

Gracewell Healthcare Limited

Gracewell of Newbury

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 26 and 27 September 2017. Gracewell of Newbury is a care home with nursing which is registered to provide care for up to 66 people, some of whom may be living with dementia. There were 47 people resident in the service on the days of the inspection visits. Most people who live in the home are self-funding (pay for their own care). This is the first inspection of the service which was registered in October 2016.

The service did not have a registered manager, at the time of the inspection visits. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager running the service at the time of the inspection was registered with the CQC on 28 September 2017.

People, staff and visitors to the service were kept as safe as possible because staff had been appropriately trained and were confident they knew how to protect themselves and the people in their care. Care staff were recruited via robust recruitment processes to ensure they were suitable to provide safe care to people. There were enough staff to meet people's needs safely. General risks and risks to individuals were identified and action was taken to reduce them. People were supported to take their medicines safely, at the right times and in the right amounts by trained and competent staff.

People were provided with highly individualised and effective care that fully respected their diversity, preferences and choices and effectively met their needs. They were supported and encouraged to make decisions and choices about their care. Staff upheld people's legal rights with regard to decision making and choice.

People benefitted from living in an excellent environment which was designed for their comfort and to meet their needs. Staff ensured it was kept exceptionally clean and hygienic whilst it remained comfortable and homely. The atmosphere of the service was friendly, accepting and welcoming. These attitudes were modelled by the management and staff team who ensured everyone felt included and important.

People's rights were protected by a management and staff team who understood the Mental Capacity Act (2005) exceptionally well. This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People's needs were met by a highly committed and caring staff team who worked exceptionally closely together in the best interests of the people they offered care to. All staff were passionate and highly knowledgeable about the specific aspects of care they provided. Staff built positive relationships with

people and others who were important to them, as quickly as possible. People's individuality and differences were recognised and respected and they were treated with kindness, respect and dignity at all times. Any special needs were taken into account and people were offered the appropriate care.

People were offered a large variety of well organised and meaningful activities which enhanced their lifestyle. They were encouraged to enjoy and participate in them by highly talented and skilled staff.

The service was exceptionally well-led by a manager who had been in post for approximately eight weeks and a deputy manager who had been in post approximately six weeks. The management team were described as approachable, supportive and highly effective. The service had a large number of ways to monitor and assess the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon quickly.

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.

People who use the service, visitors and staff were kept as safe as possible by robust policies and procedures and exceptionally well trained and knowledgeable staff.

Staff were trained in and knew how to keep people safe from all types of abuse. They were confident in their ability to keep people safe.

Staff were recruited in a way which meant that the manager was as confident as they could be that the staff chosen were suitable and safe to work with vulnerable people.

Staff supported people to take their medicines safely by well trained and competent staff.

Is the service effective?

Good ●

The service was effective.

People's right to make their own decisions was encouraged and respected.

Staff were provided with excellent training and supported by senior staff to ensure they were able to offer good quality care. The staff team were exceptionally good at working together for the benefit of the people they supported.

Staff effectively met people's diverse and changing needs in an exceptional manner and always in the way they preferred.

Is the service caring?

Good ●

The service was caring.

People were supported by a highly committed, kind, respectful and caring staff team

People's differing needs were recognised and met by a staff team who treated people with the greatest respect and promoted

people's privacy, dignity and independence.

The staff team understood the importance of positive and caring relationships between them, the people they cared for and their families.

Is the service responsive?

Good ●

The service was responsive.

People were offered exceptionally individualised care which was specifically designed to meet their individual needs, preferences and wishes.

People's needs were regularly assessed and support plans were changed as and when necessary. People were involved in the assessment and care planning processes.

People knew how to use the complaints procedure and were confident that complaints would be acted upon and resolved as quickly as possible.

Is the service well-led?

Good ●

The service was well-led.

Staff felt they were very well supported by the management team who had made very positive changes in the short time they had been there.

The provider, manager and staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were listened to and their views were valued, respected and acted upon, as appropriate.

