

Friends of the Elderly

Little Bramingham Farm Residential Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Little Bramingham Farm Residential Care Home provides care and support for up to 25 people living with various care needs. Some of the people were living with dementia. The service consists of two floors, providing single bedrooms and communal areas. There were 22 people living at the service at the time of the inspection.

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

People and relatives' feedback was extremely positive and complimentary about the care people received. They all said staff provided very good care to meet people's needs. Everyone said staff were exceptionally caring, kind and friendly. They provided person-centred and responsive care to people. People experienced very good care outcomes and relative's comments about the service supported this. It was clear that the provider and the registered manager had further developed the service to enhance people's experiences of care. One relative said, "You can use this as an example of how a home should be run. We would recommend this to anyone."

Everyone said the staff were very passionate about creating a homely, inclusive and happy atmosphere for people. Relatives said the service was exceptional at promoting a caring environment for everyone, including staff. One relative said, "It's genuinely a lovely place." It was evident staff were highly motivated to create an atmosphere that promoted mutual compassion and care. Staff had developed caring and respectful relationships with people and relatives. Staff always promoted people's dignity and privacy, and they supported them to remain as independent as possible.

There were robust systems to ensure people were safe. People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. Some staff had worked at the service for many years and they had got to know people and their relatives quite well. People were supported well to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

Staff worked hard to ensure people received effective care to meet their needs. People were supported by very skilled and knowledgeable staff. The provider ensured staff practice was supported by good practice guidance so that people achieved good care outcomes.

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

People received exceptionally personalised care and support which met their needs, reflected their preferences and promoted their wellbeing. People felt they mattered, and staff valued relatives'

contributions to discussions about people's care. Staff had worked extremely hard to make sure people took part in a variety of activities they enjoyed. Community involvement was something the service did exceptionally well, with a range of events planned which relatives and members of the public attended. The provider listened to suggestions, concerns and complaints. They used this information to continually improve the service. There were records about how people wanted to be supported at the end of their lives.

There was strong leadership at the service. The registered manager promoted a positive, open and inclusive culture, and they were driven to continually improve people's experiences. They said, "Since the last inspection, we have grown and grown. I am passionate about Little Bramingham Farm Residential Care Home, and community involvement is one of the things we do quite well." Staff roles and responsibilities were clear, and staff were supported and encouraged to use creative ways to support people to achieve their personal goals. The provider's values were reflected in the way staff interacted with everyone and how they supported people. The provider's quality monitoring processes were robust, and they evidenced what they did to continually improve the service.

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

Rating at last inspection:

The last rating for this service was good (published 24 August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Little Bramingham Farm Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We contacted the local authority and the local Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people, five relatives, seven staff including three care staff, a chef, a maintenance staff, an activities coordinator, and the registered manager. We also spoke with a hairdresser who had been visiting the service for many years to look after people's hair. We observed how staff interacted with people and supported them in communal areas of the service.

We reviewed a range of records. This included one person's care records. We looked at a variety of records relating to the management of the service, including some policies and procedures, audits, and surveys. We talked with the registered manager about how medicines were managed, and how staff were recruited, trained and supported to develop their skills.

After the inspection

We received feedback from the local authority that commissioned the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe living at the service. One person said, "We don't have any bad things here, thanks God for that." One relative said, "It's lovely here. It's comforting for me knowing [person] is here."
- Staff had received safeguarding training and they knew how to keep people safe. Staff told us people were safe and they had no concerns about abuse. They said they would report any concerns to the registered manager, and they were confident these would be dealt with appropriately.
- The registered manager reported potential safeguarding concerns to the local authority and the Care Quality Commission. This ensured quick action could be taken to safeguard people.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and well-being. People had risk assessments for staff to know how to reduce risks in specific areas of their care. These included the support they needed with mobility, skin care, medicines, food and drinks, and specific health conditions. Staff reviewed regularly or when people's needs changed.
- Staff carried out regular health and safety checks to ensure the premises were safe for people to live in. They also checked equipment used to support people with their care such as hoists to make sure it was safe to use.
- The provider had a dedicated member of staff who completed regular checks to reduce the risk of a fire. External contractors also completed periodic checks of the premises and equipment.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service. The provider had a longstanding staff team, which promoted consistent care for people. We spoke with a member of staff who had worked at the service for many years. They said, "Staff stay because it's a nice environment to work in."
- There were enough staff to support people safely. People and relatives confirmed this. Records showed that people's care needs had been considered when planning staff numbers required to support people each day.
- Staff said staffing numbers were good. They said they could support people without rushing, and they had time to chat with people.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff were trained to manage medicines safely.

