

Saffron Healthcare Limited

Stanley Wilson Lodge Care Home

Inspection report

Four Acres
Saffron Walden
Essex
CB11 3JD

Tel: 01799529189

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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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Stanley Wilson Lodge is a residential care home providing personal and nursing care for up to 75 people aged 65 and over. At the time of our inspection 72 people were using the service. The care home accommodates people across three floors in one purpose built premises. One unit specialises in providing care to people living with dementia and another for people with nursing needs.

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

The registered manager and provider shared a clear vision and very strong values. They led by example and were passionately committed to providing exceptionally good quality individualised care and support. They demonstrated a strong commitment to continuous improvement and took great pride from the service's achievements. People's views were listened to and were at the heart of how the service was provided.

Everyone was very positive about the registered manager, staff, and their exemplary approach to providing personalised care. Quality checks and audits enabled the registered manager to identify risks and actions to ensure quality standards were maintained. There was an open culture with evidence of lessons learnt when things went wrong.

Staff had a detailed knowledge of people's histories, their likes, dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were. Staff went to exceptional lengths to ensure people had access to a wide range of activities that met their individual needs.

Staff were committed to ensuring people's wishes at the end of their lives were respected and that people were able to live well and die with dignity.

Risks to people's safety and wellbeing were well managed. Medicines were managed safely with regular systems of audit to identify and rectify medicines errors promptly. Staff helped people to stay healthy and supported them to access a range of health care professionals.

People were supported to have maximum choice and control of their lives. People were involved in decisions about their care. Policies and systems in the service supported this practice.

Staff had been safely recruited, provided with relevant training relevant to the roles they performed which met people's health and social care needs. There were enough staff to provide people with the personalised care and support they needed.

Staff were positive about the management of the home and felt valued and respected. This had a significant and positive impact on the quality of care and support of people living at the service.

The home was very clean, well decorated, maintained and furnished. People enjoyed the home cooked food.

The provider had exceptionally strong and effective governance systems in place. The management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues. The strong leadership put people first and set high expectations for staff. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 30 March 2017).

Why we inspected

This was a scheduled inspection based on the rating at the last inspection.

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.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Stanley Wilson Lodge Care 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

The inspection team consisted of one Inspector, one Assistant Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Stanley Wilson Lodge 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.

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.

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all the information we held about the service, including the last inspection reports, information

from the service about how they managed incidents and information from stakeholders and members of the public.

During the inspection

We spoke with health care professionals, nine people who used the service and five relatives about their experience of the care provided. We also spoke with thirteen members of staff including the regional quality manager, regional director, registered manager, clinical lead, nurse, care workers, activities organisers, domestics and a chef. We observed the care and support provided to people and interactions between staff and people.

We reviewed a range of records. This included six people's care records including medicines administration records. We looked at three staff files in relation to recruitment, staff training and staffing rotas. We also looked at a variety of records relating to the overall management of the service and clinical governance.

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

- There were systems in place to ensure people were safeguarded from abuse.
- Staff were trained and both they and the registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately in line with the provider's policy guidance and in line with the local authority safeguarding protocols.
- People and their relative's told us they felt safe and free from any bullying or discrimination from staff. One told us, "This is a safe place to live. I have no worries about my safety." And another, "One normally feels safe in their own home and I feel this is my home now because I am safe. The staff are all very good, pleasant, friendly and helpful."
- Only one person expressed concern about the conduct of one individual member of staff. We discussed this with the registered manager who took appropriate action.
- Relatives were all complimentary about the quality of care provided and conduct of staff. One relative said, "The care is second to none. We have never had any concerns about [person's relative's] safety. We would know if they weren't happy here." Another told us, "The care is exemplary, they cannot do enough for you."
- Risks to people continued to be assessed and monitored. Risk assessments detailed people's individual risks such as, mobility, risk of falls, choking and managing behaviours that may present a risk to the individual and others.
- Staff gave examples of how they supported people to prevent the risks of falls, choking and inadequate food and fluid intake.
- Risks associated with the safety of the environment and equipment were identified and managed.
- Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved, such as fire and electrical safety.
- Maintenance jobs were logged and prioritised each day.
- Staff received health and safety training and knew what action to take in the event of a fire.

