Shaw Healthcare Limited

Burleys Wood

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 and 20 March 2018. The first day of inspection was unannounced. On the second day of inspection the registered manager, deputy manager, area manager, staff and people knew to expect us. Burleys Wood 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.

Burleys Wood is situated in Crawley in West Sussex and is one of a group of services owned by a national provider, Shaw Healthcare Limited. Burleys Wood accommodates 60 people across six separate units, each of which have separate bedrooms with en-suite shower facilities, a communal dining room and lounge. There were also gardens for people to access and a hairdressing room. The service provided accommodation for older people, those living with dementia and people who required support with their nursing needs. At the time of the inspection there were 54 people living at the service.

At the previous inspection on 14 October 2015 the service was rated as 'Good'. Areas in need of improvement were identified. These related to there being no registered manager and a lack of quality assurance audits to ensure that the service continually improved. At this inspection improvements had been made and the service remained 'Good'.

The management team and staff did not always have a good understanding of the Deprivation of Liberty Safeguards (DoLS) and had not always worked in accordance with this. Staff gained people's consent before supporting them with day-to-day tasks but there was an inconsistent approach to formally gaining consent on people's behalves when they lacked capacity. This is an area of practice identified as being in need of improvement.

The service was fun, lively, stimulating and inclusive. Staff ensured that all people were provided with access to events and meaningful activities to meet people's interests. There were adaptations to the type of activities to ensure they were accessible for all. These included garden parties, summer fairs, sports days and pantomimes. People were involved in choosing the events and activities. They were encouraged to become involved in facilitating these. They helped out on stalls at the summer fair and took part in races during the sports day. These events and activities provided people with opportunities for improved socialisation. The registered manager and staff ensured that people led fulfilled lives. People had learnt new skills and were encouraged to participate in activities that they were interested in. One person had got married and people and staff had been involved in the preparations and the wedding itself.

There was a registered manager in place. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Comments from people, their relatives and visitors, staff and healthcare professionals were positive about the leadership and management. They recognised that the registered managed ensured that the service people received continually improved. The provider and

management team were proactive and involved in projects to monitor people's health, provide access to integrated healthcare and to develop the service and practices of staff.

The provider had a clear set of values that all staff embraced. These encompassed a person-centred approach and these values were embedded in the culture and the practices of staff. The provider and management team had good quality assurance processes and audits that monitored the practices of staff and the effectiveness of the systems and processes at the home. Action plans were implemented as a result of audits to ensure that any improvements noted were planned for and completed. The provider, management team and staff, worked with external agencies and professionals and continually reflected on their practice and learned from incidents and occurrences to ensure that the service continually improved.

People were positive about living at the service. They told us that they were well-cared for and content. People, relatives and healthcare professionals told us that staff were consistently kind, caring and compassionate and our observations confirmed this. Comments from people included, "They care very well for us, even though they have a very long day" and "Staff are very good, kind and they are lovely". A relative told us, "All the carers are lovely, friendly and warm. The carers have time for the residents". People were treated with respect and dignity, their privacy maintained. Independence was promoted and encouraged and people could choose how they spent their time.

People received timely interventions when they were unwell and had access to medicines to maintain their health. People were supported by external healthcare professionals and there were good links and communication to ensure that people received a coordinated approach to care. People received good end of life care. A healthcare professional told us, "I feel that at this home, when we know a person's health is deteriorating and their death is imminent, that they focus on what the person wants. I see a lot of good deaths here that show they provide a good level of care".

Staff had access to learning and development and support from external healthcare professionals to develop their skills and understanding. People were safe and there were sufficient staff. Risks were assessed and managed and people were supported by staff that understood what to do if there were concerns about a person's safety. People were protected from infection and told us that the service was clean and our observations confirmed this.