- People were happy with how they were supported with their medicines. One person told us their medicines had been recently changed by their doctor, and they were still getting used to when they took this. However, they said staff knew this.
- Medicines records were clear and easy for staff to use. These showed that staff consistently signed when people had been given their medicines. Staff also carried out regular audits of medicine records to make sure they identified any errors and they dealt with these quickly.

Preventing and controlling infection

- The service was clean and it offered a pleasant environment for people to live in. Carpets in communal areas had been replaced with laminate flooring which made it easier to clean any spillages. The registered manager said this also made it easier for people to walk around, particularly for those who used walking aids.
- People and relatives said the service was always clean. One relative said, "It is very clean and really lovely."
- The provider had guidance for staff to reduce the risk of the spread of infection. Staff were trained to follow infection control measures. Staff were also provided with personal protective equipment (PPE), such as disposable gloves and aprons. They used these when needed to support people safely.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated. The registered manager used this information to put systems in place to reduce the risk of recurrence. For example, they monitored the number of falls at the service. This helped the registered manager to check whether people needed a referral to health professionals to treat any conditions that might put them at a higher risk of falling. The recent audit showed that there was a reduction in falls.
- Staff told us they talked about incidents at team meetings or individual staff supervision. They said this helped them to learn from these so that they could improve their practice, and people's safety.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with good practice guidance. They had care plans that detailed what support they needed to meet their needs. Staff told us this provided them with the information they needed to support people well.
- Records showed that care plans were reviewed regularly and updated when people's needs changed. Staff told us they involved people and relatives in this process.
- People and relatives told us they were happy with how staff supported people with their care. They said people's needs were met because staff always provided good care. One person said, "I would rather be in my own home, but I know I can't as I couldn't look after myself as well as I did before. This is as good as it gets! They take good care of me here."
- One relative whose family member had moved from another care home told us they were very happy with the quality of care at the service. They said, "This is ten times better than [name of a care home]. Everyone is brilliant here."

Staff support: induction, training, skills and experience

- People and relatives said staff had good skills to support people well with their needs. One relative said, "I have no doubt staff know what they are doing. They looked after [person] really well when their mobility declined."
- Staff said they had good training so that they had the right skills and knowledge to support people well. They also said they were supported to gain nationally recognised qualifications in health and social care. One staff member said, "We get good training. More training to do with safeguarding is coming up soon. You always learn something new."
- Staff told us, and records showed they received regular supervision. Staff said this helped them to reflect on how they supported people, and whether there were practices they needed to improve on. They also said the registered manager and other senior staff were very supportive. One staff member said, "Supervision is good, and we get good support. It's good to talk about things."

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

- People told us they always had enough to eat and drink. They said they enjoyed the food, and the chefs were always happy to prepare different food if people did not like what was on the menu. Everyone was quite complimentary about the quality of the food. There was a lot of praise about the main chef's skills in cooking tasty food. One person said, "The food is good." One relative said, "[Person] has no complaints about food. If [person] doesn't like anything on the menu, they will have an omelette instead."
- Most people ate their food without support, but some people needed prompting to eat enough. We saw

that staff supported people to eat in a respectful and caring manner.

- People's weight was monitored to identify and act on concerns they might not be eating enough. Staff worked closely with health professionals to ensure people ate well to maintain their health and wellbeing. One relative told us their family member had put on weight since they lived at the service. They said, "[Person] is thriving here."

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

- People told us, and records showed, they had access to various health services when required. Local GPs visited the service when needed to see people. When required, other professionals such as community nurses, dietitians, and a chiropodist also provided care to people to meet their health needs.
- Staff told us they worked well with other agencies to provide effective care to people.
- People had oral health care assessments to check what support they needed to maintain good oral health. This information was then included in their care plans for personal care. Staff told us they supported people to clean their teeth or dentures when needed. Training for staff had been booked for April 2020 to support them to learn more about the importance of good oral health.