Staffing levels

- People and their relatives told us there were plenty of staff available from a stable staff team to respond to their requests for support when needed. This included both the day and night time periods. One person said, "The carers are diligent and respond quickly when I call during the night." Another said, "They come quickly when I call for help. I have never had any problems, they [staff] are always cheerful and kind."
- Staffing levels were regularly assessed, and staffing levels increased when people's needs changed. The registered manager demonstrated how they monitored staffing levels and adjusted these according to people's needs using a dependency tool.

- Staff were recruited safely. Identification checks were carried out, references obtained, and Disclosure and Barring Service checks carried out to ensure newly employed staff were of good character.
- Checks with the Nursing and Midwifery Council (NMC) were carried out when employing nursing staff and systems were in place to check nurse registrations remained current.

Using medicines safely:

- Medicines continued to be managed safely.
- Staff were trained, and their competency regularly assessed.
- We carried out an audit of medicines and found all stock tallied with administration records.
- There were safe systems in place for the storage and disposal of medicines; this was checked and recorded by two trained staff.
- A range of regular audits carried out by the management team ensured that medicines administration errors were quickly identified and rectified.
- When people were prescribed 'As required' medicines, there was a protocol in place and staff recorded the reasons at each administration.

Preventing and controlling infection

- The service was clean and free from offensive odours.
- Staff had been provided with infection control training. Staff washed their hands, including before food preparation. Protective clothing such as aprons and gloves were readily available for staff and worn.
- People and their relatives were complimentary about the cleanliness of the service. One person said, "It's always very clean and always smells nice when you walk in." And, "They clean my room every day, they know I can't do this myself any longer and they do it so well."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- Prior to people moving into the service, a comprehensive needs assessment in line with best practice was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Staff used nationally recognised tools to assess risks of pressure ulcers, inadequate food and fluid intake, and falls risks. Care interventions, such as weight monitoring, catheter care and re-positioning to prevent pressure ulcers, were completed.
- Staff consulted with external bodies and professionals where needs had been identified, in line with recognised best practice. This included making appropriate referrals and acting on the advice provided from the falls team, dieticians, mental health and speech and language therapists.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- Records and discussions with staff showed they were provided with a range of training and support to fulfil the roles for which they were employed.
- Staff told us, "We have lots of training and good discussions in team meetings which help you to learn." Another said, "The training is good. We have had some really good training to help you understand how best to help someone with dementia and good end of life training."
- Staff had regular supervision which included performance and, observation checks to ensure staff provided quality, safe care.
- Staff told us they could always speak to a senior member of staff or the registered manager if they had any concerns and said they were well supported.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager worked within the principles of the MCA. The correct procedures for applying for DoLS had been followed and conditions on authorisations were being met.
- Records showed that people, or where appropriate their representatives, had been involved in decisions about their care.
- People and their relatives told us they were supported to have choice and control in how their support was provided. One person told us, "I am regularly shown the care plan and we update it with staff. They always ask if there is anything we should add. They involve my daughter as well."

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

- People's nutritional needs were met. Food was stored and prepared safely. The service had received a five-star food hygiene rating from environmental health inspections.
- People told us, "There is choice provided", "You can't please everyone, but they do their best to provide us with good food, its nicely presented by friendly staff."
- Observations during lunch showed that tables were laid with table cloths and condiments for people to access. Lunch was unhurried, and staff allowed people the time they needed to eat independently.
- People clearly enjoyed their food and were offered a choice of food and drink. Where people had limited appetite and at risk of losing weight, staff gently encouraged people to eat and offered alternatives.
- We spoke with the cook who had a good understanding of people's specific dietary needs and how they were met. This included the consistencies of food when people required a softer diet to reduce the risks of choking and high calorie food and drinks to help people to maintain a healthy weight.

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

- We saw that bedrooms were spacious and personalised and contained pictures and photographs of things and people that were important to them.
- There was a variety of communal spaces where people could choose to spend their time. They could listen to music, watch television or sit quietly.
- The home was well maintained, and furnishings were in good condition.
- There was signage to enable people to locate where the toilets and bathrooms were, and people's bedrooms which helped people to navigate around the service independently.
- People had easy access to secure, pleasantly maintained garden areas.

