

Woodcote Care Ltd

Maplehurst Nursing Home

Inspection report

53 Oathall Road
Haywards Heath
West Sussex
RH16 3EL

Date of inspection visit:
07 November 2017

Date of publication:
25 January 2018

Ratings

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

Summary of findings

Overall summary

The inspection took place on the 7 November 2017 and was unannounced.

Maplehurst Nursing Home is a nursing home. People in nursing homes receive accommodation for nursing and 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.

Maplehurst Nursing Home is registered to accommodate up to 38 people in one adapted building. The service currently operates from 29 rooms. On the day of our inspection there were 26 people using the service with a range of support and nursing needs including older people and older people living with dementia. The home is a large detached property spread over three floors.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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. People were safe because a safety culture was embedded at the service.

Staff had exceptional skills in managing and reducing risk and keeping people safe whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom. People's comments included "I feel much safer since coming to live at the home, particularly at night, the amount of staff on duty is unbelievable".

People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely. Staff were trained to be aware of signs of abuse and were encouraged to report concerns, which were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns would be listened and responded to. The service had a written complaints process. Any concerns or complaints were investigated with actions identified to make improvements.

The service was inspirational in the approach to ensure that staff put their learning into practice to deliver care that meets people's individual needs. This was around consistent mind-sets and behaviours. On an annual basis each staff member was asked to provide quantitative feedback on each of their peers on five criteria's. These five criteria's were aligned to the CQC's five key questions. Is the service safe, effective, caring, responsive and well led?

People received exceptionally effective care, based on best practice by staff with an in-depth knowledge of their care and treatment needs, who were skilled and confident in their practice. Staff worked with people, other professionals and continually developed their skills. The service used innovative and creative ways to train and develop staff to put their learning into practice to provide outstanding care that met people's individual needs.

People mattered and the care was exceptionally personalised. Staff paid attention to detail and demonstrated pride, passion and enthusiasm for the people they supported. Each person had a trusted member of staff, known as a keyworker, who took a lead role in each person's care and wellbeing. They continuously looked for ways to ensure people had positive experiences and led fulfilling lives. Staff knew about people's lives, their interests and talents and encouraged them to share them with others.

Staff sought people's consent for their care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, capacity relatives, friends and relevant professionals were involved in best interest decision making.

There was a strong emphasis on the importance of eating and drinking well for people living with dementia. The provider was creative in looking at ways people were supported to eat and drink, sufficient to their needs. People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The service was very caring. Without exception, people and their relatives told us the staff were extremely caring, kind, attentive and dedicated in their approach, which was evident throughout the inspection. They commended the exceptional quality of the care they received. One person told us "They are angels I would say, all of them. They care for me and look after me wonderfully".

Staff were highly motivated, encouraged and supported to develop in their roles. The service had a very strong, person centred culture and the ethos was that of an extended family. Staff spoke positively and passionately, without exception, about working at the service. Staff had developed exceptionally kind, positive and compassionate relationships with people.

Care planning was focussed upon a person's whole life. People and relatives were asked to complete a comprehensive 'life book /social profile' upon admission to the home. Through people's detailed care plans the staff were able to demonstrate how much people had been supported to achieve what they wanted, improving their well-being and becoming mobile again.

People were encouraged to socialise, pursue their hobbies and interests and try new things in a variety of inspiring and innovative ways. The service found innovative and creative ways to enable people to live life to the full and continued to do things they enjoyed. The service was currently a pilot site for a United States based charity 'Music & Memory'. Music & Memory brings personalised music into the lives of older people and people living with dementia through digital music technology.

The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. The provider had clear values which the registered manager promoted to staff. The provider and registered manager showed an outstanding drive and passion to ensure the service was under a continuous improvement plan and working to be an outstanding service, ensuring people were at the heart of the service.

The provider and registered manager had robust and embedded quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. These showed the service was consistently high performing and surpassed expectations. People received a consistently high standard of care because staff and management put people first and at the heart of the service, using innovation and continuously looking for new ways to improve their care and quality of life. People, relatives and professionals spoke highly around the exceptional quality of care provided at Maplehurst Nursing Home.

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 very safe.

People were safe because a safety culture was embedded at the Service. Staff had exceptional skills in managing and reducing risk whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom.

Equipment and technology was used continuously to improve safety for people. People were supported to take their medicines on time and in a safe way.

People's safety and wellbeing was promoted because staff understood the importance of promoting people's physical and mental wellbeing and of people keeping active and maintaining their independence. The staffing levels meant there were enough staff to meet all their needs.

Outstanding 

Is the service effective?

The service was very effective.

Staff had the specialist knowledge and skills required to meet people's needs. There was an innovative approach to ensure that staff put their learning into practice to deliver care that meets people's individual needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

The provider was creative in looking at ways people were supported to eat and drink, sufficient to their needs. People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Outstanding 

Is the service caring?

Outstanding 

The service was very caring.

People had a quality of life which enhanced their well-being and physical health.

The service was inclusive of all individuals and provided personalised care. Including people's family, wider circles of support and the community.

People received empathetic care and their dignity and independence was upheld. Lives were valued and people were supported in continuing their lives in a meaningful way.

Is the service responsive?

The service was very responsive.

People received exceptionally person centred care from staff who knew each person, about their life and what mattered to them. The level of care experienced promoted their health and wellbeing and enhanced their quality of life.

People's views were actively sought, listened to and acted on. People and relatives knew how to raise any concerns and actions were taken in response to improve.

People were encouraged to socialise, pursue their hobbies and interests and try new things in a variety of inspiring and innovative ways including technology.

Outstanding 

Is the service well-led?

The service was well led to a very high standard

People received a consistently high standard of care because management led by example and set high expectations about the care people received.

The provider had robust and embedded quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. These showed the service was consistently high performing.

In pursuit of excellence, the management team kept up to date with best practice. They read other services 'outstanding' rated CQC inspection reports as a way to benchmark their quality of care and for ideas and innovations for continuous improvement.