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

- The premises were suitable to meet people's needs safely and effectively. People could move around communal areas easily and there was a lift they could use to access their bedrooms. There was an accessible garden, which people mostly used during warmer months.
- There was signage to help people to easily find facilities they needed, such as toilets and bathrooms.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager applied to the relevant local authorities for them to assess if people needed DoLS authorisations. Where needed, people had valid DoLS authorisations to ensure that any restrictions to their freedom were legal.
- Mental capacity assessments showed that some people had variable mental capacity. This meant they were not always able to make decisions about some aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to help decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They understood their responsibility to promote people's rights to accept or refuse support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Feedback from people and relatives was exceptionally positive about the caring, kind and friendly nature of the staff. They said staff were interested in everyone as individuals and this included relatives too. Some relatives said staff were the service's greatest asset because they had a good attitude to their work. One person said, "Staff are very friendly and caring." One relative said, "We absolutely love it here. It is genuinely a lovely place, and everyone is really caring and friendly." Another relative said, "[Person] is happy here, and we have always been pleased with the home."
- Relatives who had looked at other care homes before their family members moved to the service described it as being, "The best in the area." The referrals to the service were by word of mouth from relatives of current service users and professionals. This meant the service sometimes had a waiting list for vacancies.
- Three people told us staff's kindness had helped them to cope with being in a care home when they first moved to the service. They all said they missed their own homes, but everyone's warmth and inclusive approach had helped them to adjust quickly. One person said, "It's a frightening stage of your life and not very easy, but they have been really good to me."
- We saw that interactions between people and staff were warm and mutually respectful. It was lovely to see that all staff, regardless of their roles, were involved in making sure people were comfortable and happy. They all regularly offered people drinks, asked if they needed anything, and chatted with them. One person said, "It's very nice here, and there is always a good atmosphere." There was a lively atmosphere, with a member of staff singing or whistling as they walked around the service doing their work. Some people responded by singing along too. The staff member said, "My job here is to make everyone smile, which I do."
- The service was beautifully decorated for Valentine's day and this was a source of conversations between people and staff. One person told us how much they looked forward to the celebrations that Friday, and they persuaded us to join them in singing the popular song, 'Love is in the air'. It was good to see that the expectation of a good party was having a positive impact on people's mood.
- We saw that staff were exceptionally attentive, and they understood people's needs. They responded to people in a way that calmed them. For example, while being told about the plans for Valentine's day, a person became worried about how they were going to pay for it. The person was quickly assured by a staff member who said, "Don't worry, you've already paid for it." Staff were also very supportive to a person who was new to the service, and sometimes found this distressing because they missed being in their own home.
- People told us staff encouraged them to develop close relationships with other people and staff to avoid social isolation. One person said, "You do become attached to some people and staff. It is difficult not to

have a connection with others." They told us about people they had been close to, but they had since passed away. They said it was lovely that they had got to know a lot about staff's lives too. They found the 'children's day' was a great opportunity for them to meet some of the staff's children. The person said they had also enjoyed taking part in a team development event for staff which was held last year in the service's garden. This was an exceptional way of promoting mutual care between people and staff, leading to them developing healthy relationships.

- A relative told us staff were motivated to support people in a compassionate way because they felt valued. They said this was because the registered manager noticed when they supported people well, and they praised them. Staff told us they really enjoyed their work. They spoke about people with great empathy and kindness. They showed interest in people's wellbeing, and they said their priority was to make sure people lived the best lives they could. One staff member said, "I love it, it's like a home from home. It's a nice environment and I'm happy to work here."
- Relatives told us events that were important to people were much celebrated, with appropriate decorations put up and a variety of food served. One relative appreciated that staff made it possible for 17 members of their family to have a get together with their relative during the Christmas period. They said, "It was nice to have that, otherwise we would not have been able to see everyone over Christmas."
- Mealtimes were opportunities for people to socialise, including with staff. Staff sat and ate their lunch with people, while having lively conversations with them. People could also invite their relatives to join them for meals. This promoted a social atmosphere where relatives had also got to know most of the people living at the service because they spoke with them regularly. This meant that people who did not get regular visitors benefitted from social interactions with other people, staff and visitors. One staff member said, "You generally hear a lot of laughter, which is a good thing."
- A hairdresser who visited the service regularly over many years told us they were always happy to come to the service. They said, "We kind of fit in with each other really. It's always lovely and clean, and people are respected."