The service was designed in such a way to enable people to orientate themselves around the building and enjoy time on their own as well as interact with others. People had access to meaningful interactions with staff. People were involved in the development of care plans and were able to voice their wishes and contribute to a plan of care that was specific to their goals and aspirations. People were involved in decisions that affected their lives at the service. Regular meetings ensured that people were able to express their wishes and preferences. The registered manager welcomed feedback and used this to continually improve the experiences of people. People told us that they enjoyed the food and were provided with choice. People's hydration and nutritional needs were met.

A comment made by one person, summed up people's feedback about their experience living at the service. They told us, "The best thing is peace of mind and I have nothing to worry about in here".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains 'Good'.

Is the service effective?

Requires Improvement

The service had deteriorated to 'Requires Improvement'.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who might lack capacity but had not consistently worked in accordance with it.

People were cared for by staff that had received training and had the skills to meet their needs. Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

People had access to healthcare services to maintain their health and well-being. People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

Is the service caring?

Good

The service remains 'Good'.

Is the service responsive?

Good

The service remains 'Good'.

Is the service well-led?

Good

The service had improved to 'Good'.

There was a strong vision that was shared by all to ensure a positive culture. People were involved in decisions that affected their lives and support was person-centred.

Robust quality assurance processes ensured the delivery of care and drove improvement. There were good links with other external organisations to share good practice and maintain knowledge and skills.

People, relatives and staff were complimentary about the leadership and management of the home.□

Burleys Wood

Detailed findings

Background to this inspection

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

The inspection took place on 19 and 20 March 2018 and was unannounced. On the first day of inspection the inspection team consisted of one inspector, a nurse and an 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. In this case the expert-by-experience had experience of older peoples' services. On the second day of inspection the inspection team consisted of an inspector and an inspection manager.

Before the inspection we looked at information we held, as well as feedback we had received about the service. We also looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection we asked the provider to complete a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 11 people, seven relatives, four visitors, a visiting healthcare professional, five members of staff and three members of the management team, one of whom was the registered manager. Prior to the inspection we contacted a healthcare professional from the local authority. Following the inspection we contacted a tissue viability nurse (TVN) for their feedback. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for seven people; seven electronic medicine administration records (EMAR), six staff records, quality assurance audits, incident reports and records relating to the management of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in the communal lounges. We also spent time observing the lunchtime experience people had, the administration of medicines and various activities that were taking place throughout the inspection.

The service was last inspected on 14 October 2015 and received a rating of 'Good'. At this inspection the home remains 'Good'.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments from people included, "Oh yes, I do feel safe in this place" and "I've felt absolutely safe in here". A relative told us, "My relative is definitely very safe here, we love the home".

People were protected from harm. Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse. There were safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. People told us they felt comfortable around staff and were confident that if they had concerns they could raise these with staff or the management team. Regular residents' meetings enabled people to raise issues and discuss any concerns they had. When there had been safeguarding concerns the management and staff were reflective in their practice and were aware of the need to learn lessons from incidents or events that had occurred.

Recruitment procedures were robust. Staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working within the sector. Documentation confirmed that nurses had current registrations with the Nursing and Midwifery Council (NMC).

There were enough staff to meet people's needs and records confirmed that staffing levels were consistently maintained. Staff's skills and levels of experience were considered and staff were allocated to different units of the home dependent on these so as to meet people's needs and requirements. Staff responded to people's needs in a timely way. People told us that when they used their call bells to call for assistance that these were answered promptly. One person told us, "There are always staff around to help. I ring for help. The response is pretty okay all of the time".

Systems were in place to identify and reduce the risks to people living at the service. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. Observations showed that when people required assistance with moving and positioning that they were supported safely and effectively. People were asked what made them feel safe. One person told us, "They are very careful at moving me out of bed and into my wheelchair".

Accidents and incidents that had occurred had been recorded and monitored to identify patterns and trends. Action had been taken to reduce the risk of the accident occurring again. Risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment was regularly checked and maintained to ensure that people were supported to use equipment that was safe.