Outstanding 

Maplehurst Nursing Home

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 for the service under the Care Act 2014.

This inspection took place on 7 November 2017 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback. Two health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke with nine people, three relatives, five care staff, a housekeeper, the chef, a nurse, the registered manager and the provider. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at six people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records. This is when we looked at people's care documentation in depth; obtained their views on their experience of living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample

of people receiving care.

The service was last inspected on 1 July 2015 and was awarded an Outstanding rating.

Is the service safe?

Our findings

People were safe because a safety culture was embedded at the service. Staff had exceptional skills in managing and reducing risk whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom. People's comments included "I feel much safer since coming to live at the home, particularly at night, the amount of staff on duty is unbelievable" and "I can talk to staff if I am worried about anything and they help me, I feel completely safe here. There are lots of staff around if I need anything". A relative told us "My relative is really safe. This has taken the pressure off us. They are well looked after, they're very capable. I looked at the CQC report and wouldn't disagree with any of it. It is wonderful here".

One health professional told us "I have been attending Maplehurst regularly, In that time I have not once had any concerns as to the safety, professionalism and caring attitudes of the staff. Each of the qualified nurses are aware of any current issues with the residents and each week they dutifully prepare a list of residents to be discussed. On the thankfully rare occasions that I have had to send patients to hospital they have been extremely responsive and efficient with my instructions and will always accompany the patient to hospital, this is not something one always sees from Nursing Homes".

A culture of safety was also embedded within the staff team, staff were vigilant in spotting risks and tackling them. They made every effort to ensure people felt safe and minimise restrictions on their freedom. Staff had time to accompany people for walks in the garden and outside. People could safely and independently access areas of the garden if required. When we observed people mobilising without their walking aid, staff were observant and assisted where needed or fetched their walking aids and gently reminded them to use it for their safety.

Risks for people were anticipated, identified and proactively managed to maximise people's continued independence. For example, when a person experienced difficulty getting up from their chair, a staff member spent time reminding the person of the techniques they had been shown for getting in and out of their chair safely. They patiently prompted the person through the steps they needed to take, in accordance with the person's care plan, which enabled the person to get up independently. Where a person became unsafe to manoeuvre staff referred them to an occupational therapist if required.

Personalised risk assessments identified ways in which staff could promote people's safety. For example, by ensuring people had good fitting footwear and were familiar with their surroundings. Staff made sure that people had everything they needed to hand, such as their drink, glasses and TV remote control. Where people were particularly at risk because of their frailty, staff completed regular visits to anticipate their needs. For example, checking if they wanted a drink, or needed anything and by offering the person help to use the toilet. We observed one member of staff visiting a person in their room, ensuring they had everything they required and if they wanted some company or if they would like to go to the lounge.

The provider had been innovative in improving risk management upon admission of a new person to the service where updates on a wide range of documentation needed to be completed. They told us this could be a timely process and could be susceptible to human error for example when a person's details were

manually entered onto many documents. The provider had created and built an IT system that would improve this, by inputting information into various parts of the documents. The wide range of documentation was then automatically updated. As well as improving safety this also improved effectiveness and helped to ensure that staff had the personalised guidance they needed to provide consistent personalised care. We were told a task that previously took the care and administrative managers a morning now takes them around 10 minutes.

The service used evidence based tools to assess people's needs and identify if people were at risk of developing pressure sores, of falling, malnutrition and dehydration. For example staff completed detailed individual care plans in response, outlining ways staff could reduce risks and keep people safe. For example, where people had swallowing difficulties or choking risks, they had been referred to the speech and language therapist for advice. Staff had undertaken training on supporting people to manage these risks and personalised care plans gave very specific advice for minimising these risks. For example, whether the person needed their food prepared in a soft or pureed texture, instructions about foods the person could safely eat, and ones they needed to avoid. Care plans emphasised the importance of making sure thickeners were used to make drinks of the correct consistency. They also emphasised the importance of sitting a person in an upright position when eating and drinking to minimise any swallowing difficulties and choking risks.

The provider looked at innovative ways that technology could be used in the home. One of these ways was purchasing a new air filter system. This system uses technology by recycling the air using carbon filtration to remove airborne pathogens or other potential sources of infection, which in turn could help in reducing the number of infections people, are susceptible too. The provider also took a proactive approach to arrange flu vaccine in house for the staff as well as people yearly.

The premises were safe and well maintained. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. An air mattress is an inflatable mattress which could protect people from the risk of pressure damage, where they had been assessed as high risk of skin breakdown (pressure sore). Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Staff were able to describe how they would respond in an emergency such as a fire and told us they had regular fire training and had taken part in fire drills in the past year.

People were cared for in a clean, hygienic environment and measures were in place to minimise risks of cross infection. The service had a dedicated infection control lead that carried out regular checks of cleanliness, hand washing and infection control audits. Staff had infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine, which included bedrooms, bathrooms and communal areas. The most recent environmental health visit to the kitchen had awarded the service the top rating of five stars. One housekeeper told us, "We have our cleaning schedule in place that we follow and there is always plenty of PPE (personal protective equipment) and cleaning products." Infection control policies and procedures were readily available for staff to access alongside guidance on hand washing techniques. The infection control audit was completed on a regular basis and any actions identified were incorporated into the provider's home improvement plans.

Accidents and incidents reported were reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. For example, if a person had experienced a fall further improvements in documentation had been made by the introduction of an enhanced falls risk assessment. The introduction

of this had improved the way staff supported people after a fall and improve the monitoring of a person's well being. This included where necessary observations, blood pressure being monitored and any design change needed in the person's room. Staff shared practical advice and literature on how best to support people to age well and maintain their independence. They ensured staff followed The National Institute for Health and Care Excellence (NICE) guidelines on 'Falls in older people: assessing risk and prevention of falling.' Staff implemented good practice tips about the environment, such as how chairs and beds should be positioned in people's rooms in ways which minimised people's risk of falling. This information was analysed by the registered manager regularly. This showed the service used incidents as opportunities to continually improve the safety of people's care.