Respecting and promoting people's privacy, dignity and independence

- People and relatives were highly complimentary about how staff promoted people's privacy and dignity. One relative told us staff were respectful of each other, and therefore, of people too. They said this was why staff made sure people's care was always provided in a dignified manner.
- Staff said they always promoted people's privacy and dignity by providing personal care and in private. They were also discreet in how they asked people if they needed support. One staff member said, "Staff are not trained nurses, but they are really good. There is a lot of dignity and respect here."
- Protecting people's confidentiality was an important part of the service and there were policies to guide staff on this. People's care records were stored securely within the service.
- Most people needed some support to meet their daily needs, and staff were always happy to provide this. However, staff also recognised the importance of helping people to remain as independent as possible. They told us they helped people do as much as they could for themselves, and they only provided support when required.
- Staff encouraged people to maintain close links and relationships with their family members and friends. Relatives told us they could visit any time, and staff were always welcoming and helpful. One relative said, "They will do anything to help you. They are all brilliant."

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

- People were involved in discussions about how they wanted to be supported with their care needs. As much as possible, people contributed to planning and reviewing their care plans. Relatives were always involved in these processes if it was necessary for them to help people to express their views and choices. Relatives confirmed that they had always been included in discussions about their family members' care.

- There was information about an independent advocacy service people could contact if they needed more support to make decisions about their care.
- People told us staff had time to talk and listen to them. Staff told us they always supported people to make choices. This included making decisions about what they wore, what they wanted to eat, and how they wanted to spend their time.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said staff were exceptionally responsive to people's needs, and the quality of care was always excellent. They said the service provided very person-centred care. One person said they were frustrated that they could not do as much as they did before, but they were happy with how staff supported them. One relative said, "Nothing is too much trouble for staff. We are just delighted [person] is here."
- Relatives said meeting people's needs was the service's highest priority. They were pleased with how well the service worked with relatives to ensure they met people's needs. One relative told us that staff had adapted well to the changes in their family member's health. They said, "They have looked after [person] very well when their mobility declined. [Person] is mainly cared for in bed now and staff visit frequently to check on them." Another relative said, "You can't dismiss that the care here is good. They are all so cheerful too." The registered manager said the service could provide exceptional care to people because they had good and dedicated staff. They said, "It's who your staff team are. It's important to employ the right people."
- People's detailed care plans meant that their needs were shared with staff, who then supported them well to meet these. Staff reviewed information in care plans regularly to ensure this always reflected people's current needs. 'My profile summary' had information about things that were important to people including their goals, aspirations and hopes for the future.
- Additionally, instead of 'new year resolutions', people and staff had taken part in an activity to write down their hopes and goals for 2020. The information displayed on a notice board included: to be healthy; to be able to walk; Luton Town Football club to score more goals; to be able to walk unaided and dress myself. Staff told us they used this information to help people to work towards achieving their goals where possible. They also talked to people and reminisced about their lives before they moved to the service.
- People's religious and spiritual needs had been considered and pastoral care was arranged with local religious and faith leaders if people wanted this. One person told us they regularly saw a priest who visited on Sundays. A relative told us, "I sometimes come to church services."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Community involvement was something the service did exceptionally well. For example, they held very well attended summer events for people, relatives, staff, and members of the public too. Students with learning disabilities from a local college worked with some people to look after the service's raised vegetable beds during spring and summer months. At other times, they visited the service regularly to support people to take part in art and crafts projects, and they played board and word games with them. They also helped around the home by tidying up if needed or filling water jugs for people's bedrooms. The

registered manager said people found this to be a mutually supportive relationship as they too, helped the students to gain more confidence in interacting with different people and learning new skills.