The service was clean. An infection control lead ensured that good practice was shared with all staff, who had a good understanding of infection control procedures. They were observed to be using personal

protective equipment and disposing of waste correctly to minimise the risk of cross infection.

Systems were in place that showed people's medicines were managed consistently and safely by staff. People were assisted to take their medicines by either registered nurses or trained staff that had their competence regularly assessed. Medicines, including controlled drugs were being obtained, stored, administered and disposed of appropriately. People told us that they were happy with the support that they received. One person told us, "I get my medication when I should and they do check I've taken them". Regular audits of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Some people had been prescribed medicines on an 'as required' basis. People confirmed and records showed that they had access to these when needed.

Requires Improvement

Is the service effective?

Our findings

People, their relatives and visitors, as well as healthcare professionals told us that people were provided with effective care that met their needs and preferences. However, despite this, we found an area of practice that was in need of improvement.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People, their relatives and visitors told us that staff asked for people's consent before offering support and our observations confirmed this. People were provided with choice and able to make decisions with regard to their day-to-day care. However, there was a lack of understanding about MCA and the legal requirements associated with gaining consent for people's care were not always implemented. When people lacked capacity to consent to living at the home, DoLS applications had been made. A system had been introduced to monitor DoLS. This ensured that applications were re-applied for prior to the DoLS expiring. It had recognised that one person's DoLS had not been re-applied for within a timely manner. This meant that for a period of time the person had been deprived of their liberty unlawfully. There were sometimes inconsistent approaches to gaining people's consent. One person's consent form had been signed by their relative as staff understood that they had a lasting power of attorney (LPA). However, documentation showed that this was not in place. Therefore decisions were being made by someone who did not have the legal authority to do so. For people assessed as lacking capacity to make certain decisions, best interests decisions had been made. Although this was good practice, the registered manager had not always ensured that the relevant people were involved in these decisions. Instead decisions had solely been made by members of staff. One of these decisions related to the use of bed rails. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where peoples' movement is restricted, this could be seen as restraint. Bed rails are implemented for peoples' safety but do restrict movement. This demonstrated that decisions were sometimes being made without consulting other relevant people involved in people's care. The inconsistent application of the MCA is an area of practice in need of improvement.

Assessments of people's needs took into consideration risks in relation to their nutrition. Staff understood the importance of maintaining hydration and nutrition for people. People were regularly offered drinks and snacks. Those with dietary requirements were supported to have food of their choice that was consistent with their healthcare needs. People told us that they enjoyed the food. One person said, "We are asked the night before for our choice". Another person told us, "The food is very good here; you always get a choice of different things". People had a pleasant dining experience and were offered the opportunity to socialise with others. Aids and adaptions were made available for people to use to enable them to remain independent and to take into consideration their cognitive and physical abilities when eating and drinking. For example, there were beakers with lids and handles or plate guards that people could use if required.

Peoples' healthcare needs were met. Registered nurses ensured that people who resided on the nursing

units received good healthcare to maintain their health. For people who resided on residential units and who had complex long-term health conditions, effective monitoring was in place. A handheld device was used to monitor if people were showing signs of atrial fibrillation, if signs were apparent, intervention could then be offered before any conditions escalated. This helped to reduce the risk of strokes or further disease. People told us that they were confident in staff's abilities to recognise when they were not well. Observations and records confirmed that people received timely intervention from both registered nurses and external healthcare professionals when required. One person told us, "Without question a GP would be called if needed". A healthcare professional told us that they also had confidence in staff's abilities and that there was good communication to ensure that staff managed people's health conditions well. They told us, "We have regular meetings to discuss any unplanned admissions to hospital, 999 calls and prescriptions. There have also been times when I've asked staff for information and between us we can manage people well".

