were all trained to a high standard. They met monthly to discuss the service and any new or emerging risks which included lessons learnt. Each day there was a detailed handover which helped to identify any new risks or changes to people's needs so these could be followed up in a timely fashion. The service had a very low level of incidents, accidents and falls and these were all recorded with actions taken. Staff received a newsletter each month which updated staff on a need to know basis and helped them keep abreast of new information.

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

Good: 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.

- Pre admission assessments were detailed, relevant and kept under review. Staff sought the opinion of others, including health care professionals and family when assessing people's needs. Staff took into account people's expectations of the service and encouraged people to live as they wanted.
- Policies were in place and underpinned good practice. Staff were exceptionally well trained, and their skills kept up to date. The statement of purpose and service user guide specified what people could expect from the service and actions they could take if the service fell below expectations.
- Senior managers attended specific role related conferences and workshops. They actively sought information from, The National Institute for Health and Care Excellence, (NICE), CQC, and The Department of Health websites. Information was cascaded to staff through a monthly staff newsletter and staff were required to demonstrate how they kept their knowledge up to date and there were direct observations of their practice, regular supervision and shared learning.

Staff support: induction, training, skills and experience.

- Training was provided face to face and was to a very high standard and designed to meet the individual needs of people using the service. People with manual handling requirements had been assessed and all had bespoke equipment which staff were trained to use.
- Most staff had considerable experience and were enthusiastic about their role and their experiences of working at the service. All staff had additional care qualifications; senior staff had a national vocational award equivalent to a level five and care staff a qualification up to a level three. New staff completed a nationally recognised induction. The Care Certificate. This covered all the areas considered mandatory for care staff. Senior management had relevant and professional qualifications.
- Staff spoke with empathy about people they supported and were able to describe the training they had received and the impact it had.
- Staff had key areas of responsibility based on their knowledge and, or interest. There were champions for dementia, infection control and dignity. This helped enhance people's experiences because staff had the necessary competencies and were able to promote best practice and deliver person centred care.

- Staff had access to a library of learning materials to support their learning. Staff were trained to meet the individuals needs of people. For example, staff were trained to provide stoma care which included the psychological impact of having a stoma and the effect on body image.

- One person supported by staff said, "I feel more confident in the care I received, and this has helped with my recovery of surgery and how I feel about myself." Senior staff had attended seminars to gain current advise and network with the local health care providers in stoma care.

- Annual appraisals of performance helped identify and support staff with their training needs and professional development.

- Staff were treated well and offered competitive salaries with increments and enhancement for weekends, bank holidays and after studying for additional qualifications. Staff were rewarded when they went the extra mile and positive feedback passed on to them which helped to keep them motivated. Staff were treated with compassion and respect which helped in the recruitment and retention of staff.

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

- One person told us, "I don't drink enough, staff are always prompting me to drink. I had lost a bit of weight, staff weigh me regularly, they are very attentive." Peoples nutritional needs were known, and staff ensured people had what they wanted to eat and drink at a time of their choosing.

- Weights were reviewed as required and referrals were made to appropriate agencies where unplanned weight loss had occurred. Weight loss trends were reversed quickly because staff were quick to identify this and take action.

- Any risks associated with food and eating were known such as aspiration. Risks were reduced whenever possible and staff regularly liaised with other medical professionals.

- The environment was conducive to people's needs. People could choose to eat in the main dining room at a very large table which could seat everyone comfortably or in a smaller dining room. Meal times were viewed as a social occasion and people had a choice of drinks both alcoholic and soft drinks each day.

- The table was laid nicely, and the kitchen was in the centre of the home. Pleasant cooking smells wafted through the home and helped to stimulate people's appetite. We suggested to the registered manager that some people might be able to serve themselves breakfast and meal accompaniment's, such as vegetables. The registered manager immediately acted upon this suggestion to see if it was something people would welcome.