Gracewell of Newbury

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 September 2017. The first day of the inspection was unannounced. The service was told we were returning for the second day.

The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. This included notifications managers had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home and used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Additionally we spoke with 15 people who live in the service and seven of their families. We spoke with the manager, the deputy manager, director of operations and eight other staff members. Staff members spoken with included the chef, the company's head of nutrition and hydration, a registered nurse, senior and other carers. We also spoke with one visiting professional and received comments from five, including a representative of the local authority, of 16 other professionals contacted.

We looked at a sample of records relating to the people's care and general management of the service. These included seven people's care plans, records of medicines administered, records of various audits, six staff recruitment files and the service's training records.

Is the service safe?

Our findings

People were protected from abuse by staff who were trained to understand and take action if they had any concerns about people's safety. People told us they felt safe and had never experienced any type of poor treatment. One person said, "Totally [safe]. The staff ensure you come first" and "They are very particular about locking my door to the outside." Relatives told us they were, "Absolutely sure" their family members were safe in the home. One person told us they had lost property which they believed may have been 'taken'. The manager and staff team were aware of this and were taking the appropriate action. They had begun to take photographs of people's property to assist staff to locate any missing items.

Staff we spoke with were knowledgeable with regard to safeguarding people and their responsibilities to report any concerns. They described examples of issues that may raise concern. One staff member commented on how confident they felt in reporting concerns to the manager and was certain action would be taken. They said, "I would feel 100% confident to talk to this manager." Staff also had an awareness of the whistleblowing procedures and told us where they would find telephone numbers for various agencies they could report to. We saw posters informing staff of the whistleblowing procedures and relevant telephone numbers were displayed in appropriate areas of the service.

A local authority representative told us they had no safeguarding concerns about the service. A local authority quality report completed in September made two recommendations which had since been addressed. Another professional told us, "... there were no concerns expressed by the relatives". A further comment was, "...the comments from the families (they do like to talk to us) have only been favourable." A professional who regularly visited the service said, "The care towards patients appears very good, the home is clean and safe."

The service made sure the health and safety of people, staff and visitors was carefully considered. There was a robust health and safety policy supported by detailed safety procedures and general risk assessments. Risk assessments included animals in the home, car parks, the moving of beds and the use of tools. Maintenance staff were responsible for health and safety checks and audits. The staff member we spoke with had exceptional knowledge with regard to the necessary checks, audits and procedures to ensure people were kept safe and the service was adhering to the necessary legislation. For example they were able to describe the fire evacuation procedure in detail and knew how long particular fire zones were safe for. All health and safety maintenance checks were completed at the required intervals and recorded accurately. The staff member knew when checks were due and on what dates they had occurred. These tests included water temperatures, electrical testing of portable appliances and all fire appliance testing.

The service had all the necessary fire equipment such as an efficient alarm system, portable fire-fighting equipment and fire retardant materials in use, as required. Additionally a sprinkler system was in place. This was triggered by high temperatures and operated in the localised area in the first instance. This minimised any water damage and caused as little disruption to the service as possible. The service held monthly fire drills and had a robust evacuation procedure that all staff were aware of. A fire drill had been completed on the day prior to the first inspection visit. Fire awareness training was completed annually.

People and staff were further protected because plans were in place to assist staff to deal with any emergencies which may arise. The service had a 'grab bag', located in the reception area, which contained emergency contacts and the procedure for the senior person on duty to follow. Information and equipment provided included fire plans of all floors, service outlets and access, torches and two way radios. Personal emergency evacuation plans were in place for each person using the service and were available in the 'grab and go bag' as well as in individual care plans. They were clear and indicated at a glance (due to colour coding) the people who required the highest level of support.

