

Care UK Community Partnerships Ltd

Mercia Grange

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Mercia Grange is a purpose-built residential service with nursing, registered to provide residential and nursing care for up to 67 people. At the time of the inspection there were 29 people receiving mainly personal care on two of the three suites. The second-floor nursing suite was being prepared to become functional in May 2019 following full recruitment of staff. A small number of people were receiving nursing care on the residential suite and were going to be moved to the nursing suite once operational.

People's experience of using this service: People and relatives provided consistently positive feedback about the care, staff and management. They provided examples of the high level of care delivered and the positive changes that resulted in people's lives.

Staff were highly committed to ensuring people lived fulfilling lives and were protected from social isolation. The whole focus of people's care was individualised and focused on promoting people's independence as well as their physical and mental well-being. People were empowered to make their own choices and staff demonstrated a 'can do' approach which meant they were able to achieve very positive outcomes for people.

People received leisure and wellness service's which catered to individual interests and abilities. There was a comprehensive and varied menu of activities to choose from and people benefited from the development of closer links to their local community which included intergenerational events.

The service was inclusive and innovative in the way it recruited staff by engaging some people using the service to take part in the process.

The service valued and respected people's views and opinions. Without exception people and families told us living at Mercia Grange had been the right decision and that their quality of life had been enhanced. The management team embraced continuous learning, research and best practice, new ways of working and excellence in care techniques and practices.

People were protected by a strong, comprehensive safety system, with a focus on openness, transparency and learning. The provider had systems in place to make sure the service was safe, with very good staffing levels and well skilled staff to deliver care.

People were empowered to take positive risks, to ensure they had greater choice and control of their lives. The positive risk-taking approach demonstrated by the service showed that they respected people's right for independence, their right to self-determination and their right to take risks.

Staff were extremely patient and friendly, and people's privacy and dignity were respected. They showed they valued people as individuals and had formed supportive relationships with people. Staff knew how people preferred their care and support to be provided.

People had access to a varied menu and meals were served in dining areas as well as people having choice where to take their meals. In addition, there was a café area at the entrance available to people using the service, families and visitors. People told us the food was very good and there was plenty of choice. Meals were seen to be appetising and served in a calm and organised manner.

Rating at last inspection: This was the first inspection since registration in May 2018.

Why we inspected: We inspected this service as part of the scheduled programme.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Mercia Grange

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by three adult social care inspectors, a nurse specialist who has experience of the clinical needs of people using this service and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise for this expert by experience was in caring for older people and dementia care.

Service and service type: Mercia Grange is a 'care home with nursing'. 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 that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

During the inspection we used SOFI observations which gave us the opportunity to see the interaction between people and staff.

During the inspection, we spoke with ten people who used the service. We also had discussions with sixteen staff members, the registered manager, area manager and operations director. We also spoke with two visiting professionals.

We looked at the care and medication records of six people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments for keeping people safe whilst also maximising their independence. This list was not inclusive. Risk assessments identified hazards and actions for staff to take to minimise those risks.
- Risk assessment were very specific and comprehensive around behaviour and its effect on other people. For example, staff ensured people who had behaviour that might challenge other people were regularly observed.
- People's care plans contained personal emergency evacuation plans and the directions for staff were clear and concise. All risk assessments were reviewed monthly.
- There was a care needs summary used by staff for hospital transfers if required. It covered areas for example, choking, episodes of infection, medicines and the care plan itself. This supported a prompt assessment at the triage stage in hospital.
- Equipment and utilities were regularly checked to ensure they were safe to use. All equipment was in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Mercia Grange. One person commented, "I feel very safe living here. Why wouldn't you be?" A relative said, "We have complete peace of mind."
- Safeguarding policies were in place. Staff received training and understood how to ensure people were protected from harm or abuse. The service had raised safeguarding concerns appropriately.
- Staff were constantly reminded of their responsibilities to recognise and report on any safeguarding issues. This was supported using 'prompt cards' which staff carried with them. They were aware of their own responsibilities regarding this and whom to access for advice with their concerns. A staff member told us, "The focus is on being open and reporting anything we might be concerned about."

Staffing and recruitment

- The service used a dependency tool to assess the numbers of staff required to support people's assessed needs. Staffing levels will equate to the needs of people using the service based upon the staffing tool on maximum occupancy.
- There was a skill mix of staff throughout the service. In addition to nurses and care staff there were housekeeping staff as well as chefs and kitchen support staff. A maintenance employee had recently been employed and was continuing with the 'snagging' oversight with the building company as well as being responsible for regular systems checks in respect of health and safety.