People's safety and wellbeing was promoted because staff developed positive and meaningful relationships with people and spent time with them. The atmosphere in the home was calm, homely and organised. Staff worked in an unhurried way and responded to people's individual needs at a time and pace convenient for them. Supporting people with all their needs, such as spending one to one time with people, socialising, going out was incorporated into the dependency tool used to calculate and review staffing levels. Staff worked flexibly and staffing levels varied at different times of the day, according to need. For example, there was more staff on duty early in the morning when people needed extra support getting up and washed. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent and bank staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

Medicines were stored in appropriate lockable medicine trolleys within a secure medicine room. The registered nurses had access to the medicine trolleys and were responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered when people required them. We observed medicines being administered at lunchtime by a registered nurse who knew people well. They took time to ensure that the correct medicine was administered to the correct person. The registered nurse then completed the person's medication administration records (MAR) chart correctly. They explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. They undertook a daily audit of people's individual MAR charts. The audit examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The registered nurse explained that any concerns were raised with the registered manager. People we spoke with about medicines all told us those medicines were delivered on time in a professional manner by a nurse on duty. One person told us "I like living here, if I'm not well the staff look after me and make sure I see the doctor. They sort out all my medicines for me and help me with things like showering. They are very kind."

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Information was obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date. The service had a full staff team with no vacancies and had maintained a strong and stable workforce which resulted in low staff turnover, improving staff's knowledge on people's needs. The provider also employed their own bank staff to cover leave and unexpected staff sickness, so gaps in staffing were met by existing staff working at the home This meant people benefitted from continuity of care by staff who knew them very well.

Commenting about the high levels of staff retention at the service One person told us "I see all the same lovely staff each day, they are wonderful. We are all one big happy family".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident that the registered manager would act on their concerns. One member of staff told us "Any concerns we have, however little I would go to the manager. He would deal with it straight away and is very proactive". Staff were confident to question practice and report concerns. An effective whistle-blowing policy was in place whereby staff knew that they could raise any concerns confidentially with management and felt it would be actioned.

Is the service effective?

Our findings

Relative's visitors and professionals felt that staff were exceptionally skilled in meeting the needs of people at the service and spoke highly about the care and support at the home. One person told us "The staff are lovely, very well trained. I manage to do a lot for myself but they help me when I need it, things like washing and dressing". A relative told us "Our relative came here straight from hospital and have not looked back. They are recovered, not 100% but the improvement has been dramatic. I think they are responding to the atmosphere and care which is a very high standard and is stimulated. The Activities co-ordinators get them doing things they wouldn't have done at home. They have their personality back and more herself now and happy". Another relative said "The staff are really well trained, when our relative first had to be moved with the hoist they were very frightened but this carer was really lovely with them, very reassuring and kind. It was amazing the way she dealt with her. They love the food, says it's the best they've ever had". One health professional told us "The home is very effective and takes patient needs and safety extremely seriously. The care for the patients is paramount and I have no doubt all the staff care personally for the patients they nurse".

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. The application 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. Staff had good knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. We were given one example of least restrictive practice for a person with mental health who was now able to visit their relatives close by in a taxi on their own due to the staff working with them and giving them the confidence while working within the MCA and closely with the person, their family and health professionals. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. The registered manager and staff fully understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how and when to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

There was a strong and dedicated focus on training and continued development for staff. The provider and registered manager showed a great passion in this area and gave examples of innovative methods they had used to maintain a strong and stable team of experienced staff who were committed to continuous learning and development. Staff undertook a comprehensive induction programme at the start of their employment at the service and staff that were new to care were supported to undertake the Care Certificate. The Care Certificate had been introduced for new staff as part of their induction. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and

standards of care that care homes are expected to uphold. The Induction process that supported newly recruited staff included reviewing the service's policies and procedures and shadowing more experienced staff to gain knowledge and confidence.

Staff held the right competencies and skills to meet the needs of the people. This was evidenced by the number of care staff with level 2 or higher in a health and social care diplomas. The provider was creative and innovative in keeping the staff up to date with their training and had many links with external organisations that guide best practice, such as local colleges, registered nursing home association and the nursing and midwifery council. Staff records showed they were up to date with their essential training in topics such as moving and handling and infection control. The training plan documented when training had been completed and when it would expire. The provider and registered manager were focused on ensuring staff were up to date and skilled in their role. The provider went out of their way to source training and development opportunities for staff which included offering various external courses for staff to attend and a vocational qualification in care. One member of staff told us "The manager has encouraged me to take extra qualifications so I can become a manager one day, and if I do I want to be a manager like him". Another member of staff said "Both the manager and the director are excellent role models, they motivate us and encourage us to be better through self-development". This showed the management team continually drove improvement and enabled staff to progress in their roles.

The registered manager promoted the use of champions in various areas such as dementia, first aid and dignity in care who actively supported staff to ensure people were cared for in a way that promoted their wellbeing. These were staff that had shown a specific interest in particular areas that are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. The provider had been creative and hands on in supporting the staff to develop their skills in moving and handling. In order to deliver continuous training and improvement in this area the provider had completed a moving and handling instructor's course himself. This ensured that staff were kept up to date with best practice and enabled on the spot training and skills development to take place within the home when required. One member of staff had recently won a dementia care award for the years of work at the home and their knowledge in this area.

The provider was inspirational in a team approach to ensure that staff put their learning into practice to deliver care that meets people's individual needs. This was around consistent mind-sets and behaviours. On an annual basis each staff member was asked to provide quantitative feedback on each of their peers on five criteria's. These five criteria's were aligned to the CQC's five key questions. The provider collated the responses and was then able to give constructive feedback to staff around what they did well and any areas for development. This approach drives improvements within the service and encouraged staff to perform to a high level. With an innovative and creative training programme. We saw that the results of this had become embedded in the values of staff and was evident in their performance, providing high quality care. There was a continued focus on sourcing training for all staff regardless of their role using creative methods to develop their learning and development to enable an understanding of people's specific needs.

