

# The Royal Masonic Benevolent Institution Care Company

# Cornwallis Court

## 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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Cornwallis Court provides nursing and residential care for up to 68 older people in one adapted building. The service is provided across 4 units. At the time of our inspection there were 47 people using the service.

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

Leadership was described by people, their families and staff as extremely inclusive and supportive. Systems for governance and oversight of quality and safety were well established. There were robust systems in place to ensure high standards of care were provided and maintained. This included a variety of safety audits, surveys and staff performance checks. The management team led by example and put people at the heart of the service. People's views were valued and they were consulted in the planning for improvement in the service.

People were extremely positive about the quality of care provided. Staff were passionate about providing excellent quality care and described by people as kind and respectful. People had their dignity and privacy respected and were supported to maintain their independence and live fulfilling lives.

Staff understood the importance of gathering consent from people. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people were assessed and staff understood actions needed to mitigate the risk of harm whilst respecting people's freedoms and choices.

The service was clean, hygienic and a pleasant environment for people to live in. Infection, prevention and control practices kept people safe from preventable harm.

Staff understood how to recognise poor practice and abuse and knew what actions were needed if they had concerns. People told us they knew how to complain. Concerns were taken seriously and responded to appropriately. Complaints and compliments were shared with staff for reflective learning to address areas for improvement and to celebrate successes.

People were cared for by a dedicated and compassionate staff team who were valued and appreciated. Staff praised the working environment and the training and support they received to help provide high standards of care. Recruitment practices ensured staff were suitable for their roles. People had their medicines administered safely by trained staff who had their competencies assessed and checked regularly.

People received timely care and support in response to their healthcare needs, with immediate referrals to the relevant healthcare professionals if their health deteriorated. People and their relatives told us they had

seen significant improvements in their loved ones health since moving to the service.

The service had a warm and homely environment, welcoming of people's friends and relatives, especially during organised events. People were supported by staff including activities staff who had the skills to meet their individual needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this comprehensive inspection due to the length of time since the last inspection which was in excess of 5 years.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to outstanding based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cornwallis Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Cornwallis Court

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one Inspector 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.

#### Service and service type

Cornwallis Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cornwallis Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on the 19 July 2023 and ended on the 25 July

2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from health and social care professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and 13 staff, including the registered manager, deputy manager, clinical lead and catering staff. We also spoke with 5 relatives of people receiving support and a health professional visiting the service.

We reviewed 7 care records, medicines administration records (MAR) and 4 staff records. We also reviewed other records, including policies and procedures, and records relating to the quality and safety monitoring of 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from the risk of abuse. Staff demonstrated their understanding of procedures in place for reporting and acting on safeguarding concerns.
- Staff received appropriate training and had opportunities to discuss any concerns they might have with the management team. Safeguarding records showed the management team had responded appropriately when they identified concerns.
- Staff knew people well and understood their body language and communication so they could identify if people felt unsafe or uncomfortable in situations.
- The relatives of people using the service told us people were safely cared for. A relative said, "The staff are professional and I know [family member] is safe here." Another relative told us, "Any concerns, they [management] are on it like a shot. Communication is very good."

Assessing risk, safety monitoring and management

- People lived free from unwarranted restrictions because the service assessed, monitored and managed safety well. A person said, "Everybody is offered buzzers, we are told in a nice way to keep it on. I have got a sensor mat by the bed at night, which makes me feel safe knowing if I need help staff will come, they are good to me."
- Care and risk management plans were clear, comprehensive and up to date. They contained enough information for staff to provide safe care and manage any risks, such as falls, skin damage or choking. Recognised tools were used for assessing risks such as skin damage and malnutrition.
- We identified some gaps in repositioning records. Following our feedback immediate action was taken to instigate a new system to ensure improved management oversight of this. This included improved systems to ensure daily monitoring.
- Any changes in a persons' needs were shared with staff during twice daily senior team handover meetings which were documented. Repositioning records monitoring and oversight was added to the agenda for these meetings.
- Relatives told us they were updated if there were any changes to their loved one's care.
- We noted where people had access to stairs, including those living with dementia not all had risk assessments in place to guide staff. In response to our feedback risk assessments were immediately put in place.