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

- People were supported to access a range of health care professionals. Records and discussions with staff showed this included access to district nurse's, optician's, G.P's, dieticians and speech and language therapy.
- People had the opportunity to request a GP visit as weekly GP visits were organised and also provided if needed more urgently.
- We saw one person being admitted to hospital. A member of staff escorted this person in the ambulance to provide support and reduce their distress.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated as individuals. Their life history and choices were respected.
- People were treated with genuine warmth and there was lots of laughter. Staff and the registered manager were highly motivated and passionate about the care they provided. They knew people well. A member of staff told us, "We listen to what the residents want and don't just see them as older people. We look at their life history, how they wish to live and treat them as we would want to be treated."
- Staff interacted with people in a friendly, relaxed and sensitive manner. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated people were treated with kindness and respect
- Everyone we spoke with was positive about the staff and told us staff were kind, friendly and polite. People said, "It is wonderful here. The staff are respectful when they speak to you, polite and treat you with courtesy" and, "Staff know what they are doing, they are polite and will always share a smile with you, we are very well looked after." A relative told us, "This is a happy place to visit, the staff are always very helpful, nothing is too much trouble."
- Staff spoke with people in a respectful, kind and gentle manner. Staff clearly enjoyed working at the service. One told us, "I love it here. We are like family and support each other. This is a happy place to work. I would be more than happy to have my relative live here."

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

- People told us they were encouraged to be involved in making their views known and their choices respected in relation to all aspects of their care. This included what they chose to eat, what time they got up and retired to bed, what clothes to wear and the gender of care staff supporting them. We saw that choices were recorded in people's care plans.
- People and their relatives told us family and friends were able to visit without restriction and, where appropriate, involved in the planning and review of care plans. One relative told us, "There is a real sense of community here. You can visit when you want, you are always made to feel welcome and there is always lots going on. There is a real buzz about the place." Another said, "We are offered the opportunity to review the care plan each time there is a review."

Respecting and promoting people's privacy, dignity and independence

- Care records and our discussions with staff, showed that promoting and maintaining people's

independence was at the heart of the service. We observed staff giving people the time and encouragement they needed to do things for themselves.

- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures showed the service placed importance on protecting people's confidential information.
- People told us that staff were polite, respectful and protected their privacy. One relative told us, "[Person's relative] had leg ulcers which needed dressing. This was always carried out in [person's relative's] room and a screen was used to protect their privacy and dignity.
- We observed signs being used on doors when people were supported with personal care which stated, 'Privacy please, care being given'.
- Where people were cared for in bed but wanted their doors kept open, screens were used to protect their privacy which prevented people walking along corridors looking at them in bed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has 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

- Activities were tailored to meet people's individual needs, preferences and interests. The service had a team of activity coordinators, who along with other staff, were highly motivated and proactive in finding out what interested people and what would encourage them to take part in activities.
- There was a wide range of activities on offer, both within the service and in the community, to help prevent people becoming socially isolated and to keep people active. People were extremely positive about the activities on offer and the positive impact these had on people's wellbeing. A relative said, "Life has improved for [person's relative] since they came to live here. There is so much choice of things to do, people to talk to. I feel more relaxed seeing they have become more sociable and less low in mood."
- People had access to visiting therapists who provided varied massage and complimentary therapies which benefitted people and in particular those living with dementia who may present with low mood and agitation. People told us they also enjoyed music therapy sessions.
- Links had been formed with local schools and choirs who visited to entertain people. A local nursery school visited the service weekly. Activity coordinators told us, "They bring different ages from babies up to school age. We provide something different each week, such as, joint games and activities. We recently held a sports day. We provided lots of games and the children interacted with the residents as they were organised into two teams of both children and people from here. Both could get involved in kicking a ball into a goal, egg and spoon race, throwing a bean bag in a pool."
- One person told us, "The activities here are very good, lots of choice. We love to see the children visit, I love that, it brightens up your day." Another told us, "There is always loads of things to do if you want to join in. We have massages, dogs visit us and a visiting saxophonist. We also have games at the table and fruit tasting. They [staff] say, 'taste that, can you remember what it's called?' It's all good fun. We have ice lollies when its hot. We also have Holy communion when the church visit. I say the prayers during the service. That means a lot to me."
- Staff had a clear understanding of the importance to provide people with the opportunity to develop and maintain friendships and relationships. Staff had a passionate approach to finding activities that were not just fun, but also helped people to develop confidence and friendships.
- There was a commitment to developing a sense of belonging and community. We were given examples of people who had become isolated living in their own homes who, since moving into Stanley Wilson Lodge were now actively involved in a range of activities and had made new friends.
- People were supported to make links with the wider community as there was a focus on providing

community-based activities. Community trips included visits to a local museum with access to reminiscence events, afternoon tea outings, pubs, garden centres and trips to a local cinema for dementia friendly film events.