- Menus were displayed, and people had a very wide variation of meals. The cook understood people's dietary needs and told us anything was possible. The service used local produce with local suppliers. Fresh fruit and snacks were available, and visitors were welcome to join in a meal.

- People were regularly consulted about the menu and the different foods they would like to eat. This was evidenced by resident meetings and surveys. After lunch people were offered a range of hot drinks and staff brought them to people individually to their preferred location.

Staff working with other agencies to provide consistent, effective, timely care.

- People confirmed their health care needs were met and they were supported to access the services they needed. People's records confirmed this.
- A health care professional endorsed this by saying the service was well managed and staff were quick to notice changes in people's health and refer appropriately. This led to a reduction in acute hospital admissions and the service had one of the lowest hospital admission rates.
- A GP practice confirmed that in their dealings with the service they had found them to be professional, caring and people's needs well managed, only referring when appropriate. This helped encourage a good working relationship and a mutual trust and respect.
- The service employed staff with the necessary skills which helped them identify any changes in the persons health or medical condition. The service carried out diagnostic checks when necessary such as checking people's pulse, temperature and other basic vital signs before referring people to the GP or other health care professionals.
- Staff told us they worked with a number of different GP surgeries which gave people choice and people could usually retain their own GP on admission. Peoples records gave a medical history and background, so staff were aware of people's health care needs.

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

- The service provided comfortable, spacious accommodation which was safe. There was no clutter or obstacles for people with limited mobility. Staff were always in the immediate vicinity and were attentive to people's needs. Hand rails were fitted to help people safely mobilise.
- The service provided generous inside and outside space which was accessible. The large gardens were a haven for wildlife, with beautifully landscaped gardens, pathways and a green house. People commented on how they were involved in gardening and we observed people sitting or walking round the gardens.
- The environment was personalised and reflected people's individual routines and tastes. Internal space was generous for socialising or sitting quietly. Family members were observed sitting privately in a small dining room with their partner and supporting them with their meal. Friends of a person using the service were also visiting and could meet their friend in private and commented positively about this.
- The laundry room was well organised with clearly defined clean and dirty areas to reduce the risk of cross infection. Everyone had their own laundry baskets and when washed people's laundry was hung up on the washing line.
- The service was sufficiently warm but windows were opened to allow air to circulate. The whole environment used colours and lighting which were subtle and suitable for people living with dementia.
- The service had been adapted to meet people's needs and people had access to their own telephone and computer access if they wished.

Supporting people to live healthier lives, access healthcare services and support.

- Staff worked jointly with health and social care professionals. A visitor told us referrals were made quickly

and staff were quick to pick up on any changes in need, health or behaviour. A relative told us their family member had high needs. They said, "They need a lot of care. Care staff seem well qualified and pick up on changes to their health." They said they were able to access the services they needed.

- A family member emailed us to tell us, about their father's care and how it had impacted positively on all the family. They described the impact as, 'incredible.' They said, "Over the course of the last five months his health has improved beyond all but the wildest of expectations so much so that his doctor has been able to take him off the heart medication he's been on for a number of years. Prior to moving in he had continually suffered with urine infections causing multiple hospital admissions, but these are now almost non-existent due to the skills of the team at The Crown to recognise the signs early enough and get the required help to prevent a more serious infection developing."

- Hospital admission was simplified by the introduction of the red bag scheme by the local authority which facilitated a smoother and safer admission to hospital. The bags, which contain key paperwork, medication and personal items like glasses, slippers and dentures, were handed to ambulance crews by carers and travel with people to hospital where they were then handed to the doctor. This improved communication between the service and the hospital and was a good example of joint working.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good working knowledge of how to support people who might lack capacity and each decision was weighed up. Staff were proactive in giving people choices and given them time and opportunity to respond or change their mind.

- The service had made applications to deprive people of their liberty where appropriate - these were awaiting approval by the Local Authority. There were no restrictions for people and staff support was made available for anyone who might not be able to exit the building safely.