Staffing and recruitment

- Staffing levels were assessed by using dependency tools. Staffing levels were regularly reviewed to ensure sufficient staffing levels remain in place to meet people's needs.

- There was a consistent staffing team with bank staff to cover staff absence and limited use of agency staff. This ensured people received consistency of care from staff who knew them well.
- People and their relatives told us, "There has been a lot of agency staff but this is much improved now." And, "There is the odd occasion when you have to wait for staff to answer your bell, but this is infrequent. The staff are all so kind and attentive."
- Required safety checks when employing staff were in place.

#### Using medicines safely

- People's behaviour was not controlled by excessive and inappropriate use of medicines.
- There were systems in place to ensure time specific medicines were administered as prescribed, such as medicines to treat people diagnosed with Parkinson's and antibiotics.
- Staff regularly checked the quantities of medicines in stock and those in daily use. The running totals of medicines were accurate.
- Regular medicines audits had been completed to ensure medicines management was safe and effective.
- There were systems in place to respond to medicine administration errors, with reflective learning and action plans in place to ensure people received their medicines as prescribed and in a safe manner.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- People and their relatives told us there were no restrictions on visiting. This was also evidenced from our observations.

#### Learning lessons when things go wrong

- The management team had a variety of systems in place to discuss, share and learn lessons when things went wrong. This included reflective practice with an open and transparent culture that used incidents to improve the quality and safety of care delivered.
- Incidents were discussed in staff meetings, handovers, and one-to-one meetings. Records showed accidents and incidents were robustly analysed to identify any trends and ensure any steps taken to avoid reoccurrence.



# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Pre-admission assessments were completed before people were admitted to the service.
- People's care needs were assessed, and a person-centred care plan devised. The plan of care set out in consultation with the person and described how they wanted to be supported.
- Care plans detailed up to date health guidance for people who needed support with their health conditions.
- Care plans were reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Nurses were supported to maintain their clinical skills.
- Staff received a variety of training relevant to their roles. The provider employed a training manager who was located in the service.
- Staff were complimentary regarding the quality of training. A member of staff said "The training is very good. Most training is provided face to face. We have our own trainer."
- Senior staff held daily handover report meetings between shifts. Observations and records showed these were comprehensive and ensured any updates and changes in people's health and welfare were communicated appropriately.
- Staff received supervisions and appraisal which looked at their performance, training and development needs. Staff told us they felt valued as part of a cohesive team.

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

- People and their relative's told us. "The food is much improved since they sorted a new catering company." And, "We now have much more fruit and fresh vegetables. I think the food is really good. There is always a choice of what you want to eat and if you don't like what is on offer, they find you something you do want."
- The management team were proactive in seeking people's views regarding the quality of meals provided. We noted action taken to make changes in response to feedback received.
- Where people were at risk of losing weight, fortified foods were provided, and weight monitored with referral to specialists when needed.
- Our observations and records showed people were supported to eat and drink healthily and provided with a choice of meals according to their preferences and needs. This included a choice of meals provided to people at risk of choking and requiring a soft diet.

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

- People lived in a homely, clean, pleasant and well maintained environment.
- People had access to outside space which was well maintained to ensure ease of access and enjoyment.
- Plans were in progress for a new purpose built residential and nursing home to replace the current facility. Whilst plans were in progress it was noted the provider did not restrict resources to ensure the current home continued to be well maintained.

- Each bedroom had en-suite toilet and wash hand basin. In addition, there were communal assisted bathing facilities.
- The service had suitable equipment such as hoists, stand-aids and profiling beds to mobilise people safely.
- People were encouraged to personalise their bedroom with pictures, photographs and small items of furniture.