There was complimentary feedback about the skills and knowledge of staff. A relative told us, "I have a high level of trust with how they work here. The carers are really good, first class". Staff accessed training that was relevant to their roles and could seek assistance and advice from registered nurses as well as external healthcare professionals. Some staff held diplomas in health and social care and all staff were able to develop within their roles. Registered nurses had access to on-going courses to maintain their knowledge and skills. In addition, the deputy manager had clinical oversight of the registered nurses practice. One member of staff told us, "I have to say I've had all of the support I need, all of us do, we get support with everything". Staff had access to regular supervision and appraisals to discuss their roles, learning and development and receive feedback on their practice. The registered manager and provider recognised the importance of valuing and empowering staff. To recognise staff's contribution to the service, the provider had introduced the national STAR awards which recognised and awarded staff who demonstrated excellence.

The service was designed in such a way that provided adequate space for people to enjoy time with one another. Inter-connecting communal spaces enabled people to move freely from one part of the service to another and could be closed-off to provide more intimate and cosy living spaces if people preferred. People had their own rooms that they could use if they wanted to have their own space and had been involved in the decoration of these. There were opportunities for people to socialise with other people, enjoy one of the activities or events, receive visitors and enjoy the communal gardens in warmer weather. Signs informing people where they were within the building and the location of rooms were displayed. These measures helped people to orientate around the building. People had access to mobility aids and equipment to maintain their independence. Call bells were available for people to use if they required assistance from staff.

Each department of the service worked together and there was good communication to ensure that people's needs were met. For example, regular meetings between each department took place to share information on each person to ensure people were provided with appropriate care.

Good

Is the service caring?

Our findings

People told us that they remained happy with the care provided. Feedback showed that staff were consistently kind, caring and compassionate. Comments from people included, "They care very well for us, even though they have a very long day" and "Staff are quite friendly and caring and I think I am being looked after well". A relative told us, "The quality of care here is good, exceptional even". A member of staff told us, "I work for the residents; they come first before anything else. I love my job".

The provider's values of 'wellness, happiness and kindness', were embedded in staff's practice. Staff were observed interacting with people in a kind and gentle way. Staff knew people well, called them by their preferred name and took time checking that they were comfortable and content. Staff had developed positive relationships with people; they responded quickly to people's needs and provided emotional support. One person, who was living with dementia, showed signs of apparent anxiety. They were worried about the chores that needed to be done at their own home, such as preparing the dinner and washing-up. Staff took time to talk to the person, acknowledging their concerns and asked them what they were planning to prepare for dinner. This reassured and distracted the person and they were observed to be calm in mood following their interactions with staff.

People's privacy and dignity was respected and staff understood the importance of treating people with respect. Staff took time to explain their actions and involve people in the care that was being provided. Staff attended to people's needs in a sensitive and discreet manner and people told us that staff always promoted their privacy and dignity. People's wishes, with regards to their preferences of male or female care staff, were ascertained and respected. A healthcare professional told us, "Staff are really good; they support people to maintain their dignity". This was confirmed within people's comments, who told us, "Staff are respectful when I go to the toilet" and "I feel respected, they are good at that here". Records were stored in locked cupboards and offices and handover meetings, where staff shared information about people, were held in private rooms to ensure privacy and confidentiality was maintained.

Information about people's lives, backgrounds, interests, employment and preferences had been gathered. This enabled staff to have an understanding of what people's lives were like before they moved into the home. People's diversity was respected and staff adapted their approach to meet people's needs and preferences. Care plans considered people's religious and spiritual needs and measures had been taken to ensure that people, with different faiths, had access to spiritual support. People could choose how they spent their time, some spending time in the communal areas, whilst others preferred their own space in their rooms or quieter areas of the service. Observations showed that people were able to move freely throughout the service and equipment such as mobility aids or aids to support people to eat and drink independently were used to promote and maintain people's skills and independence.