- There were risk assessments and best interest decisions for any personal restrictions such as: Lap belt and bedrails. Discussions had been held with the appropriate people and there were clear assessments showing the rationale for decisions taken. The service was using a national care home tool kit to establish level of capacity. They originally assessed everyone and where there were concerns about full capacity they completed individual assessments for specific decisions required. Assessments of daily living were completed for everyone in more depth where they were living with a cognitive impairment. The assessments were linked to a care plan which defined the issue and how staff should support them balancing the persons

self-determination with keeping them safe.

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

Good: 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.

- Feedback about the service was extremely positive. One person described service as fantastic. They told us that staff were all very nice and said, "They go out of their way to help. "They said the owner was very personable, and acted on suggestions within reason, and if they were not able to do something they would give their reasons for this.
- Visitors told us they were made welcome and could access different areas of the service and make themselves a drink. People using the service said relatives could have a meal at no extra cost. We observed a relative having a meal with their family member.
- A relative told us they had liked the atmosphere at the service immediately. They told us staff were honest and helpful and nothing was too much trouble describing the atmosphere as open and transparent.
- A staff member told us staff did things for people because they wanted to such as sewing their clothes. They said they would put their own parents here and noted the owner's relative lived at the service. They told us, "We have pet names for people and they have pet names for us. We know peoples back ground and if people are having a bad day we can make those connections - explore their feelings. There's a personal touch, physical contact is encouraged." We observed staff being tactile and spending time with people picking up on their mood and anticipating their wishes.
- Feedback was received from a professional who commented on one person they had previously been concerned about. They commented not only on improvements to the persons physical health but also their mental health and motivation since moving to this service. They said the person had regained pride in their appearance and how happy they had been since moving here.
- A relative wrote to the service thanking the staff for their warmness, empathy and kindness and embracing the whole family when supporting their relative. This supported our observations. We found all staff respectful and kind, giving people the time, they needed. Staff were relaxed and worked in a professional way.
- The service was inclusive and enhanced people's well- being. For example, one relative said, "Carers dropped in on their family member and were soon updating them on who had a birthday and who was getting married. Before long, they were chatting like old friends, telling them about their holidays and what their children were up to. When a carer went on holiday, they would send a postcard or bring them back a

tea towel. Children and grandchildren would be wheeled in to see them and staff emailed photos of babies and weddings, and when someone left, they would drop by to catch up."

- Photographs around the service and social media demonstrated activities people did and showed intergenerational engagement was a strong feature of the home.

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

- People told us that they were involved in their care and consulted every day about how they wished to spend their time. They told us there were regular resident meetings and they had their say about their care and wider aspects of the service provision.

- Staff were positive about the service and how it supported people's individuality. One staff member told us, "I would give it 20 stars compared with other homes, it's all about offering choices. – choice about when to go to bed, choice of bedtime drink, hot chocolate, Horlicks, whatever they want. If we don't have it, we will buy it. Choice of bread six different types- i.e. granary, brown, white, thick, thin... staff go above and beyond."

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

- People had a choice of baths or shower and there was a wet room. People's independence was facilitated as much as possible. People could choose when to get up, how to spend their time and had choice in all daily activity. One person told us they chose to have a bath in the early hours of the morning and their choice was respected. Another person said staff gave them assistance but also maintained their privacy and they could be left to have a soak in the bath.

- People were well groomed with nicely kept nails and hair. Some ladies had jewellery and makeup on and staff took their time to support people with their personal appearance and we observed staff quickly responding should someone spill something, and staff offered to support them to change.

- Do not disturb signs were in place when people were receiving personal care and we observed staff knocking on people's doors before entering.

- The service worked with up to four different GP practices to help ensure people had a choice and could retain their own GP. Several people were responsible for and administered their own medicines.