Assessments were completed to identify people's individual risks and included in individuals' care plans. They provided detailed guidance for staff on reducing the identified risks relating to providing care for people. For example, one person was at risk of falling out of bed. Their care plan indicated they had regular checks throughout the night and bed rails were used to minimise their risk of falling. Clear guidance and protocols were provided on the back of risk assessments to advise staff what action to take if people's needs changed. Other risk assessments included mobility, nutrition and skin integrity. Nationally recognised assessments were used where appropriate.

People's safety was further enhanced because the service learned from accidents and incidents. These were recorded, investigated and discussed at various staff communication meetings. Actions were taken to minimise the risk of recurrence such as reviewing care plans and amending risk assessments.

People were supported to take their medicines in the required doses at the correct times. People told us, "I always get them on time." Administration of medicines was carried out in a kind and compassionate way. Staff checked people were happy to take their medicine and this was carried out in an unhurried manner allowing time for people to take their medicine as they wished.

There was a system in place to order, store and dispose of medicines safely. Temperatures of the storage areas were monitored effectively. Dates of opening creams, eye drops and other medicines were noted to ensure they were not used past their expiry date. Where topical applications were required by people, body maps indicated the areas they should be applied and gave staff clear guidance to follow. We reviewed a sample of medicine administration record (MAR) charts and noted they were signed appropriately.

People who had medicines prescribed to be taken when necessary had guidelines in place. These ensured staff knew how people may indicate they required these medicines and what they should be used for. For example, one person was prescribed pain relieving medicine. The protocol described the facial expressions and body language the person may use to show they were in pain. Allergies and sensitivities to medicines were noted on the photographic profile page held with the MAR chart.

Medicine audits were completed monthly. At the last audit we saw some issues had been identified. A clear action plan had been drawn up and we saw the recommended actions had been completed by the time of the inspection. The deputy manager confirmed a further audit was due to be completed the day following the inspection when the completed actions would be checked for effectiveness.

People were supported by staff who had been recruited following a detailed procedure to ensure they were suitable to work with people. Checks included those to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults. References were taken up and verified, as necessary and application forms were fully completed.

The service ensured there were enough staff to provide the correct amount of time and care to meet people's needs and provide safe care. The manager regularly completed dependency tools and discussed

people's needs at clinical meetings to determine the number of staff that was required to meet people's needs safely. The minimum number of staff during daytime hours was 12. Seven staff worked during the night time. Care staff were well supported by managers, housekeeping, maintenance, activities, administrative and catering staff. There were currently 47 people resident in the service, the 19 vacancies were not filled as there were not enough staff to support 66 people. Staff were being recruited and trained before further vacancies were filled. We saw that call bells were answered promptly and staff attended to people immediately if they required help.

One person said, "They are desperately short of staff." However, this view was not expressed by other people and did not appear to be accurate during our observations. We noted that staffing levels provided opportunities for staff to spend individual time with people, for example we saw them sitting down to have a chat or engaging in an activity. One professional commented that there had been a large turnover of staff which had diminished the service's efficiency in some areas. They discussed the importance of a consistent staff team. The management team were aware of this issue, they were stabilising the staff team, as quickly as they could.

Is the service effective?

Our findings

People's diverse and changing individual needs were met by staff who had received excellent quality and relevant training. This was demonstrated by staff responses throughout the visits and their daily practice. One person reflected the views of others when they said, "Staff know what they're doing" and "They usually know the answer or they can find out for you." Staff told us they had received good training and felt confident in their roles. They said they received regular one to one supervision sessions and felt fully supported by the management team. Without exception staff said the manager was approachable and always listened. They commented on the manager's door always being open.

Staff received a full induction prior to beginning work so they were confident to perform their tasks. Staff told us they had a detailed induction and felt they were well prepared when they started working with people. The service used a nationally recognised induction tool (the care certificate) that staff had to complete during their probationary period. Staff competencies in different skills and knowledge were checked at the recommended intervals. These included medicine administration and various nursing tasks.