- People were involved in planning the programme of activities. One relative told us, "The activities are brilliant. They are organised around what people want. The organisers of activities discuss with people what they like at residents' meetings and people can make their wishes known." One person told us, "I enjoy the therapies, like massages, they help me to relax."
- Staff had detailed knowledge and demonstrated a good understanding of each person and their individual needs, likes and dislikes. Staff spoke with great affection and immense pride about the people they helped support and how important it was for people to be meaningfully occupied throughout the day.
- Technology was used to support people's independence. For example, people were supported to have access to wi-fi. One person told us how much they valued having access to their own personal computer which staff had helped to set up in their room. They described how this enabled them to maintain their independence and shop for personal items on the internet without reliance on others.

End of life care and support

- The registered manager and staff displayed an exceptionally compassionate and empathetic approach to people and their loved ones at the end of their lives.
- The registered manager and staff who had been designated the role of 'champion' with oversight for end of life care told us, the service was working towards the Gold Standard Framework (GSF) for end of life care. The GSF is a model of good practice that enables a 'gold standard' of care for people who are nearing the end of their lives. It is concerned with helping people live well until they die. Staff had received training in death, dying and bereavement to equip them to enable people to live well until the end of their lives.
- Where people and their relatives or representatives were happy to discuss end-of-life wishes, these were documented.
- A support group had been set up for grieving relatives and friends to offer emotional and practical assistance where needed.
- We saw compliments and extremely positive feedback received by the service from relatives in respect of how staff supported their family member and themselves during end of life care.
- This included comments such as, "When the day came for my [person's relative] to have end of life care, every member of staff treated her so gently and with such respect. They [staff] were so kind and thoughtful to me. It was such a privilege during [person's relative's] last hours to hold my [person's relative] hands and to stroke her face. I have never known such human kindness from staff. You, [the registered manager] have an amazing team of people working for you."
- Staff worked closely with health care professionals to enable people to have the most comfortable, dignified, and pain free deaths as possible. Feedback from health professionals was positive. One told us, "They work closely with us and contact us as soon as anything needs our attention. End of life care here is particularly good. The staff appear to be well trained."
- Using the GSF framework, the registered manager and staff would work to ensure the person's religious beliefs and preferences were met.
- At the time of inspection there was three people receiving end of life care. We found exceptionally detailed information about their preferences, wishes and how to support the person with pain and maintaining their wellbeing.
- People had a personalised and detailed care and support plan in place. People, their relatives or representatives played a key role in the setting up of people's care and support plans. Staff met with people to discuss, review and agree their plans of care. This made sure information was up-to-date and reflected people's wishes, and individual needs and goals to enable them to live well at the end of life.

Improving care quality in response to complaints or concerns

- There was an open and transparent culture to complaints and people were positively supported to access the complaints policy and procedure.
- People's ideas and suggestions were listened to and effectively acted upon. People said they could talk to staff if they had any concerns or suggestions. One person told us, "I would not hesitate to talk to any of the staff and I would expect an understanding reaction."
- Three complaints had been received by the service in the last twelve months. These had been investigated and reviewed by the management team to see if there were any recurring patterns and resolved where possible.
- A copy of the service's complaint's procedure was available in a large print and a pictorial format to aid people with their understanding.