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

- People's health needs were assessed, and their care and support needs were included in their plan of care.
- A clinical risk tool had been implemented to support identification of people's changing health care needs. This was regularly reviewed, updated and changes communicated to the wider staff team.
- Staff worked with a number of health and social care agencies to ensure provision of care and support was effective.
- Care records evidenced appropriate referrals to GP's, dieticians, speech and language therapists, physiotherapists, dementia and wound care specialists.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's representatives were included in decisions regarding the person's care. One relative said, "We are involved in discussions about [person's] care."
- Mental capacity assessments had been completed for each person and regularly reviewed. DoLS applications had been processed where applicable.
- Staff had been trained to understand their roles and responsibilities. They demonstrated a working knowledge of the need to ensure people consented to their care and treatment in line with legislation and guidance.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a strong and visible, person-centred culture at the service. We observed staff were highly motivated, offering care and support that was exceptionally compassionate and kind. Staff had built trusting and positive relationships with people they cared for.
  - People and their relatives told us, "Staff are all kind, no problems with any of them. There is a buzz about this place, always a lovely welcome when you visit." And "I have only ever known kindness from staff. They treat you with such respect. It is a good place to live."
  - People were provided with care and support that was sensitive to their needs. This included respecting and supporting people's cultural and religious beliefs.
  - A relative told us, "We could not be more pleased with the care and attention [family member] has received. This is a lovely place with such caring, dedicated staff." Another relative said, "The care here is exceptional."
  - Throughout the inspection there was an exceptionally caring, relaxed, happy atmosphere. Interactions showed how people and staff valued each other. Without exception the interactions between people and staff at all levels were kind, compassionate and empowering.
- Supporting people to express their views and be involved in making decisions about their care
- We observed when people interacted with staff, their behaviour and body language showed they felt really cared for and that they mattered.
  - People were asked what was important to them through meetings, surveys and care reviews. Action was taken to ensure this was recognised and reflected in the planning of their care and support.
  - A person told us, "You are listened to and feel you are being heard." Another said, "We are asked our views. They listened when we said the food was poor and now it has improved."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the management and staff did.
- A relative said, "Thank goodness for Cornwallis Court and its staff. After 9 months of hospital stays and unacceptable care facilities, our family cannot be more grateful that [family member] is now settled. Since the day they arrived, the staff have been nothing but amazing, kind, knowledgeable and welcoming."
- A recent survey carried out by the provider showed 90% of people said their privacy was respected by staff.
- Staff supported people to make decisions about their care. We observed staff asking for consent before supporting people with their care needs.
- People were supported with appropriate walking aids and equipment, to enable them to be as

independent as possible.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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 their relatives told us staff continued to be responsive to their needs and preferences. They were highly complimentary about the responsiveness of staff and management.
- Staff recognised and understood the importance of empowering people to be as independent as possible. A staff member told us, "We talk through with people what they want and how best to support them to remain independent. We asked what they can do for themselves and what support they need from us. It's important not to rush in and take over. We all want to keep our independence, it's important for our sense of wellbeing."
- Care records showed people's wishes, needs, life history, preferences, interests and key relationships had been considered in the planning of their personalised care.
- In preparation for planned building works the dementia unit was relocated from an area of the service to another. Forethought and actions were planned to reduce any anxiety for people living with advanced dementia when moving people who may become disorientated and distressed. Action taken included the new locations' doors and corridors painted the same colours as the previous unit to ease any risk of people becoming disorientated and anxious, and helped to ensure a smooth transition.
- Staff throughout the service had skills and experience to identify when people's health was deteriorating, and their support needs were changing. This meant that referrals to clinical and social care professionals were made in a timely manner. A healthcare professional said, "There is good, timely communication with us when needed. The staff here are well trained in meeting people's needs, they just know what to do and when. Communication is good and timely."
- The values of the service were based on enabling people to live as fulfilling a life as possible and achieve the best possible outcomes.
- People and their family members provided positive feedback about the service with comments placed on carehome.co.uk, with the home rated 9.3 out of 10. A relative posted, "Our [family member] is the most important person in our world and we want the best care for them. The care they have been given has been excellent, they [staff] do not forget they are a person and continually try to meet their needs. The staff are kind and caring and like to laugh which puts a smile on [family member's] face. Since being at Cornwallis Court we have been made to feel very welcome and supported. We feel lucky to know our [family member] is well looked after and kept safe."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided in ways which people could understand.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices. Care plans described people's individual communication needs with pain management plans.
- Relatives shared examples of how staff were skilled in supporting their family member when they were experiencing distress, or an emotional reaction that they could not always verbalise. A relative said, "They [staff] just know how to respond and create an atmosphere of calm." Another said, "The staff are very good at asking if people need pain relief. They are so kind and reassuring why people might be upset."