Staff had regular meetings with their manager and group supervisions which were planned over a twelve month period and an annual appraisal. Group supervisions gave staff an opportunity to discuss how they felt they were getting on and any development needs required. Minutes from a recent meeting showed areas discussed included training, ensuring people's needs were met and staff development. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. The registered manager held clinical supervisions with nursing staff and worked closely with them to ensure best practice.

The provider and registered manager had great understanding that an older person with or without dementia could perceive their surroundings differently and it is important when designing and planning refurbishments. Good planning and design can help in making it easier for people to interpret and navigate a service in safety, and the use of colour and contrast can be used in different ways to assist in this. The management team had investigated into using the most appropriate colours for various rooms in the service. For example we saw people's doors and handrails had been painted in various colours including yellow. The provider had researched colours and environment's for people living with dementia and found that yellow was a known colour to assist with people's well-being for example to help people suffering from mental lethargy.

People were supported to live healthy and meaningful lives. People and relatives told us they did not have problems accessing the healthcare they needed. Records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, behaviour therapists and a speech and language therapists (SALT) to ensure peoples accessed the right support. A GP visited the service regularly and a member of staff told us how they could always access a GP by telephone for support when needed. We saw daily records detailed how people were feeling and any changes to their health were noted and acted on. One relative told us "If they have to call the doctor they always ring and let me know what's what."

We saw people with complex needs in respect of their eating and drinking were protected from risks. For example, we saw one person who was experiencing difficulties with swallowing food. The service had arranged for a SALT to visit to assess the person. We saw all action had been implemented immediately following this visit including the kitchen being updated of the person's requirements for a soft diet and an urgent referral to a dietician. Food and fluid charts were maintained where people were identified as being at risk of dehydration or malnutrition.

The home employed a full time chef who showed great knowledge in people's preferences. We observed and were given many examples of innovative methods used to improve people's food and fluid intake. The chef had completed an award in level 3 hospitality supervision and leadership to enhance their knowledge of catering for people. The chef ensured food looked visually pleasing, research has shown that food presentation is linked to increased intake. The chef also used colourful foods following research that indicates this can improve intake for people living with dementia. Another area focused on was shapes of food by using food moulds, cups, spoons or basic utensils to ensure plates of food were appealing and attractive.

Menus were based on a four weekly cycle and were designed to reflect the availability of seasonal ingredients. There was a choice of main courses each day. Wine was available if people requested it and we saw people enjoying a glass of red or white wine with the lunch. People were offered a variety of diets for people's specific needs, for example, chopped, pureed, low fat and low salt. The chef told us they held meetings with residents or their families to gain feedback and have consultation about food choice and quality. Menus were displayed in the communal area. One was handwritten in large print on a white board and another in a pictorial format to meet people's communication requirements.

A strong emphasis on the importance of eating and drinking well for people living with dementia remained. The registered manager had worked effortlessly to improve further in these areas since the last inspection. We observed lunchtime where people sat in the communal lounge/dining area. People were encouraged to be independent throughout the meal and staff were available if people wanted support, or extra food or drinks. Plate guards were offered to people that required them and some people having clothing protectors. Some people required support with eating their meals. People ate at their own pace and some sat at the

large dining table and talked with others, enjoying drinks including wine enjoying the company and conversation. The presentation of food was appetising and the chef took care in portion sizes for people. For example a full plate of food may be off putting for someone. The lunch experience came across a very relaxed and joyous affair, with many staff including the management team assisting. Every member of staff were knowledgeable to people's needs and this came across very organised, with staff smiling throughout, with conversation and laughter. People gave us exceptionally positive feedback about the quality of food at the home. One person told us "The food is very good too. If you don't like what's on the menu the chef is always willing to do something else for you". Another person said "The staff are excellent. And the food you can choose from the menu, there's always a choice. They will always make you a sandwich, they are very good indeed". A third person said "The food and the cook is wonderful, it's like having your own personal chef. He will come and chat to you on what's on the menu and ask our opinions, thumbs up I say".

Through the lunchtime experience calm music was being played which people enjoyed. For two people a specific playlist (through headphones) was used and had shown to increase the eating pattern for these people. Staff had implemented creative methods to promote fluid intake for one person with memory problems, this included using separate colour coded bottles for morning and afternoon to assist with any confusion. People were also taken out to dine on several occasions at local garden centres, popular restaurants and local attractions. Surroundings were varied if appropriate for encouraging people to maintain their nutrition and hydration and this had been effective for some people. For example by taking one person to a local pub when they become distressed had improved their wellbeing and food intake.

Is the service caring?

Our findings

The service was very caring. Without exception, people and their relatives told us the staff were extremely caring, kind, attentive and dedicated in their approach, which was evident throughout the inspection. They commended the exceptional quality of the care they received. Comments from people included "They are angels I would say, all of them. They care for me and look after me wonderfully", "Everything about my care here is good. The staff care about me. I choose when I want to get up, nothing's too much trouble for the staff here and they talk with me", "Staff are exceptionally kind and caring. It is a lovely atmosphere, very friendly. Anything you need, nothing is too much bother" and "They look after me like their own, it is like a big family. There is a lovely atmosphere here. The staff know me well, we seem like friends, always laughing. They spend a lot of time with all of us, together and individually, they take time to find out what you like to do, it makes you feel valued as a person. That is a lovely feeling". Relative comments included "All the staff have always been very kind to myself and my family. Our relative is well cared for and they are all treated with dignity and respect" and "The staff are just like family, really kind and thoughtful. It's very relaxed, they would do anything for you." They are fantastic. They go way above and beyond what the job is. They treat all the residents with respect, It's the little things that make a difference."