- We observed staff 'having difficult conversations,' talking to people about their experiences and lives at the home. People were given time to recall their experiences and staff were sensitive to this.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

- Staff provided an outstanding service to people because they took into account people's individual needs which they knew well. They provided a service which was always of a high quality, seamless in its delivery and planned around people's preferences and routines.
- We observed people being given choices beyond what we would normally observe. One person told us, they spent time in their room preparing for lectures which they still gave to students at university/school of nursing. They told us they liked to have a bath in the very early hours of the morning, retiring late and getting up at their leisure. Their choice was respected by staff.
- The registered manager told us how they accommodated people's dietary needs and said, "They are as individual as their physical care needs." They said, " We provide four different milks, including soya milk and coconut milk and three different butters. We shop in alternative stores to source foreign foods. We provide six different types of bread to include tiger, olive, gluten free. We provide different wines – some residents like sweet others prefer dry – one lady has a specific sauvignon blanc. Some people like regular IPA – one resident only drinks Guinness."
- One person liked specific foods which were reminiscent of their childhood and could not be easily purchased from the supermarket. Staff supported them to go shopping and buy their preferred foods. A relative told us about the attention to detail and used the example of people having their toast as they liked it.
- The service had a dementia lead who worked closely with people, their families, staff and the wider community to raise awareness of dementia and to improve people's day to day experiences.
- Some people had complex needs and cognitive impairment which was not immediately obvious when arriving at the service. Staff had an individualised approach to each person's needs and were skilful in their care delivery and anticipating and minimising people's distress. This reduced the effect for other people and helped increase levels of tolerance shown between more able and less able residents.
- The dementia coach had developed detailed plans for staff to follow when supporting a person with dementia and these underpinned the care provided. It helped ensure staff worked consistently with people and understood the reason a behaviour might occur and how to respond to specific triggers which could lead to anxiety.

- Each week the service ran a programme of activities which had been designed to be inclusive and support

people in particular with cognitive impairment. The activities were structured and followed the same routine and were based on keeping the brain and body active. The service encouraged reminiscing with changing themes and using interactive prompts. For example, a person was a teacher, so a session would be run on 'school days.' This helped to stimulate people's mind as well as keeping people physically active.

- The environment was inclusive with subtle lighting which did not overstimulate people but produced a calming effect. The service had rummage boxes, which included sensory items to stimulate and calm people. There were also board games around the service.

- Activities were designed to be holistic and inclusive. Some were community based. For example, some people went to the village coffee morning and some ladies from the village choir came in to sing. Trips were planned throughout the year and regular events occurred in the home such as theatre groups, visiting Guinea pigs and donkeys. Most activities were spontaneous and agreed with people each day. Additionally, some activities were consistently provided each week to give some routine.

- Each person had a personal profile and life history which told staff what was important to the person and how staff could provide meaningful activities around their preferences. Staff worked inclusively to ensure people were engaged should they want to be to reduce social isolation and boredom. Activities were reviewed and evaluated to assess if people had enjoyed it and wished to repeat it or change it in anyway.

- Examples of recent activities included chocolate tasting, memory club, crosswords, arts and crafts and photography. One person told us they were completing a scrap book at the moment, they helped with the garden, did lots of exercises and skittles. They confirmed the hairdresser visited weekly and the staff did their nails.

- Another person told us they liked to listen to the radio. They said, " My mobility is limited but staff support me to build my muscles and stay active through exercises, going into the garden and playing balloon tennis." They said there were outside entertainers, including the vicar who played the piano and visits from primary school children, who put on a pantomime/sang carols.

- Themed evenings were held and people had different food experiences such as sherry evenings and take-away Chinese. A relative told us how staff had set up a table to enable a husband living at the service and his wife to have a romantic dinner together and had supported him to buy his wife some flowers for their anniversary.

- Staff facilitated people's individual needs. For example, one person had been a keen gardener and had been given a room which overlooked the garden. A health professional commented on the support the person was given and said the person took comfort in watching the birds from their window and staff had thoughtfully placed a bird box by their window. The grounds were significant and included raised flower beds and a greenhouse where some people grew their own vegetables which they sold locally and had with their meal.