The service supported staff to further their knowledge and expertise to enable them to offer the best care to people. 23 of 42 care staff had obtained a qualification in health and/or social care (including 13 registered nurses) and a further four were currently undertaking professional training. Staff were offered additional training to support their development such as diplomas in team leading and management. Additionally, support staff such as housekeepers and catering assistants were encouraged to participate in the service's general 'core' training and obtain qualifications relevant to their roles. For example, staff had obtained and/or were working towards qualifications in business administration, housekeeping, diplomas in professional cookery and food and beverage service.

There was very good communication between the staff and important information was conveyed between them using a variety of means. These included the individual daily records for people, handover meetings, daily 'huddles', diaries and communication books. They were all used to ensure staff had the most up to date information about people.

People's health and well-being needs were assessed and met by the staff team in conjunction with external professionals. People told us that care staff supported them to deal with health issues, if and when necessary. Care plans clearly described the responsibility care staff had for people's health and well-being. One person said, "You just ask and the staff get my doctor." Referrals were made to other medical and well-being professionals as appropriate. These included the G.P, the community mental health team, memory clinic professionals and physiotherapists.

People had a variety of opinions on the food provided. 12 of the 15 people we spoke with told us the food was from good to excellent. Three people were not as complimentary saying, "It is not great", "It is not always to my taste" and "It is alright." However, others said, "It's very good. You can have what you want. If you don't like it they will do you something else." "It is excellent" and "It's lovely." Relatives all said the food was very good. One said, "The food is amazing. We came as a family last Sunday for lunch."

Lunch time was a very pleasant experience. Tables were laid very nicely and people appeared to thoroughly enjoy their food. There was a very sociable feel to the experience and smiles and laughter were seen and heard throughout the lunch period. Staff discreetly supported people when they needed help or sat and contributed to the social atmosphere. Throughout the day drinks and snacks were available and offered. The bistro area was well used by people and visitors, where they were able to help themselves. Where people were unable to do so, staff asked and assisted them.

People's nutrition and hydration was monitored carefully. For example, where people had lost weight, more frequent monitoring was implemented and referrals made to professionals such as the GP, speech and language therapy team or dietitian. We noted how the whole team worked exceptionally well together to support people's nutrition and hydration. Charts were used to diagrammatically record how much people had eaten when there were concerns and communication between all relevant departments was excellent.

We spoke to the chef who was very knowledgeable about different diet types to support a variety of conditions. They were able to tell us how the system used in the service supported the careful monitoring and promotion of good nutrition. They were passionate about providing good food for everyone and providing food which was appealing and in line with people's preferences. The provider also employed a senior staff member who was head of nutrition and hydration. We spoke to them and they informed us they were developing a training package to be rolled out to all staff designed to increase awareness and knowledge of the importance of nutrition and hydration.

People's rights were upheld by the manager and staff team who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. The service had made appropriate DoLS applications to the local authority.

Staff were extraordinarily knowledgeable about the MCA and were able to tell us exactly how it related to their day to day work. They said they had received MCA and DoLS training and described how they supported people to make decisions and respected their right to refuse. They further described how they sought people's consent and told us they would return to people who refused personal care at a later stage and offer again.

People were supported to make their own decisions and choices about their daily lives. Individual plans included a consent and capacity care plan which was reviewed every month. This described decisions people could make, decisions they needed help with, capacity assessments (if appropriate) and best interests records. One person said, "I can choose. They will ask if I want to get up or go to bed but it's my choice." We saw staff asking people's permission before supporting them with personal care or any other tasks. People confirmed that staff always asked them if it was alright to offer them help.

People benefitted from living in an exceptionally clean and hygienic environment which was very well presented but retained a homely, comfortable and welcoming atmosphere. The home was set over three floors, each split into two units. Each unit had its own lounge and dining area. The first and second floors were accessed by stairs and lifts. All areas of the building were accessible by people with all types of disabilities. One person reflected the views of others when they said, "It's comfortable here."

The design of the premises was extremely relevant to people living with dementia. Facilities included a beauty and hairdressing salon, a cinema room and a safe outdoor area where people could enjoy sitting or walking. Special equipment was provided to meet people's specific individual needs. For example sensor mats, hoists and wheelchairs.