The provider and registered manager continued with a proactive approach and led by example to ensure the service had a very strong, person centred culture and the ethos was that of an extended family. This was clearly evident throughout the inspection. Staff spoke positively and passionately, without exception, about working at the service. Staff had developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. We observed staff constantly interacting with people on a one to one level. We observed one person sitting in a chair not engaging with people or staff. A member of staff noticed this and sat and took their time with them to encourage the person to join in with a game of ball. The person became involved in the game with smiles and clearly enjoying throwing the ball and catching it. There was a relaxed, calm and happy atmosphere at the service with lots of smiles, good humour, fun and gestures of affection. People were comfortable and happy around staff and there was laughter between them. The interactions were warm and loving with gentle touches like holding hands or arm around a person's shoulder. We observed one person in the lounge who started to get agitated about not being able to walk without their aid. Two members of staff attempted to deal with this situation engaging in conversation and reassuring the person. The person was finding it difficult to listen to the staff. One member of staff suggested seeing where another member of staff was who had built up rapport with the person to help. This member of staff was on their lunch break and happily came to assist the other staff and managed to calm and reassure the person who then walked with their aid and engaged in conversation with them.

Both staff and management were fully committed to ensuring people received the best possible care in a compassionate, inclusive and very caring environment. Staff were organised by management in such a way that meant they had time for people and could maintain positive interactions. Without exception, throughout our inspection there was an atmosphere of calmness with staff caring and supporting people. The communal lounge was an environment where people were relaxed with staff attending to their needs swiftly. We spent time throughout the day in the lounge and saw warmth and compassion from committed

staff working as a team to meet people's needs and were alerted to when they felt a person showed any signs of discomfort or agitation. This evidenced the training and skills staff possessed were utilised and embedded and that a caring attitude came naturally towards people as well as each other. This was also observed through discussions staff had with each other, respecting one another on ways to care and support people that required emotional or physical support.

Staff were highly motivated to provide kind and compassionate care. We observed many examples of staff talking with people as equals, discussing the day and talking with people at eye level. There was lots of laughter, chatter and friendly banter. Staff recognised immediately if people were confused or upset; they responded with compassion and kindness. We saw a person had become confused walking in the hallway. Staff sat and spoke with them in a quiet area of the home and reassured them in a gentle tone while holding the person's hand. They asked the person if they would like a cup tea and they nodded and smiled. One staff member told us "You have to know people well and understand their needs. We really care about each other and ensure residents have the right support. People can get confused and sometimes a chat or an activity can help with how they are feeling in that moment of time".

Staff treated people with the utmost dignity and respect. A resident's charter outlined the commitment of staff to ensure people's individual choices were respected. We observed staff in all roles spending meaningful time with people throughout the inspection and how much staff knew people. For example, we saw housekeeping staff stopping and chatting with people in their rooms and communal areas. The chef went around and asked people what they would like for lunch and later came into the dining room at lunchtime and spoke with people. We also observed the registered manager and provider taking time to speak with each person throughout the day. People enjoyed the interaction with staff, with smiles and laughter and often meaningful conversations being held. There was a high level of engagement between people and staff and this had resulted in people feeling empowered to make their own decisions. We observed the maintenance member of staff working in the garden and waving and smiling at people sitting in the lounge through the window. After lunch they came into the lounge and chatted with people and it was evident how well they knew each with laughter and smiles.

Guidance produced by Skills for Care advises on the importance of promoting equality, diversity and human rights within the care planning process and decision making. Care plans considered people's religious and spiritual needs. Documentation also considered how people liked to express themselves. One person's care plan stated that wearing make-up was important to them and having their hair washed regularly was important to them. Staff had a good understanding of protecting and respecting people's human rights. One staff member said "It is about respecting a person and their wishes. We are here to care for people and make sure they live how they want to with our support and guidance when needed". Staff also described the importance of promoting each individual's uniqueness and were passionate about providing a non-discriminatory service. We saw that religious services took place, which included a monthly communion. A visitor from the local church told us "I visit some of the residents every week. One of them has attended the church with the help from the staff. It is really good and the staff are very kind, no surprise they are outstanding. They will always call me if people ask to see a priest".

Through people's detailed care plans the staff were able to demonstrate to us how much people had been supported to achieve what they wanted, improving their well-being and becoming mobile again. Staff told us about one person who had previously had severe mental health issues and would not come out of their room in a previous home they lived in. By working in a very person centred way the person's mental health slowly improved and the person now comes down to the lounge frequently and even for trips out to the local park. We observed this person at lunchtime enjoying their meal in the communal area. The provider and registered manager proudly told us about people coming to the service some of whom had chronic

health issues or mental health issues and had improved significantly since being at the service with the right support. Staff said this worked by finding out from the person what was important to them and how to maintain this. The service prided itself in being able to manage a wide range of needs by simply working on the principle that by providing personalised care around the individual's needs and wishes and through perseverance and making every day count, they could not fail. Relatives and people commented on how much their health including mental health had improved since being at the service. All staff we spoke with showed passion about their roles and how it is not 'just a job' and were ready to go the extra mile to ensure people's care and wellbeing were improved and maintained.

Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. One staff member told us "We need to respect people's privacy and knock on their door first. When I am assisting with showering/washing doors are closed and ensure they are covered with towels and make sure they are warm enough". People were treated with dignity and respect. We saw staff knock and wait before entering rooms. The home had a banner in reception about dignity in care and staff were encouraged to sign up to the pledge. The Dignity in Care campaign is led by the National Dignity Council, who work together to raise the profile of the network and to place greater emphasis on promoting the work the Dignity Champions do to improve standards of care for people who use services. People were encouraged to have as much choice, control and independence as possible.