- Another person had extensively travelled round the world as part of their job but was no longer able to do so and had largely been confined to bed. Staff had taken it upon themselves to use advances in technology to engage the person with their past. Using virtual reality, the person was able to revisit places they had visited in the world and revisit old memories.

- The service supported people to use computers and skype as a means of keeping in touch. Relatives told

us how staff kept in touch with people when on holiday or days off. Staff reported bringing in family members, (children to visit), and the registered managers dog was a regular visitor. The service user guide said people could keep pets. Staff were mindful and respectful of anyone who did not like the company of pets or children.

- Staff took into account the protected characteristics of the Equality Act 2010. Staff received training in equality and diversity; policies reflected inclusive practice such as lesbian, gay, bisexual, transgender (LGBT) issues. Each care plan stated the person's preferences in relation to culture, sexuality and religion and each person was treated as an individual without bias.

- Examples were given to us about how staff were aware and supported people with their needs specifically relating to their sexuality and culture. One person told us about historical abuse and how they had been able to share this with staff and how staff had dealt with it sensitively when planning and providing their care.

- Care plans were person-centred and gave reasons for admission, a history, both medical and social, and a description of the person needs and preferences. For example, how they would like to be addressed and their preferred routines. Risk assessments were in place and took into account positive risk taking and the person's ability to consent to activities. Decisions were person specific and the home were able to show a clear rationale for how they supported people to make their own decisions. For example, one person did not have a window restrictor, this had been assessed. There were no identified risks for this individual and it was their preference not to have their window restricted. Several people took their own medicines and there was a clear process for this to support people's independence whilst minimising risk as far as possible.

- The care provided was holistic. People were encouraged to reach optimum health and physical well-being. For example, one person had transferred from another service and had no ongoing health intervention following a stroke. The service, with their permission, referred them to the community physiotherapist and ensured they maintained their exercise programme. Their muscle tone improved which allowed them to have a leg brace fitted. Staff reported that their physical and mental health have consequently both improved.

- Each person's needs were clearly defined and met for example: one person has a hearing impairment. Their care plan recorded they needed the television loud. They had been referred to the audiologist and they had agreed to use head phones whilst watching TV so as not to disturb their neighbour. Their hearing aids were checked regularly.

- Residents meetings were held twice a year and monthly reviews of the care plan took place. Annual, internal reviews were held which included ongoing discussion with people using the service, their family and or representative. Staff discussed people's needs with them daily such as menu choices and activities and was flexible in the way the service was delivered.

Improving care quality in response to complaints or concerns.

- The service considered feedback from people using the service which helped them continuously improve the service and act where it fell short. People and relatives spoken with all commented on how receptive staff were in responding to their feedback. One recorded complaint had been received and this was appropriately documented and recorded showing what actions had been taken.

- There were lots of complimentary feedback and cards from relatives expressing their gratitude for the service received.

End of life care and support.

- People were supported as they were approaching the end of their life and their wishes were documented and planned for as appropriate.
- A relative wrote to tell us how their mothers needs had been met to the end of their life when they died peacefully and in a dignified manner. The relative said that the staff had adapted to their relatives changing needs and ensured they had all the equipment and care they needed. They highly commended the service
- Staff received robust training and the home had achieved the gold standard framework for palliative care. Their aim was to provide people with the upmost care and support and to uphold their wishes and preferences in relation to their end of life wishes so they had a good death and family members were supported throughout. Staff were confident this happened.
- Staff worked in collaboration with other health care professionals to ensure people's symptoms were well managed.
- Staff kept in touch with families and they held a remembrance Sunday where they remembered people who had died and had a photograph of each person who had lived at the service. Staff said they kept memory boxes and kept in touch with the family should they still want to visit and be involved. Cards were sent to family members on the anniversary of their relatives' death.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Feedback about the service was exceptional and our observational experiences over the two- day inspection visit were very positive. We observed people receiving consistent, coordinated, holistic care. People and relatives confirmed that exceptional standards of care were always maintained and that interaction with staff was regular and meaningful.