- Staff told us there were plenty of them available which gave them the opportunity to spend quality time with people. Staff were very positive about working at the service. Comments included, "I am very proud to be part of the team here. We [staff] work together whatever role we have," "Staffing is amazing" and "One of the best organisations I've worked for."
- Robust pre-employment safety checks were completed. The service had some volunteers and recruitment checks were in place to ensure they were suitable to work with people who may be vulnerable.

Using medicines safely

- Medicine systems were organised, and people received their medicines when they should. The provider was following safe protocols for the receipt storage, administration and disposal of medicines.
- Staff told us the initial 'teething systems' had been completely resolved with the support of the supplying pharmacist. For example, the system alerts staff if a dose is missed or any part of the required information is missed. This helps to mitigate risks.
- Staff were trained in medicines management and competency checks to ensure safe practice were in place.
- All aspects of medicines management were audited regularly. The clinical lead or team leaders were responsible for medicines management and audits. The service used an electronic system. However, there was a "Medical Administration Record [MAR]" folder in the Team Leaders office which contained PRN [as needed medicines] policies according to need, protocols, doctors' notes, and a backup paper copy of MAR's records. This would be useful in the case of electronic system failure.

Preventing and controlling infection

- People were protected from the risks of infection. Staff told us they had training in infection control practices and we observed hand gels, paper towels and personal protective equipment (PPE) in place.
- The whole home was very clean and fresh, including sluice areas and bathrooms. People's rooms and communal areas were cleaned regularly.
- The protocol for staff uniform including all staff changing out of their uniform before leaving work to limit the level of risk of cross infection and contamination.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Incidents were recorded in accordance with the organisation protocols and were reviewed by the registered manager and shared with senior managers before being closed. They could reflect on and review the quality of the actions and the findings were fed down to the staff group.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals, after incidents where people had fallen, such as treatment by a GP or advice from an occupational therapist or physiotherapist.

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

Outstanding: □ People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Mercia Grange provided an exceptionally homely environment for people. The service had been designed to provide people with a noteworthy environment whatever their need. For example, there was extreme attention to detail on all suites, whether it be residential care, dementia care or nursing care. Each suite had smaller lounge areas which were all decorated and furnished to an extremely high specification. Corridors were wide and well lit. The service was carpeted throughout, and this reduced the clinical aspect of a nursing environment without being detrimental in meeting the clinical and nursing needs of people. Mercia Grange was a finalist in Best for Architecture, Interior Design or Communal Spaces Awards in 2019.
- There were different areas for people to use for their preferred activities and private space to spend time with their families or visitors, or to have time alone. All areas were maintained and decorated to a high standard, in a way that people had asked for, and considered people's cultural needs for how the space was used. For example, large spacious areas for people with dementia to move around freely and without restriction. Space was maximised in all areas and used creatively to promote independence.
- The entrance had a reception area which was staffed throughout the day. There was a café/bistro area where people and visitors could access hot and cold drinks with pastries and cakes being available to people. Fresh fruit was also available. People were using this area throughout the day to either have a drink meet with families and visitors or used as a social area. Comments included, "Just a lovely place to get together. We love meeting [relative] here when we visit because it's so social, we have got to know so many people here" and "We can have a drink and food or anything I want. I've only got to call for anything and I can have it. It's a good place to be."
- The dementia suite had been designed to greatly enhance the quality of life for people living with dementia. For example, people's rooms had what represented a front door, all in individual vibrant colours to support identification. Each room had door memory boxes containing pictures or personal artefacts which the person could identify with. There were smaller private seating areas which were conducive to those living with Dementia.
- The main bathroom had mood lighting which supported people with dementia to help them remain calm and relaxed when having a bath or shower.
- The lifestyle team used research and attended workshops or care conferences to find creative ways of engaging people with their environment. For example, there were interactive items on walls including feather boas and other textiles which people found to be tactile. People were seen to be regularly touching and focusing on these items when walking through the corridors. There was a work bench with items which people may have used in their lifetime. A baby's buggy was also available, and one person used a baby model from time to time. It was clear this interaction supported them emotionally. People had space to move around and were observed throughout the day spending short periods engaging with these items.