People and their relatives were listened to. Communication and interaction was adapted to meet people's diverse needs and abilities. Regular residents' and relatives' meetings ensured that people were able to share their views and concerns. The registered manager had acknowledged that people and relatives might prefer to share their views and concerns in a different way and regular questionnaires had been sent to gain

people's feedback. People and their relatives had fed back that they would value more information about dementia. Therefore, the registered manager had organised for a representative from the Alzheimer's society to come and talk with people and relatives to enable them to have access to additional information and expertise.

Good

Is the service responsive?

Our findings

People continued to receive care that was responsive. Feedback told us that staff provided care that was person-centred and meaningful. People had the opportunity to lead content and fulfilled lives.

Staff promoted an interactive and inclusive culture. Activities had been adapted to ensure that people living with dementia had access to meaningful activities. Pupils from a local school visited to read, support people during activities and spend one-to-one time with them. Special events such as summer fairs and garden parties had taken place. During a residents' meeting people had chosen a theme for a Christmas Pantomime. Costumes had been made by people, their relatives and staff. Staff had played various roles and performed for people, their relatives and visitors. Photographs showed people with varying needs and abilities enjoying taking part in various races during a sports day. These events encouraged people, who would perhaps otherwise spend time in their rooms, to interact and join in with others. As a result people's access to socialisation had improved.

One person had got married and had chosen to have their wedding reception at the service. Staff were involved in the preparations for the hen party, the service and reception. Photographs showed decorations and flowers in the person's preferred colour. These had been made by people within arts and crafts sessions. A top table and tables were laid out for the wedding breakfast, which consisted of the person's favourite food. The person had chosen a member of staff to be their bridesmaid, another to be the DJ for the music and another to make the wedding cake.

People told us that they had access to lots of activities and entertainment. Comments included, "We do have plenty to do, games, quizzes and music and sometimes entertainment" and "There are activities and I do what I fancy". One person, who was living with dementia, was looking out of the window at the snow in the garden. Staff spoke about the snow and went into the garden to collect some snow to make snowballs. The person, as well as others, enjoyed touching and holding these. People were smiling and laughing and this triggered conversations about the weather and reminiscence about what people used to do in the snow.

Another person, who was living with dementia, was sitting at the table with their head down. Staff immediately noticed this and asked the person if they would like to play a game of table football. Two people enjoyed playing the game with staff. There were loud cheers for their different teams, laughter, smiles and fun. Some people enjoyed looking through reminiscence books of old film stars. Staff used these as a tool to engage people in conversations about films they had enjoyed watching and memories of different famous people. The activities and stimulation provided a distraction for people who were living with dementia. When people displayed signs of apparent anxiety or distress, staff intervened and found something that occupied the person's time.

People were encouraged to maintain contact with those that were important to them. Friendships had developed between people and they were encouraged and enabled to maintain contact with family and friends. One person told us, "They do encourage my family to visit". A relative told us, "They are all friendly

towards us when we come in".

People's needs had been assessed and goals set. Independence was promoted to regain and retain people's abilities. One person told us, "I do think I have improved in the time I've been here". Regular care plan reviews enabled people to share their views about their care. One person told us, "I do feel part of the process of my care". Care plans were detailed and personalised, providing a clear sense of the person, their interests, preferences and things that were important to them. They captured details of the person's diverse needs, their background, social and religious needs and preferences. These provided staff with information to guide their practice and meant that people were supported in the way that they preferred.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Care plans contained details of the best way to communicate with people. Information had been adapted to support people to communicate. This included the use of photographs on menus to support people to choose their meals.

Regular residents' meetings took place. One person told us, "We have meetings and we can have our say". A relative told us, "There are relatives' meetings and we also get updates from staff". Records showed that feedback had been listened to and changes made as a result.

There was an accessible complaints procedure. People knew how to make a complaint. They told us that they would feel comfortable doing so, without the worry of any repercussions to their care. One person told us, "No, never had a grumble, but would". Responses to complaints demonstrated that the provider was transparent and open with people who used the service.