- Everyone said the service had a very creative activities coordinator. We spoke with them about how they planned to ensure people had opportunities to pursue their hobbies and interests. They told us about the many events that had taken place since they had been at the service, and that they always talked to people about things they would like to do. They said the provider was willing to fund different activities for people and there was always something for people to do. One relative said, "They have good activities, with always something on the go, and people join in."
- Staff planned themed celebrations for all significant events. People told us about the Chinese New Year celebrations and the various oriental food they ate as part of this. One relative said, "[Person] does not always like the themed food, but it's good to try different foods." The registered manager had also developed a good relationship with a local supermarket that donated many items they used for activities.
- One young person who visited the service told their parent they had really enjoyed the experience. They said, "It was so nice and homely. I will be happy to go anytime." They also suggested that when they next visited, they would bring their music keyboard and play music for people. Also, the activities coordinator brought in their children on Christmas Day to help them to give people their presents. They were dressed appropriately for the occasion as a Santa and elves. Photographs showed people enjoyed this.
- The Tea Room was opened at least twice weekly, and it was well attended by members of the public who spent time chatting with people. Everyone was complimentary about the lovely cakes the chef baked and were served there. We asked one person who enjoyed going to the Tea Room about what they had for lunch and they said, "I haven't had lunch today because it's cakes day." They said they ate so many cakes they had no room for other foods. We visited the tea room and saw that a variety of delicious cakes were available for people to choose from. Two members of the public who were there with their young children told us they enjoyed having tea, cakes, and chats with people.
- Cheese and wine evenings were popular with people and relatives. Relatives told us they always enjoyed this as it provided a good opportunity to socialise with people and other relatives.
- External entertainers were booked to come into the service to entertain people. People said they particularly enjoyed this. A singer was booked for Valentine's day and for VE day commemorations in May.
- Reiki healing and beauty treatments were provided by external professionals for a small fee. The service had a salon where these and hairdressing took place. The extra seating in the salon allowed people to come in for a chat while other people were having their treatments. A Mothers' Day treat for a person having their nails done featured in a local newspaper.
- The registered manager invited the local fire service staff to their fireworks display in November 2019 to socialise with people, and they had also arranged for them to come and talk about fire safety. A local newspaper reported that an Easter fun day the same year had been attended by more than 300 people. Some people told us of the fun things they did including Easter egg hunt, a visiting petting farm, and a visit from the Easter bunny. The service's traditional sweet trolley was also filled with different Easter treats.
- The registered manager wanted to increase opportunities for people to go out more often. Four relatives were being trained as volunteers to drive the minibus. The maintenance staff and the activities coordinator were also going to go out with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they moved to the service. People could

communicate verbally, and they understood information given to them. Some people were living with dementia. Staff understood they needed to speak slower and give people fewer options to make it easier for them to understand the information given to them.

- The registered manager told us they could make information available in other formats, such as large print or easy read if this was required.

Improving care quality in response to complaints or concerns

- There was a system to manage complaints and concerns raised by people. Records showed that the registered manager dealt appropriately with complaints they received. Issues raised by people were used to help staff to improve their practice.
- People and relatives told us they were happy with people's care and they had no reason to complain. They said they would speak with staff or the registered manager if they had any concerns.