- There were external garden areas designed to support people. There was a large covered patio area on the dementia suite which had fixed seating and high clear protective walls providing vision to outside areas. We were told a member of staff was always on duty in this area if it was being used by people. This was particularly useful for people living with dementia to ease agitation or distress.
- There was a cinema, designed to represent a theatre from the era of people using the service. For example, large red velvet seats and a popcorn machine. A poster with weekly films was on display outside the room. There were times when the film was shown in the lounge area due to more people wanting to see the film than the available seating in the cinema. People told us they looked forward to the films being shown.

Staff skills, knowledge and experience

- Where possible people were actively involved in decisions about who worked at Mercia Grange and had influence on the outcome of recruitment. The registered manager gave us an example of a recent recruitment process where a person had been invited to meet the candidates and ask questions they thought would be important to them in respect of what their own expectations were. This demonstrated the service was extremely open and transparent and valued people's views. The registered manager told us it had been a positive introduction and would be used in future appointments as they felt it was valuable and gave people some control and ownership over who cared for them.
- Staff competence and knowledge was integral to ensuring high quality care. Staff members told us there was an excellent system in place to identify and deliver training where it was required. In addition to service specific training, staff had access to specific training on topics which might be necessary to support people. For example, understanding Parkinson's disease, its presenting systems and clinical pathway as the disease progressed. New staff received an induction on joining the service and the staff team received support through regular supervisions, and an annual appraisal of their performance.
- In addition to staff training the service supported families in understanding their relatives' conditions by inviting them to development days when this information was shared and discussions could take place. This demonstrated how inclusive the service was by giving families the opportunity to gain some comfort and understanding about their relative's condition.
- The registered manager supported staff by promoting person-centred values and a strong commitment to promote independence and social inclusion. For example, the registered manager constantly supported staff through excellent communication in enabling them to effectively view people with dementia in a different way. There are numerous examples of this in the responsive and well led domains of this report".
- Staff were skilled and knowledgeable and were passionate in sharing their knowledge to improve understanding and raise awareness. The service was extremely focussed on ensuring staff had good dementia awareness and a 'Living Well with Dementia' training programme was in place in partnership with Worcester County Council. One staff member told us they were looking forward to becoming a 'Dementia Friends Champion'. Dementia Friends Champions encourage others to develop their understanding about dementia.
- Staff were given opportunities to discuss their individual work and development needs. One to one meetings were provided as well as group staff meetings, where staff could discuss any concerns or issues and share ideas. A staff member told us, "I am glad I made the move here. It was a step up for me and I have excellent support, it is consistently of a high standard. Training is geared very much to need, and staff preference and interest is considered as well as the need for Mandatory Training. We have a 2-week intensive induction process which ensures new staff are fully equipped to commence their role. Mentors were assigned to new staff as required."

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

- There was a strong emphasis on the importance of eating and drinking well. Mercia Grange had a chef led catering team to deliver a varied menu each day. People consistently told us how satisfied they were with

the meals, snacks and drinks available to them. "Food here is excellent, you have a choice of anything for breakfast, tea, coffee, you can have a three-course lunch a three-course dinner. I have the both lunch and dinner and if I'm not going to be here I just tell them," "Food is very nice" and "Very good, we always get asked if we have had enough or want more. We get plenty to eat."

- The dining experience varied on each suite. On the ground floor there was a café/ bistro at the entrance. People were observed using this area throughout the day, serving themselves to hot and chilled drinks. There were a range of cakes and pastries, crisps and biscuits. One visitor told us, "It's always like this, just lovely and it's a great place to meet up."
- Each suite had attractive dining rooms set with linen, cutlery and jugs of water and juice. Where people needed support, this was delivered in a particularly sensitive way. We observed numerous examples of excellent practice. For example, a staff member sat with a person who lacked capacity to focus on their lunchtime meal in a meaningful way. The person got up and wandered from time to time but the staff member respected this and gave the person time to do what they wanted. They used a gentle tone to ask if the person was ready to eat. The response was very positive, and it was clear the staff member knew this person needs extremely well and responded in a completely effective way. It meant the person received the nutrition they needed, when they needed it. This was repeated during several observations throughout the lunchtime observation.
- Where people required clinical monitoring for their nutrition and hydration systems were very effective in identifying and responding to monitoring and gaining clinical assessment where necessary.