There was a reflective culture. A historic situation had occurred whereby medicines had not been entered onto the electronic medicine system correctly. In response, staff had met with the pharmacy. Improvements had been made to the system to minimise the chances of reoccurrence.

People were able to call for assistance from staff and received a timely response. For people who were unable to use a call bell, due to their capacity and understanding, pressure mats were used. This ensured that when people attempted to stand staff were alerted and could go to the person to offer assistance.

People received good end of life care. Staff were competent to meet people's needs. Advice from external health care professionals, as well as local hospices had been sought. Records for one person showed that their expressed wishes had been respected and honoured. The person's relatives had been involved and they had received the end of life care they had chosen. Equipment had been hired and medicines to ensure the person's comfort, had had been prescribed. A healthcare professional told us, "I feel that at this home, when we know a person's health is deteriorating and their death is imminent, that they focus on what the person wants. I see a lot of good deaths here that show they provide a good level of care".

Good

Is the service well-led?

Our findings

At the previous inspection on 14 October 2015 areas in need of improvement related to a lack of a registered manager. In addition, quality assurance audits to monitor and analyse the quality and safety of the service, had not always been completed. This had meant that shortfalls in relation to the lack of reviews of people's care plans, the maintenance of records and the frequency of staff supervisions had not been identified or acted upon. At this inspection improvements had been made.

The service had a registered manager who had been at the service since October 2015 and who had been registered as manager for almost two years. The management team were experienced and held appropriate management qualifications. This helped ensure that staff felt supported and equipped to support people effectively.

The provider and management team were committed to the development of the service and enhancing the experiences of people. A robust quality assurance system was conducted by the registered manager and other external senior managers and were monitored by the provider's quality team. These related to systems and processes throughout the service and helped to ensure that the management had good oversight. Action plans as a result of the audits were implemented and monitored to ensure that any improvements that needed to be made were completed appropriately and in a timely manner. Results of a recent audit showed that the management team had achieved 96%, with only minor actions to be completed to achieve the full 100%. The local authority also undertook their own quality monitoring visits to ensure that the service was a safe and suitable place for people to live and told us that Burleys Wood was a service held in high regard. The registered manager sustained good practice and improvements over time by working in collaboration with people, their relatives, staff and external healthcare professionals. This ensured that people were receiving the level of service they had a right to expect. People were involved in the running of the service. Regular residents' meetings took place to enable people to share their ideas and be part of any planned changes. In addition, regular surveys were sent to people and their relatives to gain their feedback. People told us and records showed that feedback was valued and listened to and that when people and their relatives had made suggestions these were acted upon. For example, one person had fed back that there could be more stimulation in the environment of the home. In response a community group had been formed, known as 'Friends of Burleys Wood'. This consisted of people and relatives and they had been involved in changing some of the décor within the home to create a sensory indoor garden for people to enjoy. There were good systems and processes in place to ensure that the home was able to operate effectively and to make sure that the practices of staff were meeting people's needs.

The registered manager attended regular meetings with the provider's other services. This ensured that best practice was shared and areas for improvement acknowledged across the services. In addition, there were links with other services within the county to share best practice. For example, the registered manager had recently fed back to a group of other service managers at a training session facilitated by the local authority. This related to 'Making Safeguarding Personal'. In addition, the provider had developed a 'Future leaders' programme'. Burleys Wood had been chosen to be part of this due to their reputation as a leader within the provider's services. The provider had looked at the new key lines of enquiry that are used as part of a CQC

inspection and had assessed themselves against these to identify areas for development and growth. The programme supported registered managers and their teams to look at how they could provide and demonstrate outstanding practice and consequently attain an outstanding rating.

The provider had a philosophy of care. This stated, 'To promote high quality care in a warm, safe, friendly , supportive and relaxed home environment which promotes independence, provides opportunities and maintains skills'. It was evident that the management team demonstrated commitment, a clear vision and enthusiasm. The management team promoted the provider's values in everything that they did. This was passed onto staff who showed a strong commitment to demonstrating the provider's values. This was embedded in their practice and within the culture at the service. The service had a friendly, welcoming, warm and person-centred culture. A relative told us, "We feel like our relative is treated as if they are in their own home". A senior member of the management team was asked what had changed since the previous inspection. They explained that due to the registered manager and their management team, "The home has got a heart now".