- A regular visitor to the home told us, "It's a lovely environment, 10 out of 10, it's an inclusive service." They told us the owner was passionate, accommodating and flexible. They said they got things done which gave them confidence in the service. They said, "We think its outstanding and surpasses other homes we have visited." They said the standards were constantly maintained and there were always fresh flowers, fruit and never a full bin. They said, "It's not like a normal care home, its people's home with no barriers." A person told us about a home they had lived in and how the two differed, they told us they felt safe here because staff listened to them and respected their decisions.

- Another relative told us, "I'm here most days, my overall impression- very good, I'm confident in the care provided, they immediately respond to any concerns - all treated with respect, very inclusive home. I don't go to relative meetings but there is a newsletter and surveys are issued to relatives."

- A professional described the home as 'Having an approachable, relaxing atmosphere and staff being engaging.'

- Relatives used the CQC website to tell us about their experience of the service, one put, "The Crown Rest Home, is nothing short of exceptional in all facets. The medical care was excellent too, as were the daily activities and trips out, which dad really enjoyed. In summary, I believe this wonderful Care Home should be given an "Exceptional" rating."

- Another relative wrote and said, "I still remember the first day I turned up at the home, completely unannounced and just in the middle of breakfast. I was immediately greeted and shown around even though you were all really busy, so I saw the Crown at work in all its glory. There were some residents in the dining room and one asked me if I was coming to stay as " this was such a lovely hotel and they had lovely food."

- Staff were well trained and supported to carry out the regulated activity of personal care. A relative told us, "Everybody always seemed happy and content in their work and I think this is a real reflection on your training and management skills, caring is the hardest job as we all know and to be able to have a workforce that enjoy the job and stay with you must be a great reflection of your leadership."

All staff held professional qualifications and all training was delivered face to face. The leadership was very strong. The registered manager /owner had been in the care sector for more than thirty years, had a professional qualification and kept their knowledge up to date as required by their registration.

- There was highly effective management. The registered manager had the necessary competencies and was up to date with best practice and legislation. They attended seminars and worked closely with the universities to ensure best practice and innovation which benefited people using the service. By skilling up their staff, hospital admissions were avoided by early intervention and helping to promote people's health and well-being. Staff retention was also very good as staff were given incentives to stay such as good training, incremental pay and a good working environment.

- Senior staff were supernumerary so had sufficient time to carry out their regulatory functions and ensure they keep up to date and compliant with legislation. They worked alongside care staff mentoring them. We observed staff working closely together with clear leadership and purpose. A shift leader helped ensure roles and responsibilities were clearly clarified and led to a seamless service. This meant people received consistently good care.

- Staff meetings were used to discuss and review the care provision and any emerging risks or gaps.

- There was a clear programme of audits to help ensure the paperwork was kept up to date and was compliant with the data protection act and all their processes had been overhauled and reviewed. The service had a robust quality assurance system in place and policies in place to underpin best practice.

- The service had a programme of routine maintenance, ongoing refurbishment and service review taking into account observational practice and people's feedback.

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

- The service was holistic and inclusive. People had clear routines and spent time alone or in a group in the house, or the garden. Relative told us how their family member had not wished to engage and had spent time in their room, the staff spent time establishing a relationship with them and finding out more about them. Staff established that they had a writing skill and the person now writes a monthly newsletter for residents.

- Very few concerns were raised because staff responded to the needs of people in a timely way. We viewed very many compliments. The attention to detail was second to none, with staff providing a high-class service. The service was calm throughout the day and staff approach was professional and compassionate, which people told us was always the case.

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

- There was a programme of audits and quality reviews designed to ensure that the service was safe and people were having a safe experience. Where incidents did occur, the service was accountable and acted in the person's best interest to ensure lessons learnt. In the last year there had been a notifiable incident in which the service had worked closely with all the professionals involved to complete an investigation and to consider what, if anything could have been learnt from the incident.