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

- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences and aspirations.
- People had the opportunity to meet with staff and take trial visits before a joint decision was made if the service was suitable for them.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction were provided for staff on how to meet those needs.
- Care records were kept electronically in addition to care plans and risk assessments. When they were being updated they were printed out and kept in a paper record in files in the nursing office so were always readily available for staff to refer to.
- Care and support plans were reviewed monthly and there was a 'resident of the day' scheme. This meant the person's assessment, care, support plan, wishes and choices were re-visited and updated.
- Staff applied their learning effectively in line with best practice to deliver good quality care and support to people.

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

- Local GP's visited weekly and staff ensured people who required treatment were added to the GP visiting list. We spoke with a visiting GP who told us communication was very good and staff followed medical instructions. A district nurse told us the service was very responsive and they worked in partnership with the service.
- Guidance from healthcare professionals and outcomes from appointments and treatment were documented in people's care and support plans. One person required a change in their medicine for Parkinson's Disease, as staff had identified through their monitoring an increase in falls. Following an appointment with the specialist neurology services, the person's medicine administration times were adjusted. This resulted in steadier mobility and a reduction in the number of falls.

- People who required pressure relieving equipment to support their skin integrity, had specialist mattresses and chair cushions in place. These helped to reduce the likelihood of skin breakdown due to spending long periods of time sat down or in bed. Records showed that pressure relieving mattresses were checked daily to ensure they were on the optimum setting. Where people required assistance to reposition, records evidenced that this support was received in accordance with their assessed needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Where appropriate, mental capacity assessments had been robustly completed along with their corresponding best interest's decisions. In addition, where people had capacity to make their own decisions, this was also documented.

- The provider had made appropriate DoLS applications to the local authority. Reviews were carried out regularly to monitor the appropriateness of restrictions in place.
- People had appropriate representatives in place to help them with consent and decision making, such as Lasting Powers of Attorney (LPoA) for both Finance and Affairs and Health and Welfare.
- The staff we spoke with were knowledgeable about the Act and how to apply this in their work with people. This meant the provider was fully compliant in meeting the lawful requirements of the Mental Capacity Act (2005).

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

Good: ☐ 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

- Feedback from people, relatives and others was consistently positive. They told us, "Staff are so good and friendly. Knowing that if you are not well and need attention it's here" and "Came for a month. Got so settled I decided to stay." Family members told us, "[Staff] always find time to sit down and chat with residents" and "This is the best place we could have possibly have found for [relative]. The staff respect everyone equally." A staff member told us, "I'm a guest in their home. I adapt my work to meet their requirements".
- The services approach to ensure staff understood the importance of respecting people's diversity and human rights was focused. All staff received training but were also supported by 'prompt cards for Equality and Diversity issues. This equipped staff with the knowledge of what constituted discrimination, what protected characteristics were and the provisions of the Equality Act 2010.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. One person said, "Church has always been important to me and staff understand that."
- People and their relatives told us that staff knew people's preferences and provided care and support that met their needs.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were embedded into the practice of the team and people were treated with respect. Mercia Grange reached the finalist stage of Care Home Awards for 2019 which included reference to the approach to ensuring people's dignity in care was upheld. People told us staff always respected their privacy and dignity. They said, "Always make sure they knock and wait until asked in," "I have some issues and the staff understand that and I feel so comfortable when they help me out. It's done very discreetly" and "They (staff) always knock and ask if they can come in, they know this is my room and treat it like they're coming into my home. They're polite; they never just walk in without asking." "Pop in regularly, but they [staff] don't interfere with your privacy. That's important."
- People were supported to maintain relationships with those close to them. Relatives told us they felt welcomed and comfortable when they visited their relative.
- People were supported to remain as independent as possible. For example, encouraging people to do as much for themselves for as long as possible. A relative said, "[Name] has always taken pride in what they wear. The ask every day what [Name] would like to wear. It's important and they [staff] respect that."

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

- There was a strong emphasis on involving people living at Mercia Grange in making decisions about the

service as well as their daily lives. A staff member said, "We take every opportunity to encourage everyone who can, to make their views known both formally and informally. Most people feel confident to do this because we make sure they feel secure enough to say what they think." People spoken with confirmed this to be the case. One person said, "Yes, you can ask them anything virtually" and "My daughter went around to all the care homes, she loves it and I must say I love it too. You can go out to lunch and come back in. You can do what you like; you know I am very well looked after I must say."

- Where people were unable to make decisions about their care and support, advocacy services were available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.
- Regular meetings were held to seek the views of people living at the service.
- Peoples views were also considered through surveys.