Is the service caring?

Our findings

People were offered support by caring staff who were committed to providing kind and compassionate care. People were shown dignity and respect. Staff spoke quietly and gently and provided reassurance if people looked lost or confused. They remained calm when people showed signs of distress and offered distraction to alleviate people's anxiety. One person told us, "It's a great place, absolutely wonderful. We are always treated with respect and dignity." However, we noted that one person had eye drops instilled into their eyes while having their lunch. While they were asked if they were happy to have them, this did not provide them with privacy or dignity. We raised this with the manager who agreed to address this practice.

Interactions between people and staff were positive and respectful. The approach of staff was kind and compassionate and they listened to people. People used words such as marvellous and excellent to describe staff. They felt they were treated with respect and one person said, "They knock on my door before they come in." Other comments included, "The staff are very good, very good indeed." "They are first class, nothing is too much trouble" and "I give them 100%." Relatives agreed with these views one said, "The staff are really great." Another commented on the caring attitude of staff and said, "Staff are lovely, so friendly and they go that extra mile." No negative comments were expressed about any of the staff by people who live in the service or their families.

Care staff established effective and positive working relationships with people, as quickly as they could. They knew people well and were able to describe people's interests and also details about their life history. Individual care plans included people's diverse cultural, spiritual and social needs. For example one person was supported to keep their pets which were very important to them. A care plan noted, "Please make sure I have my lipstick and powder in my handbag." A relative told us, "The staff are really keen and very personal. They know everyone, it's all individual."

People's diversity was respected and staff worked hard to ensure the service was inclusive for everyone who lives there. For example, people living with dementia and/or physical or sensory difficulties were supported to participate fully in the daily life of the home. Staff modelled tolerance and patience and encouraged those people without such special needs to accept people's individuality and differences.

People were supported to maintain as much independence as they were able to for as long as possible. Care plans clearly noted how care staff were to help people in ways which promoted their independence. People were supported to make their own choices and maintain control over their daily life. A relative said about the service, "There's a sort of sense of freedom" [for people and visitors].

People were encouraged to discuss their wishes for care at the end of their life and where details had been provided they were recorded in an advanced care plan. An enhanced service plan and end of life spirituality plan were put in place, as required. People had a do not attempt pulmonary resuscitation in place if they chose to. This was discussed with the relevant people and signed by the appropriate medical professional.

People were given information about the service in user friendly formats. For example activities plans were

produced weekly but provided to people with sight issues on a daily basis in large print. People who may not be able to understand written information were individually assisted by staff to understand what was on the menu, what was happening on the day and other relevant information. A monthly magazine was produced as a 'fun' way of keeping people up-to-date with what was happening in the service. People and staff contributed to the content of the magazine.

People were encouraged to give their views of the service in various ways. For example, the management team were 'on the floor' everyday speaking to people and gathering their views and there were regular resident and relatives meetings.

Personal information relating to people was kept securely and confidentially in the office and at work stations in the individual unit. These were locked away when staff were not present. The provider had a confidentiality policy which care staff understood and adhered to.

Is the service responsive?

Our findings

People's needs were met extremely effectively by a responsive staff team. People told us staff were always available should they require assistance. People and their relatives told us the call bells were answered quickly and they never had to wait very long for attention. Call bell audits were completed daily to ensure they were answered within five minutes of being pressed. Anything over five minutes was investigated and the manager decided if any action was required.

Staff responded to people's requests and identified people who needed assistance by noting behaviour and non-verbal communication. People's needs were addressed (however expressed) in a timely way, throughout the inspection visit. People, their relatives and other professionals told us there were always staff around to support them. One person reflected the views of others when they told us, "If you want anything you've only to ask."