- The service was very strong in regard to its staffing and the level of knowledge and experience they had. All staff had access to robust induction, support and training. Staff held professional qualifications and qualifications in care. Staff said they worked as part of a team which was inclusive, supportive and nurturing.

- The service was well planned which meant care shifts were always covered and any deficit could be picked up in house without the need to employ agency staff. The registered manager told us they had never used agency staff. This improved the quality and consistency of care people received. Staff said they were willing to pick up extra shifts and do things for people in their own time because they had built up relationships and friendships with people and their families.

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

- The registered manager was well established within the community and took an active role with other care providers. They had been invited to work with health ministers and contribute to this year's Parliamentary review. This gave them the opportunity to show case what they do well and share good practices across the care sector. People were consulted about this and asked to comment about what was important to them to help shape services around their needs.

- The registered manager regularly attended registered managers meetings where they shared good practice across Norfolk. This meant they did not work in isolation and had good support and networking opportunities and able to influence others.

- The service had a dementia coach who had undergone rigorous training to help them appropriately support people living with dementia. They told us how they supported people who could exhibit distress behaviours. They said by identifying the trigger and removing it they could reduce the behaviour. For example, they spoke of a person who had become incontinent, they said by improving the signage in the service the person was able to identify their toilet and the incident of incontinence diminished. They said it was like doing a jigsaw puzzle to find the missing pieces which would unlock people's potential.

Continuous learning and improving care

- Staff worked to provide seamless, holistic care but there was an emphasis on continuous learning. The service has maintained its good rating since registration and was always forward planning and thinking of new innovations which might improve the service. People had access to information technology and were supported to email and skype. The registered manager was looking in to electronic monitoring as a way of recording people's care needs.

- Regular resident/relative meetings were held and the outcome/ minutes of these were clearly displayed. Surveys were issued to people using the service and friends and relatives. The last surveys went out in December 2018 and the results of these were displayed around the service. Feedback showed positive results for people using the service.

- The service had students on placement which helped bring new life to the service and support staff on their professional journeys. Staff acting as mentors, kept their own knowledge and professional practice up to date. Students were used to enhance the care of people living at the home some of whom had previously had long professional careers.
- The service was constantly being updated and cleaned to ensure it was fit for purpose, safe and provided a homely environment. It had been renovated and extended a former 19th century Inn, whilst still retaining its charm and character.
- The registered manager told us, "We foster a culture of inclusive commitment from everyone who lives, works, or visits and this is evident in the services we receive and the support we get. Most of our referrals are word of mouth recommendations from those that have experienced living or have had dealings with our home." There was a waiting list and everyone we spoke to said first impressions were important and the service did not disappoint.

Working in partnership with others.

- The service supported people living in the service, their families and members of the community to help them understand the impact of dementia and find ways to appropriately support the person. People living with dementia were sensitively supported and staff showed an understanding and tolerance towards people. The service participated in dementia friends, an initiative run by the Alzheimer's association to promote, support and raise awareness about dementia in the community. Staff had access to training and resources.
- The service received good feedback from health care professionals and had won awards for its support and training given to students on placement, The Norfolk Care Awards recognised the service for its outstanding practice for being the most supportive employer for student placements. The Norfolk & Norwich University Hospital also asked the service to accommodate Student Nurses doing their degree studies. Comments from student nurses included, "Perfect first placement." "I learnt so much and how to care for people." and "When I first started I thought this place was too good to be true but now I have been here I have realised it is really this good."
- The registered manager is the Chair of Norfolk and Suffolk Care Support Ltd board of directors. This is a not for profit organisation that provides information, advice and guidance relating to the care sector workforce. The information received by them is invaluable as they have close connections with the Care Quality Commission, Skills for Care, Norfolk County Council, Health Education England and the University of East Anglia. They also attended Lord Lieutenants Palliative Care Forum representing the Care Sector within Norfolk to determine best practice for end of life care within the County. Other delegates include senior representation from all county District Hospitals, Clinical Commissioners, local hospices and Norfolk County Council. This meant the care they provided was underpinned by best practice.