Is the service responsive?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The culture of the service was caring, compassionate, respectful and empowering which reflected the values of the organisation. It was evident staff knew people well and put these values into practice. There was a strong recognition that people were individuals and their individual needs were respected. One staff member said, "This is how care should be delivered. I've never worked anywhere like it."
- The way the service responded to challenges and supporting people who lacked capacity was very good. For example, the Care Needs Summary for one person included how to manage the difficult or distressed behaviour exhibited by this person by identifying the triggers and the rapid changes of mood. It identified the likelihood of this resident injuring their hands with the force at which they knocked on doors and windows and suggested ways to manage this, including the diversion techniques recognised to work in the past. To support this an external professional told us, "The residents currently living on [dementia suite] are well supported and the needs extremely well met. I witnessed empathic care intervention, patience, and good diversion skills being used by carers on the unit. Many residents are mobile and confused but at no time during my visit did I identify they could be unsafe."
- The service was person centred. For example, shift allocation was based upon individual choices. What time people chose to get up, one person liked to be woken with a coffee and have time to read the newspaper before getting up. Times people chose to go to bed were made known and responded to on an individual basis. Observations we made and what people told us confirmed this was the case. This flexibility meant people could be assured their choices were responded to. Without exception this was a completely person-centred service.
- Where people were prescribed PRN medicines [medicines administered when needed] we observed exceptionally good practice. For example, where a person required medicine for anxiety/agitation, alternative ways to de-escalate the distress had been found which had resulted in the person not being reliant on this medicine to manage their anxiety and distress.
- The range and options for activities was broad and represented the diverse needs of people using the service. For example, the service employed lifestyle coordinators, whose role was to develop and deliver activities in groups and on a one to one basis. By using research and attending care forums they were able to learn and deliver a diverse range of activities. People told us they had been to football matches, afternoon tea dances, been involved in interest groups such as gardening and cooking. People had visited the service with their motorbike for those who had been bikers or had interest in this. On the day of the inspection there was a morning quiz held in the café/bistro. Families also attend this event and told us they looked forward to it and they had made many more friends because of it. People told us it was a regular event and very popular. There were pet therapy sessions which staff told us were very popular. Families and friends were made welcome with many taking drinks and snacks from the bistro area. Comments included, "This is normal, we love these activities" and "Always made to feel welcome anytime we come in. All the staff are very good at engaging with us." Daily papers were available for people. One person told us, "I love picking up

the paper on my way to breakfast. It keeps me up to date with what's going on.

- Some people had communication or sensory loss. The service assessed each person on their own merit in respect of the impact of the loss. For example, one person was assessed as enjoying reading and quizzing but was severely vision impaired. The lifestyle team had sourced a range of talking books and supported the person to take part in quizzes. Another person had limited verbal communication. Staff told us how they had worked hard on understanding the person's mood and display of emotion to respond in a more effective and meaningful way. A staff member told us, "It's been amazing. [Name of person] has come on so much and has more confidence now."
- The service held information days for people covering topics such as Parkinson's Awareness and Planning Care for The Future. There were also promotions of the organisation's publications to support people. For example, Eating as We Age and supporting people to communicate more effectively in a publication called, Listen, Talk, Connect. This meant people had the opportunity to understand issues which may affect them or their relative.
- Staff understood the principles of the Equality Act and supported individual needs regarding disability, race, gender, religion, sexual orientation and cultural backgrounds and supported them in a caring way. The staff team were supported by a service which was open and transparent in respect of the principles of lesbian, gay, bisexual and transgender [LGBT]. The organisation had confidential support network, the registered manager ensured topics were covered in staff engagement meetings and through publications. A staff member told us, "Can't fault the support. It's at every level."