People were consulted and involved in decisions about their care and signed their care plans where possible to confirm they agreed with them. Each person had a key member of staff who co-ordinated their care, and looked after their wellbeing. They reviewed and updated each person's care plans with them regularly. A range of information for people/relatives was provided all around the home to inform and empower people to be involved in decision making. For example, about a variety of health conditions, about impartial advisory and advocacy services and how to recognise poor practice or abuse and contact details to report concerns/complaints.

Staff supported people and encouraged them, where they were able, to be as independent as possible. Staff told us that they would never just 'do things' for people. They would always involve people in making decisions and maintaining people's independence. One member of staff told us "You cannot take away people's independence, we promote them to do things for themselves however small. I help one person with personal care and they will wash areas they can reach and I will assist when needed but never just take over". We saw examples of people using adapted cups, to enable them to drink independently, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their hair and getting dressed.

Is the service responsive?

Our findings

People, relatives and professionals consistently gave us feedback about how the service was exceptionally personalised to meet people's individual needs. People mattered and staff spoke with pride about the people they cared for and celebrated their achievements. Staff continuously looked for ways to improve care so people had positive experiences and led fulfilling lives. One person told us "It is a lovely place. I had such a big welcome and they made me feel at home straightaway. It has been a big change for me but the staff have really helped me to fit in". Another person said "I'm busier now than I was when I lived at home, there's always something going on, someone to talk to, I'm never lonely or bored". Relative comments included "Staff are on the ball here, they let me know what is going on and I can spend quality time with them. I've never had any concerns, which says a lot. If I did have any, I know the staff would deal with them straight away. I take them out in the afternoon. The staff make sure they're ready to go. They have a good time but are always relaxed about coming back" and "My relative has been here for a little while and if ever we've had any questions they always listen and deal with anything that worries us straight away. We trust the staff here, if there was anything untoward we know we could talk with someone". One health professional told us "There are a number of social programmes in place which the residents always seem to enjoy and I myself was invited to their Easter Party this year, attended by families of both residents and staff - it was an excellent occasion and gives them credit".

Research has shown that people can be comforted by the presence of animals and visits from a PAT (pets as therapy) dog can be therapeutic for people. With this in mind the provider was innovative and set about identifying a suitable adult dog from a local breeder that could spend a substantial amount of time with the people as a resident PAT (pets as therapy) dog. Grizelda the PAT dog came to the service for a four week trial and has been a much loved feature at the service ever since. Grizelda was put through the PAT registration and training process and when off duty lives as a family pet with the provider. The provider also went through the PAT assessment process and is now a registered PAT handler of Grizelda. On the day of the inspection it was evident how people enjoyed interacting with Grizelda as she visited people in communal areas.

The service had found creative ways to enable people to live life to the full and continued to do things they enjoyed. The service was currently a pilot site for a United States based charity 'Music & Memory'. Music & Memory brings personalised music into the lives of older people and people living with dementia through digital music technology. Staff had been trained on the theory and implementation of 'Music & Memory'. The service maintains a bank of iPods which are loaded with personalised playlists for each person. The playlists on the iPods were compiled with input from people and their relatives with the intention of bringing familiar and loved songs back into their lives. One person told us "Music is wonderful and I listen to my favourite tunes on the little machines".

The service had signed up to NAPA (National Activity Provider Association). The aim is to uphold the vision and values that every person has the right to a meaningful conversation every day and person centred engagement. People were offered person centred activities and encouraged to maintain interests and hobbies. A six day activity programme was available and organised by two activities coordinators. There was

a full range of activities on offer including; talks from external entertainers, book club, wellbeing exercises, board games, quizzes, walks, bowling, meals at local restaurants, music morning, flower club, art club, knitting and natter, films and reminiscence sessions. Trips include visits to, garden centres and country parks. We observed co-ordinators involving people in suggesting activities they would enjoy and like to see included in the programme. Two separate activities are provided on most days, in addition to one-to-one conversations with more private residents. We looked at one care plan that detailed how one of the people living in the service, who were a wheelchair user, wanted to have fish and chips by the beach. This was organised by the home and staff who made sure the person could get closer to the sea to have their fish and chips on the sand.

Links were established with a local college, providing opportunities for pupils to gain work experience. The students helped people create playlists as part of the memory in music programme running within the home. Activities staff used a detailed recording system that showed people's individual involvement in activities, and rates apparent outcomes, i.e. how engaged and satisfied people appeared to be. These records were actively used to identify if individuals were receiving too little attention or if activities needed adjusting to achieve more positive outcomes". One member of staff told us "It sometimes feels like a party atmosphere, always something going on and people's faces of enjoyment even if they can't speak much is a picture".

People receiving end of life care were treated with exceptional care and compassion. The service had strong links with a local hospice and a local Palliative Care Coordinator, who had provided training recommendations and support for staff to provide high quality care for people nearing the end of their lives. The service had undertaken training with external courses in high quality end of life care. This meant the service focused on quality standards which were recognised as offering a high level of palliative and end of life care for people. We looked at end of life care plans for people, which were devised with people and their relatives. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. People's spiritual and religious needs were also documented and respected. Staff had attended funerals and this was encouraged by the management team. Compliments that relatives had sent in following the loss of a loved one showed that families appreciated this. We read that one family was very grateful that their relative wishes were respected and staff had taken them to one of the favourite places, a local park. Another read 'I cannot stress enough how comfortable you made our relative. The nurses, staff day and night were very perceptive to the gradual deterioration and kept us informed at all times. Enabling us all to be with them at the end, thank you all for everything'.

The registered manager and provider told us they offered families the opportunity to continue to visit the service, following the death of a loved one and remain part of the home. The registered manager told us "We work very hard to ensure people have person centred end of life plans in place and we have every detail we need and include everyone. This is not a one off conversation, this takes place regularly to ensure it is up to date and people's wishes remain the same. We will include all staff including housekeeping. People do not want noise outside their rooms like using cleaning equipment. We will offer families to stay in a room at our home if needed so they are close by when someone is in their last days. We are also very proud we won the 'West Sussex End of Life Care Award' this year". The award was displayed in the entrance hall amongst many other awards the home had won.