Together the management team demonstrated strong leadership and were excellent role models for staff. People, their relatives and visitors, staff and healthcare professionals were consistently and overwhelmingly positive. Feedback spoke highly of the management team. One person told us, "The manager is visible around the home and is approachable. It seems to run smoothly". A member of staff told us, "I never thought managers could be that nice and supportive. I hope that one day I'll be like them. They treat us like family; we are part of the team". Another member of staff told us, "The management is good because they don't encourage the staff to stay in the office and talk; they want us to be with the residents. If there is ever a problem they'll sort it out. They are open and honest". A relative told us, "The involvement of the management is great". A healthcare professional told us, "It is run as smoothly as I'd expect. They are really good, welcoming and with an open door. They care". The provider had recognised that the registered manager had worked hard and had exceeded expectations with regard to improving the service and had awarded them a STAR award for their 'Outstanding management contribution'. The STAR award is the provider's own accolade that is awarded to staff who demonstrate good or outstanding practice.

Staff told us that they were fully involved in decisions that affected the service through regular meetings with management. They explained that they were part of any changes within the organisation and that they felt valued. Staff were encouraged to identify areas that could be improved upon and shared these within regular staff meetings.Staff were provided with regular feedback on their practice to enable them to reflect on and develop their knowledge and skills. This helped to improve the support that people received. Staff satisfaction was demonstrated by the increase in staff retention that had occurred over the past two years since the registered manager had been in post. People, their relatives and healthcare professionals commented on the consistency of the staff team. A relative told us, "There isn't a high turnover of staff. My relative knows the staff and that is so important". Staff told us that the home had a good reputation locally and that this is what had attracted them to their roles. The provider demonstrated a caring approach with regards to staff's well-being and staff had access to an employee assistance programme. This provided staff with discounts to shops and restaurants. In addition, listening groups had been provided with the provider's human resources department to provide an impartial forum for staff to seek support and guidance within their roles. This helped to ensure staff were supported to maintain their well-being.

The provider and management team were involved in projects to further develop the service and enhance people's experiences. The home had been chosen to take part in a project by the local authority. A project known as Discharge to Assess (D2A) had been introduced to assist the pressure on local hospitals. When people's needs improved so that they no longer required a hospital stay, they could stay at the home on a temporary basis until their condition and health improved. This had been introduced in October 2017

whereby ten residential beds, to be increased incrementally, were allocated to the D2A project. This had proved successful and the bed numbers had already been increased from the initial introduction. The management team and staff worked with the local authority and other external healthcare professionals. These included occupational therapists, hospital avoidance matrons, integrated response teams and GPs to ensure that people received integrated care to regain and retain their skills. A healthcare professional told us, "This has been successful with the registered manager and deputy working closely with adult social care staff to ensure people are receiving the right level of care and support, whilst being given an opportunity to relearn and retain skills".

There was an open and transparent culture. Records showed that people had been informed and were part of changes that occurred within the service. They were informed if people's health needs or condition had changed. A relative told us, "The best thing here is the open door, it is a very good sign. They are so approachable. If ever there is any concern we get a phone call straight away". People, their relatives and visitors told us that they had confidence in the leadership and management. They explained that the support people received was of comfort to them. One person told us, "The best thing is peace of mind and I have nothing to worry about in here".

The registered manager was proactive and had developed good links with the local community. Volunteers had been sourced to provide people with stimulation and interaction, in addition to those that were provided by staff. Fundraising had taken place to provide additional resources and facilities for people to use. Relationships with external healthcare professionals and local authorities had been developed to ensure that people received a coordinated approach and service.