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

- There was a strong emphasis on the provision of individualised activities that were meaningful to the people living in the service. People were involved in the planning of wellbeing activities.
- Activities staff were employed to provide a wide range of personalised activities covering 7 days a week. Staff were passionate in their approach in supporting people to live purposeful, meaningful lives, planning activities to suit the needs of individuals.
- People were encouraged to pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. A person told us, "The socialisation here is very good, you see other people and have contact with others so I don't feel isolated. We went out on a rickshaw ride into town organised by the home. It was lovely, so enjoyable to get out into the community and see outside life." Another person said, "We play boules, sometimes I go outside into the garden. I don't get bored. You can choose what you get involved in and if I choose not to this is respected."
- Relatives told us, "The activities here are very good. The staff are lovely. People are asked what interests them." And, "There is a wide variety of activities to suit all tastes. People can take communion."
- Trips to enable people access to the community were provided. Staff described plans in progress to provide more access for people to the community.

Improving care quality in response to complaints or concerns

- There was a system in place for the management of complaints with regular opportunities for people to express concerns, complaints and compliments.
- The registered manager and wider leadership team took concerns and complaints seriously. Investigations completed were comprehensive.
- The management team understood reflective learning from complaints was a good way to ensure the needs of people living at the service were met and ensured continuous improvement.
- The provider was open and transparent when dealing with concerns and complaints. People and their relatives told us they felt able and supported to raise concerns when needed.

End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded in their care planning records. This helped to make sure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- Where this was appropriate, 'do not attempt resuscitation' orders (DNACPRs) were in place and records showed people and those important to them had been consulted.
- A visiting health professional told us, "They, [staff] look after people at the end of their life very well here. They communicate with the hospice team and ensure people are comfortable and end their days well."
- A relative following the death of their loved one said, "We will never forget the unwavering and

compassionate support provided for us as a family, especially on the day when [family member] was dying. The staff's discreet presence and interventions were an invaluable comfort at a time of great distress. When decisions needed to be taken, carers explained the issues to us kindly and clearly; they offered us hospitality throughout a gruelling day."

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- There was a clear management structure that passionately promoted person-centred values and a strong commitment to the provision of quality care to achieve good outcomes for people.
- Staff described an open and inclusive culture at the home with passion. Staff said, "We have a real open culture here, nothing is hidden. Mistakes are openly discussed. We want to get things right." And, "We genuinely strive to do everything we can to ensure people live fulfilled lives."
- The registered manager understood their responsibilities under the duty of candour. This was evident from their response to concerns and complaints.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We found incidents had been recorded, investigated and reported as required.
- The management team had oversight of the service through their structured schedule of audits and quality improvement checks which reviewed all aspects of the service. Where issues were identified action plans were put in place.
- Regular clinical meetings discussed people's health and wellbeing and analysed any incidents such as falls, infections, wound management.
- Staff at all levels were motivated, proud to work at the service and passionate about the delivery of high quality care. Comments from staff included, "This is by far the best home I have ever worked in and I have worked in a few. The management team really care about the people who live here, as do the company. We work well as a team." And, "This is a great place to live and work. They [management] have given me excellent training and supported me with personal issues, so much so, I like it so much I have moved my relative here."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the provider, registered manager and management team went above and beyond to ensure people were at the centre of everything. A person told us, "Nothing is too much trouble for the staff. This is a safe, friendly place to live."
- Staff spoke positively about the management team and said they were well supported. Comments included, "This is a lovely place to work. The manager is genuinely lovely. The company are great to work



for, they genuinely care. There is no fight to get the resources needed." And, "The focus here really is on the care of people, they are our priority and the company's also. The company also looks after their staff. The manager is lovely, approachable, helpful, listens to what you say. The atmosphere is good and people who live here benefit from this. I like it here. I definitely have job satisfaction."