Staff were trained and focused with people living with dementia and people who could become challenging with their behaviours. One person's care plan was detailed and focused on how staff could reassure the person and deal with any situation that may challenge. Details included how calm and reassure the person, which included a change of environment such as a walk in the garden and talking of interests to them.

Another person liked to ask many questions and would wait for staff to deliver the answers to them which sometimes could become challenging for the staff. Staff discussed this with the person's family and an iPad and head phones were bought. This was so the registered manager could record the answers to the questions being asked and the person could sit and listen to them on through the headphones. The registered manager told us "We discussed this with the person's family who bought the equipment and it was amazing the change in behaviour as while they are sitting listening to the answers they were reassured and enjoyed listening". Staff showed great rapport and knowledge on responding to the people's needs in a way that improved people's well being. The provider had sort a mobile large flat screen computer. This was used by people to skype call relatives, video calling and YouTube. One person who could become agitated used the computer to watch videos of wildlife. They had previously had a career in wildlife and staff found that when watching the videos the person would relax and enjoy watching the videos.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and also clearly displayed in the main hallway. Complaints made had been recorded and addressed in line with the policy with a detailed response. Most people and relatives we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. Records of compliments and cards of appreciation were also kept one read 'No words of appreciation could ever do justice in expressing our deepest thanks for your unending kindness, support, understanding and patience throughout our relative's time here, you all are angels'.

Care planning was focussed upon the person's whole life. People and relatives were asked to complete a comprehensive 'life book /social profile' upon admission to the home, which formed part of the initial assessment. This was a wide ranging document that included people's history, preferences, skills and likes and dislikes. This enabled staff to ensure that a holistic approach to care was taken. People's likes and dislikes were taken into account in their care plans, so staff knew people's personal preferences in receiving care and support. They were consulted and involved in developing and reviewing their care plans. One person had expressed a preference to be smartly dressed with a tie and we saw this on the inspection and spoke with them.

Relatives confirmed staff kept in regular contact with them and also involved them in day to day decision making for people who lacked capacity. Comprehensive personalised care plans were clearly laid out, up to date with daily notes and were regularly reviewed. Staff told us they accurately reflected people's current care needs, which helped them recognise changes in a person's physical or mental health. Care plans showed what people needed support with. For example in one care plan it detailed a person could become agitated due to loud noise. Staff were then required to ask the person if they would like to go to their room and reassure them, removing them from the environment. Staff were responsive to people who could become confused or disorientated immediately, offering reassurance, which in turn calmed and reassured people with their surroundings.

Care plans detailed and held information on people's communication needs relating to any disability, impairment or sensory loss. The service was responsive to people's communication needs and provided service user guides in large print or a pictorial format if required. For one person they used an iPad and found it easier to read from the tablet. Another person had a personalised folder created for them with pictures and stories for them to understand why they were in the home and staff told us this also helped with their anxiety.

Is the service well-led?

Our findings

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. People, relatives and professionals spoke highly around the exceptional quality of care provided at Maplehurst Nursing Home. One person told us "This is such a nice home, perfect in every way, I'm really lucky to live here". Another person said "Look at him (pointing at the registered manager) he is my angel. Comes and sees me every day to make sure I'm ok". A relative told us "I am struggling to think of anything to improve on. It's got great staff, great atmosphere, it's bright, happy and interesting. I think the care is outstanding. Your last report said it was outstanding and I agree it is". Another relative said "I think it's a very well run home, the manager is really on the ball and they always seem to have fresh ideas to make life fun and enjoyable for the people they are looking after. I can't imagine a better place, I hope if I ever have to go into care I come here". A third relative said "The home is managed extremely well, it runs like a well-oiled machine and I think the staff and manager really do a great job. They care about the residents. We do get feedback forms from time to time but I can think of nothing negative to say about the place".

One health professional told us "I can confirm that the service provided is not only safe, but very well organised and well run to an extremely high standard. I speak to senior staff on a regular basis and feel very much the home is well led." Another health professional said "The lead nurse (registered manager) is among the most effective nurses I have worked with in any capacity. They always know the current issues with all of his patients, is an excellent planner and knows when patients actually need to be seen".

The provider had clear values which the registered manager promoted to staff. The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. Staff demonstrated the provider's values of 'privacy, dignity and respect' to help people succeed and celebrated their success. The registered manager clearly led by example. While observing the lunchtime experience the registered manager was fully involved checking on people's well-being and entering into conversations with people. We observed one person becoming slightly agitated and the registered manager sat down next to them and it became apparent they knew the person well and how to reassure them and entered into a discussion on what they would like for lunch. Staff felt that the reason for the consistent high quality of service came from the proactive and positive leadership which was filtered down to all of the staff. Comments from staff included "We are one big team and management and everyone are involved in making sure people are receiving the best care we can give. I think our manager is amazing", "The manager manages by involving the staff, asks us what we think of the way we do things in the home and he will listen to ideas from staff in order to improve" and "I left my last job because I wanted to be part of a home that was so well led, it is so different to other care homes because we are made to feel valued, and they do everything with training to make us better carers".