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.
- Staff were provided with clear guidance in care plans which described how best to support people with sight and hearing impairment. We observed staff supporting people in line with this guidance.
- Information for people was readily available and in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.
- One relative told us, "[Person's relative] loves playing cards but has poor sight. The staff bought her large print playing cards. This has made a positive difference to their life."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved and has now been rated outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The leadership of the home was exceptional. The registered manager had created an open culture and demonstrated along with the staff a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- We found the registered manager and provider shared a clear vision and very strong values. They led by example and were passionately committed to providing exceptional individualised care and support to people.
- People and their relative's responses when asked their views through surveys said, "I cannot praise her and the home enough, as soon as you walk in you are greeted with such warmth. [Person's relative] is receiving first class care, I cannot thank [registered manager] and her staff enough - it is so reassuring to know [person's relative] is safe." And, "I always find staff friendly and helpful. The nurses always provide me with information in relation to [person's relative's] health. Some staff go the extra mile which is appreciated."
- Staff felt valued and the provider had developed systems to recognise good practice. The provider operated a staff recognition awards scheme. This enabled people who used the service, staff, visitors and relatives to nominate staff in recognition of when staff had gone the extra mile in providing exceptional care.

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

- The registered manager kept an overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned. The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the service and on the provider's website.

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

- There were well established and effective governance systems to support the service to continually improve. People's experience of care and support were at the core of these systems. There were systems of daily, weekly, monthly and annual quality assurance checks and audits in place. We saw evidence that

where issues were found, action was taken promptly to ensure improvements were made. For example, a lessons learned analysis resulted in action taken to reduce the number of falls.

- Staff spoke with exceptional pride about working at Stanley Wilson Lodge. They told us, and through our observations, demonstrated they were highly motivated and shared the same passion and commitment as the management team to providing quality care.
- Comments from staff included, "Staff stay working here because of the manager. She is so professional and always listens to people, is always kind, never gets irritated, she is very calm all the time." And, "The manager is very kind, she never judges anyone. I have learnt a lot from her, she is a great role model and she brings out the best in people."
- People and staff were encouraged to contribute their views on an ongoing basis through meetings, surveys and suggestion boxes placed in the entrance. Where people made suggestions to improve the quality of care in residents' meetings, surveys and care reviews, action plans were put in place to drive continuous improvement of the service.
- People told us they had access to a wish tree where they could place suggestions of activities they would like to see provided. Staff gave examples of where their wishes had been granted such as trips to the pub and other community outings which enhanced people's sense of wellbeing.

Continuous learning and improving care

- The registered manager described a 'dementia strategy' in place where work was in process to provide more comprehensive training for staff in understanding the needs of people living with dementia. Decoration of corridors on the dementia care units was underway to improve the environment for people living with dementia. Once completed, this would provide colour themed corridors with murals of the countryside and, sports, following consultation with people who used the service.
- There was a system to ensure staff received the training they needed to meet people's needs. Where updated training was due, staff were informed of this and record of completion was kept under review to make sure it was done. Staff were provided with updated training in line with changes within the care profession, including end of life care with a focus on enabling people to live well in their last days.
- The registered manager was continually looking for ways to develop and adopt best practice. 'Champion' roles had been developed. These 'champions' would complete a higher level of training to enable them to support other staff through the process of advanced end of life care planning and develop a greater understanding of falls prevention and meeting the needs of people living with dementia.
- The registered manager was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally.
- The registered manager attended, what was described as 'themed days' where she had access to training and what was described as 'inspirational speakers'. These events were organised by the provider and attended by other homes managers within the organisation. Training covered current research and good practice in the development of care in areas such as dementia.
- The provider had developed an open culture and lessons were learned when issues had happened. Learning was shared between the provider's services with action plans to ensure improved quality of care and plans to reduce the risks of similar happening in the future.

Working in partnership with others

- The service worked extremely well with Local Authorities who commissioned the service, and with health care professionals, to achieve excellent outcomes for people.
- Feedback from professionals involved with the service were complimentary and cited positive and effective working arrangements. One professional commented, "There is good two-way communication. This home is well run, staff are professional, kind and the environment is always clean and tidy. We like coming here."

- The registered manager and staff team had developed a personalised approach to activities. There was a strong emphasis on enabling people to maintain links with the local community which brought real benefits to people. Such as intergenerational activities with a visiting nursery school, various faith groups attending the service and community based activities such as visits to a dementia friendly cinema, pubs, garden centres and museums.
- The registered manager described how joint working with mental health and social work teams improved the health and wellbeing of people. An example of one person was given where joint working proved so successful that the person was enabled to regain their independence and return home.