End of life care and support

- The service supported people at the end of their lives when this support was required. Staff worked closely with health professionals to ensure people received effective care.
- There was information in people's care plans about how they wanted to be supported at the end of their lives. People also had advance care plans, which helped them to plan for when they were no longer able to make decisions about their care. This included them identifying which relatives they wanted to make decisions on their behalf. The registered manager said they reviewed this information periodically with people so that they could record any changes they wanted to make. This ensured they had up to date information about people's wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider's values promoted compassionate, high-quality and person-centred care. Their mission statement said, "Giving older people the opportunity to live fulfilled lives through providing an exceptional level of care." The way the registered manager and staff supported people at Little Bramingham Farm Residential Care Home reflected this aim.
- People were at the heart of the service because the registered manager and staff continually strived to provide the very best care they could. They put a lot of effort into ensuring people were comfortable and led active and fulfilled lives.
- The environment had been further developed to make it more relaxed, stimulating, and appropriate to meet people's needs. Since the previous inspection, the provider had invested money in refurbishing the service. For example, communal areas had been redecorated, including repainting walls, carpets were replaced with laminate flooring, and there was also new furniture and soft furnishings. Everyone was complimentary about how beautiful the service looked. They said the refurbishment work had made it a nicer place for people to live in.
- The conservatory had been replaced and modern glazing made it warmer and comfortable for people to spend time in it. Staff told us this was used regularly for social gatherings and some people liked sitting in it during the day. There was ongoing work to upgrade bathrooms and toilets, and bedrooms were being redecorated when they became vacant. There were also plans to build a summer house in the garden to provide more space for social gatherings and parties. The registered manager was proud of the work they had done to make the service more homely. They said, "We want it to look just like someone's home, not a care home." We saw they had achieved this.
- Activities and opportunities available for people to pursue their hobbies and interests were interesting, stimulating and based on what was important to people. Community involvement was at the core of the service's way of keeping people engaged to avoid social isolation. People found inter-generational social contact stimulating, and they told us they enjoyed having visits from children and young people. For example, people said they enjoyed weekly 'baby ballet' classes, which involved pre-school children entertaining them with their dance. Another group of pre-schoolers also came in to facilitate musical bumps, a dancing game like musical statues.
- People and relatives were exceptionally positive about the caring and responsiveness of the staff. They said the service was well managed, and staff told us they felt well supported to provide very good care to people. One staff member said, "People feel secure here and they say they have no problems at all. I would be happy for my family member to live here if needed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager complied with the requirement to notify CQC of certain information in a timely way. It is also a legal requirement that they displayed their inspection rating so that people and those seeking information about the service knew of our findings. They met this because the rating was displayed both at the service and the provider's website.
- The registered manager understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from incidents and the findings of their audits, and improvements had been made. For example, as advised by the local authority, they now reported all unwitnessed falls even if people were not injured. This ensured that professionals would monitor this, in addition to the service's own monitoring systems. This meant that people's needs could be reviewed in a more coordinated way.
- The registered manager was committed to continuous learning and improvement, and they told us the provider was too. They regularly engaged with various professionals so that people received safe, effective and good quality care. The registered manager attended local provider forums and meetings arranged by the provider to share information, and to learn how they could continue to provide the best care to people. This had resulted in improvements to people's quality of life. Feedback from people, relatives and staff supported this. One relative said, "It was immediately so warm when [person] first came for respite. They take good care of people, they really do."

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

- Staff were very happy working at the service because they felt valued, respected and considered as an important part of the service. One staff member said, "I'm lucky to work here. You can feel the love when you come in." We saw that staff showed positive attitudes towards their work. They told us they got pleasure from knowing they did the best they could to make people happy. Staff told us they worked well together as a team, and that there was good communication which enabled them to do their jobs well.
- The provider had robust quality monitoring systems to assess and monitor the quality of the service. The registered manager was highly driven to provide the best care to people, and they used their monitoring systems to ensure they continually improved the service. The registered manager had read some of the CQC reports of services rated outstanding so that they learnt from them. It was clear from speaking with them that their aim was to continually improve people's experiences of care. One staff member summed this up when they said, "[Registered manager] is such a good manager. We are striving to go up all the time."

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

- People could speak to staff about their care and suggest improvements to the service whenever they wanted.
- Relatives were invited to a range of social events and celebrations, and they could provide feedback to the registered manager during these. There were also meetings they were invited to, including periodic ones to review people's care.
- People, relatives and external professionals were asked to complete surveys to share their experience, and to make suggestions for improvement. Questionnaires had been sent out, but the provider was still awaiting responses at the time of the inspection. People could also comment about the service on an online forum for care homes. A review of this showed the service received very positive comments. We also saw many compliments received by the service. It was clear that people and relatives were happy with the quality of care provided by staff. Some of the comments included: "A genuinely delightful place for [person] to enjoy. Everything, from the caring staff to the gardens, could not be better. Several choices of where to read, relax or chat, and a care team of people who simply can't do enough to

make [person] comfortable"; "[Person] has been in the home now for nearly two years and as a family, we are so pleased with the whole arrangement, from management to care staff to the entertainment they provide. All the staff are fantastic and the stimulation the residents get is amazing. [Person] is happy, secure and fantastically, well looked after."

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care. This helped to ensure people received appropriate care to meet their needs.
- The local authority that commissioned the service also checked regularly that the service was providing good care. This ensured people consistently received the support they required and expected. The service was rated good when they were last assessed by the local authority in March 2019. The feedback from the local authority said the service provided good quality care.