Improving care quality in response to complaints or concerns

- Families and people using the service told us they had chosen Mercia Grange for its 'reputation within the community' and for its 'quality of service to older people and their families.'
- The service held an organisational complaints policy and procedure. This was accessible to people living at the service.
- The registered manager held a record of any concerns raised, the action taken and the resolution.
- People and relatives said that they felt able to speak to the management team at any time.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events considering people's wishes.
- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had an excellent oversight of what was happening in the service and demonstrated an in-depth knowledge of all areas. The registered manager led by example. There were numerous positive responses about this including, "Leads by example. Always available," and "Gives the best advice. Value her input. Totally committed." People using the service told us, "Whenever we feel we need a chat [registered manager] always there or the deputy manager. We are never made to feel we are a nuisance. In fact, we never leave without being asked if everything is OK" and "[Registered manager] has been so supportive. We were not sure about how well [relative's name] would settle in. We struggled as a family. The managers and staff have supported us all the way. Fantastic."
- The registered manager had received the full backing of senior managers in the setting up and development of the service. For example, the nursing unit was not going to be fully operational until all staff had been recruited and inducted. This meant there would be a smooth transition process when the service finally becomes fully operational in the near future [expected May 2019]. The registered manager told us, "I am passionate that we get this right and I have had excellent support to do this." The regional director confirmed the registered manager had the full backing of the organisation to do this.
- There was a clear management structure that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion. For example, the registered manager constantly supported staff through excellent communication in enabling them to effectively view people with dementia in a different way. There are numerous examples of this in the effective and responsive domains of this report.
- The registered manager and senior staff had the skills, knowledge and experience to perform their roles. Each had significant experience in managing health and social care settings. Staff told us, "The manager is so approachable. Has very high standards but brings us all on board. It's all about team work at every level."
- All staff had pocket 'prompt' cards to remind them of the principles of DoLS restrictions, Equality and Diversity and the Duty of Candour. This meant they had the information they needed to support them in line with best practice.

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

- Observations we made during the day confirmed managers and nursing staff had a considerable depth of clinical knowledge and capabilities. We also noted that there was a respect for staff in senior positions from the carers. For example, the willingness to assist both practically and as leaders. Staff said, "One of the best organisations I've worked for. All working from the same page," "Different league, amazing" and

"Communication between teams is excellent."

- The organisation, managers and leadership team embraced positive change and best practice for all stakeholders and sourced current best practice in nursing, care and dementia care. This is clearly evidenced in the effective and responsive domains of this report.
- The won an award in 2018 for the most inspiring and innovative work in the care sector.
- The organisation had been recognised as finalists and winners in a range of external care sector awards in several areas including, Care Home Awards finalist 2019, Care Homes Catering winners 2018, Health Investors finalist 2018 and Employee Brand Managers Awards 2018. This demonstrated the organisations commitment to deliver an exceptional high standard of care.
- Staff knew and understood the vision and the values of the team and understood their own roles in achieving it. A staff member told us, "The visions and values are part of the induction programme as well as being embedded into everyday practice."

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

- The service engaged with people in an inclusive way. For example, developing three core values based on staff collectively identifying what they felt was most important. People using the service then judged what they felt were the three most important and these were used to underpin good practice.
- There was a resident ambassador who represented people using the service and was also involved in staff recruitment interviews. Other people were involved in the process by meeting candidates and engaging with them. This helped support the decision-making process when employing staff.
- Staff were very committed to the service and highly motivated. This was supported by the organisation recognising good staff performance. For example, there were long service awards after five years' service. A 'Going the Extra Mile [GEM]' scheme was in place. This supported the organisations commitment in rewarding and valuing its staff team both locally and regionally. Staff comments included, "An amazing team, we work so closely together" and "I think the main thing is that you [staff] are made to feel valued at whatever level you work. We all respect each other."
- The organisation and registered manager were committed to ensuring staff were supported through a 'Wellbeing' programme. For example, staff had access to a 'Wellbeing line' supporting staff mental health issues. The registered manager had in place health check reminders to support staff in their health and wellbeing. Staff told us there was an 'open door policy and gave examples of the registered manager and deputy manager supporting them with issues. One said, "We know we can call in any time and discuss anything because we are never judged on what we say."

Continuous learning and improving care

- Staff told us that through excellent leadership and training, they had the resources to do their jobs well and provide a high and commendable level of care.
- There was an effective incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.
- There were robust business continuity plans in the event of adverse weather or other major disruption to service delivery.

Working in partnership with others

- The service was an important part of its community. For example, there was a weekly baby massage group. Ten local parents attended a massage session and people using the service were encouraged to join in to support with; cuddles. Following the sessions, the group met for drinks and snacks in the café area. The service supported the local Parkinson's Society Club, there was also a Dementia Friends session each month

and local schools also visited for events. People also went out regularly with family and staff or independently. This supported people living at Mercia Grange to feel more integrated into their community and aimed to break down barriers between generational groups.

- The service worked closely with health and social care professionals to deliver support which met people's needs.