The provider and management team showed a great passion in maintaining their outstanding rating and how they could improve further in ensuring people received outstanding care. As stated in the PIR 'Over the past 22 months, since our last inspection we have gone through several cycles of continuous improvement. It is nice to be recognised for good performance. However, when we were rated as outstanding by CQC our

main focus was on why we were not rated as outstanding in all five categories. This is our target and this is what we have been ceaselessly working towards. The result of this has been the implementation of a great many improvements to the service. We are always looking for ways to improve and will look to the CQC inspection to help guide us. In terms of themes for further improvement in this area we are introducing a specific programme designed to energise staff and create memories that will live with them for the rest of their lives. This programme is being led by the Director. Ultimately we believe that the more energised and invested staff are, the better the care that we will be able to deliver our residents will be'. This was clearly evidenced throughout the inspection. We were told and shown photos of staff activities the provider had organised for staff. staff related activities. The provider told us the purpose of these offsite activities were to further build team cohesion, morale and improve practice. This included team building at a woodland retreat in Wilshire, team bonding at an Outdoor water park a private tour of the Royal Hospital Chelsea. This was all part of their 'Inspiration Series' visit programme. Staff told us how much they had learnt and enjoyed these activities and gave pleasure of showing us photos which were displayed in the staff room. One member of staff told "We have excellent managers, cannot say anymore, the leadership is democratic. Any decisions made, residents and staff are consulted. They value our ideas and opinions and we are all a great team. I did the team building days and on one of the afternoons we went to a west end show 'Mamma Mia', this is an amazing place to work".

The service had won and been nominated in many awards. This included winning the Haywards Heath in Bloom 2017 with art work that people had produced and displayed in the home. Being finalists in the West Sussex Partners in Care categories of end of life and dementia care. The provider had also been nominated recently in The National Care Awards 2017 and was a finalist in the leadership in care category.

The provider had robust and embedded quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. A strong emphasis on continuous improvement was evident throughout the inspection. The service had revised and updated a number of systems and processes, including policies and procedures in conjunction with the RNHA (Registered Nursing Home Association) excellence in care programme, and a redesign of the medicine room. This was managed via a continuous improvement board in the registered manager's office where improvement opportunities were recorded and tracked until implemented. On-going learning and development by the provider, registered manager and staff meant that people who lived at the service would benefit from new and innovative practice's the provider and registered manager had introduced. The provider and registered manager showed an outstanding drive and passion to ensure the service was under a continuous improvement plan and working to maintaining an outstanding service, ensuring people were at the heart of the service. We were shown evidence of the work they had undertaken to achieve this. This included the provider employing a continuous improvement officer to assist with the improvements. The member of staff's sole role is to support the provider with continuous improvement. When a major improvement opportunity is identified it was written up in a project plan with timelines, milestones and responsibilities defined. Innovative methods were then used to identify and analyse improvement opportunities. For example a time in motion study of the carer role had been undertaken which lead to the redesigning of the medicine room and provision of restocking medicines.

The passion and on-going drive of the provider and registered manager to always seek out new ways of enriching and improving the lives of people shone through the inspection and was evidenced in a continuing willingness to seek out feedback. Consultations had taken place with people over decorating one of the main hallways. Discussions had been held over creating a memory lane with large framed photos of famous politicians, singers and actors. The registered manager told us "People really liked getting involved and we entered into lots of discussions on what photos should be on the wall. Once everyone had decided it was decorated and now people will walk past and discuss the photos with each other and staff". In the

afternoon of the inspection we observed one person looking at a photo of a famous singer and then entered into a conversation with us on how they liked the songs they sang. It was apparent that this had created an area for people to walk down and enter into conversations of their likes and dislikes of people in the photos.

In pursuit of excellence the management team had also completed a detailed and comprehensive study on CQC inspection reports for surrounding services and all of the nursing homes in the country rated as outstanding. The provider identified themes and ensured that, where appropriate these areas of outstanding practice were adopted or reinforced for Maplehurst Nursing Home. The provider did the same for underperforming homes. This enabled them to see what was a common theme of improvements required and how services were underperforming. From this, the management team got in contact with services that were rated outstanding and requested to visit these services to get a greater understanding. From these visits inspirational discussions were had with staff and management and action plans created on ways improvements and ideas could be brought into the home.

There was a clear vision and set of values. The vision of the home was clearly outlined under the 'Philosophy of Care' section of their statement of purpose and is also contained within the residents and relatives user guide. There was a positive culture that was person centred. Positivity was emphasised and formed part of a 360 degree staff appraisal system that was in place. The provider has implemented this innovative staff appraisal system that was based around our five key questions is the service safe, effective, caring, responsive and well-led. In an anonymous survey each member of staff scored every other member of staff on the five key questions. The management then aggregated and analysed the responses and this forms the basis of the feedback system and the drive for continuous improvement. Staff then had the confidence to question and improve practice and enhance their moral. One member of staff told us "I think this is a very good idea and we get to feedback on each other. I think it is very uplifting some of the comments that your colleagues say about you".

The provider strived for excellence and improving the lives of people who lived at the home through involvement with external organisations and the local community. This included local schools, churches and clubs. The service had also forged a close link with a local college. Each week students from the college come in and helped in a variety of ways. This included supporting the Music & Memory project and spending time with people. We spoke with a tutor from the College who had been working closely with the service. They told us that they had been involved in the successful implementation of the Music and Memory project and about the positive outcomes of the interactions for people and students. The tutor told us "My students get so much out of this and find it amazing how the music enriches people's lives. They will work with the residents in creating their playlist and make suggestions if needed. This has also inspired the students to start some fund raising to enable all residents to have an iPod".

Feedback from staff, people and relatives had been sought via surveys. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. Surveys were sent to people at the service and relatives, results were very positive and highly scored. Suggestions included improvements around facilities. The provider had started to address this by converting some of the bathrooms into wet rooms which would assist people to access them more easily. The provider also told us of improving the staff's well-being and how this had been a great success.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was fully supported by the provider and up to date sector specific information was also made available for staff. The provider and registered manager was fully aware of the recent changes in our methodology and had plans and meetings in place to discuss with staff and what implementations needed to take place. We saw that the service also liaised regularly with health

professionals in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

The registered manager spoke passionately on training and development of his staff and for himself. This included the registered manager graduating this year with a MBA in 'Healthcare leadership and management'. They told us "I will drive my staff to improve in their roles and support them to move on. Many are undertaking diplomas in health and social care and I myself graduated with an MBA in January of this year. I am also attending a dementia care conference tomorrow and doing a talk and presentation on collective leadership".