- Staff told us they had access to staff meetings where they could share ideas and learning. A staff member said, "We are well respected. The manager has an open door policy, [registered manager] is always approachable. We have a good HR department we can also go to if we need to."
- Daily records described care and support provided to people in compassionate, endearing terms with respect and dignity promoted. People were viewed as individuals in the planning of their care.
- A relative told us how the level of care and support their family member received had a very positive outcome for both of them. "The change in [family member] is amazing. They are more alert. Where previously they would not want to mix with people they are coming out of their room and enjoying the company of others. We didn't think they would last a week but they have gone from strength to strength, all down to the caring staff, they have done amazingly well."
- Another relative said, "During [family member's] time at Cornwallis Court they were happy, pursuing lively interests such as painting, discussion groups and craft work. They formed strong attachments, and shared much fun and conversation with carers whose kindness and professional skills are exemplary. It is no exaggeration to say that the Cornwallis staff became a part of [family member's] extended family. The manager has assembled and led a wonderful team at Cornwallis which provides a precious service."
- Governance and oversight of quality and safety was well established. The provider had a strong framework of systems for monitoring and managing the quality of the service. This included a variety of safety audits, surveys and staff performance checks.
- Information from analysis of incidents and accidents, feedback from people and their relatives was used to continually reflect learning and improve the service provided.
- There was a positive culture which was person-centred, open and inclusive. The provider had a clear vision for the direction of the service which demonstrated ambition to be the best they could be. The management team demonstrated a desire for people to achieve the best outcomes possible.
- There was a strong emphasis on learning from feedback. Staff were provided opportunities through supervision and staff.
- People's feedback and views was used to make improvements. For example, staff sought people's feedback about the quality of food provided. Feedback had recently resulted in changes to the catering supplier. The impact of this resulted in improvements to the mealtime experience for people.
- People's views had also been sought about the activities they would like to see. Staff were using this feedback to plan and deliver activities that people wanted.
- People told us, "Staff have a very professional attitude, I would definitely recommend this home. They respect your private space, they are caring, I get a hug from staff and that is important to me." And, "The management are friendly and everyone treats you as a person." Comments from people's relatives included, "We have been very impressed with the clinical lead, the admin [staff] and the manager. We arrived unannounced and they gave us 90 minutes of their time. The level of attention is second to none and their ethos is good. After our [family member's] fall I asked for a higher chair in [their] room and it was changed within 5 minutes."
- Staff commitment and skills were recognised, and their morale was high. Staff were recognised through the provider's staff recognition awards. These were awarded to staff following nomination from people who used the service and their relatives.
- Staff were empowered to make suggestions to improve the lives of people, they gave examples of where they had approached management with ideas which had been followed through. A staff member told us, "You really are listened to. They [management] don't just pay lip service pretending to care, they really do care. We are one big happy team." Another said, "We have regular meetings where we can share our

thoughts and opinions. The manager is very approachable and listens to you. We are a close team who really care about the people we care for. It is a pleasure to come to work, the atmosphere is positive and this benefits the people we care for."

#### Continuous learning and improving care

- The senior management team had a strong focus on monitoring performance and risk which ensured staff were always looking to learn and improve their standards of care.
- There were detailed and robust governance systems in place to monitor the service closely to ensure people received an excellent level of care and support.
- There were a wide range of audits across the service which included health and safety, mealtime experiences, infection control and accidents and incidents. Themed audits had also been carried out where areas of improvement were identified which helped to raise standards and staff awareness.
- The provider kept up to date with national policy to inform improvements to the service.
- The management team saw learning and improvement as a continuous process.
- The provider had a clear vision for the direction of the service which demonstrated ambition.
- Any areas identified for improvement were actioned and reviewed again to check actions were appropriate. Findings from audits and lessons to be learned were shared with staff to ensure they were working towards a common goal and to minimise reoccurrence following an incident or complaint.
- People were at the heart of the service and were encouraged to have a say in how they lived their lives. Regular residents' meetings and surveys were held where people, whatever their communication skills, were listened to.
- The provider had a commitment to investment and innovation across the service to ensure high standards of care and support for staff. This included the home environment, staffing levels and resources to ensure people received a personalised first class service.

#### Working in partnership with others

- People benefitted from positive joint working with health and social care professionals. The registered manager and staff worked effectively in partnership with others.
- People had access to weekly visits from the GP's. Multi-disciplinary team working improved health and wellbeing outcomes for people.
- A visiting health professional told us, "I visit every week. This home is managed well compared to others I go to. The communication here is very good. They [staff and management] understand the needs of people very well and are quick to respond to people's changing healthcare needs. If you ask me, would I have one of my relatives stay here? My response would be without doubt, yes. It is one of the best." They described examples of how joint working had greatly improved the quality of life for individuals and care for people at the end of life.