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care plans were extremely person centred and provided detail of the person's wishes and preferred routines. A pre-admission assessment was completed prior to people moving into the service and this provided good detail on which to establish the care plan. People, their families and other interested parties were included in the assessment and care planning process (with the permission of the individual). Further detail was added as the person settled into the service and staff became familiar with their needs and wishes.

Care plans were reviewed monthly and if people's needs changed. When necessary they were updated to reflect the most current information about a person and to ensure that the service being offered responded to people's changing needs. The service was beginning a formal multi - disciplinary review programme to which people, their families and other relevant individuals were invited at six monthly intervals. Two families told us they were very pleased to be attending their relatives review imminently.

People benefitted from a variety of well planned and innovative activities. They were well attended by people who enjoyed the variety and relevance of the specific activities provided. Activity staff were enthusiastic and worked closely with care staff to enable them to provide a variety of meaningful activities for people throughout the day. Some people were involved in one to one activities, such as singing and reading whilst others joined groups in the 'bistro' or lounge areas.

People and relatives told us there were plenty of activities. People said, "A lot goes on but I choose not to join in." Others said, "There is always something going on down here. It [entertainment] may be from outside." "Here [coffee lounge] is quite a communal place. You can help yourself to coffee whenever."

People engaged and appeared to enjoy the activities and we observed smiles and heard laughter throughout the visit. People with social difficulties were supported to attend activities and social occasions. Staff responded quickly to any behavioural needs to ensure other people did not feel their enjoyment had been curtailed. This helped to prevent any ill feeling towards people living with diverse needs. We noted the

staff team worked together to enhance people's enjoyment of the activities. Relatives were invited to events throughout the year and said they really enjoyed joining in with events such as the celebration of British food (held during the inspection).

People were provided with activity plans for the coming week and for future events. Activities included pub lunches, gardening, baking, a knitting and sewing club and seated dancing. External entertainments were organised and activity staff were developing links with the community such as local schools and volunteers.

People and their relatives and friends knew how to complain and were encouraged to do so, if necessary. One person told us they had, "No complaints at all." Another said, "I'd speak to [name], who is in charge of the carers. The new boss came round and I spoke to her about the food. Two days I had cold porridge, so I told her, and ever since it has been hot." Relatives told us they had discussed some small issues with staff and these were put right immediately. Others commented that they had not needed to make any complaints and spoke highly of the way staff responded to any requests they made. They appreciated the regular relatives meetings and felt their voice was listened to. They also praised staff for keeping them informed of their family member's wellbeing and said it gave them, "Great comfort to know their family member was well looked after."

The service had received and recorded 16 complaints and concerns about the service in the preceding 12 months. However, many of these were in regard to operational issues such as car parking and only one was directly about the care of people. All concerns or complaints were recorded in detail and any action taken was noted. The manager completed a monthly analysis of complaints to identify any trends or recurring issues. Complaints were managed and dealt with in a timely way. They were welcomed and used a learning tool and to improve the service, where appropriate.

People and their families had sent the home 15 compliments. These included comments such as, "We would like to thank you for the care, comfort and friendship that you gave my mother. We know that her final days could not have been spent in a more caring environment." "Thank you all for giving so much care and compassion to mum" and "You are all amazing."

An additional ten compliments were made on an independent social media site. Examples were, "Gracewell of Newbury is simply magnificent. It is hard to say which is better the staff or the building and facilities. They are both equally brilliant. I like (love) the garden which is relaxing and specially designed for people with dementia. The food is good and there is a fun atmosphere with lots of activities to keep the residents happy." "Thank you all so much for the fantastic care and attention you provide for Mum. From the calm, gentle and professional admission, to the commitment of all the staff daily to treating mum with gentleness and respect. The home has a great atmosphere and provides a safe and loving home for Mum." and "Beautiful surroundings, purpose built however what is more important to our family is the very high standard of care from all the staff and the happy atmosphere within the home."

The compliments noted, reflected the comments we received from people, families and other visitors during the inspection visit.

Is the service well-led?

Our findings

People benefitted from a service that was well-led, even though it did not have a registered manager and had been managed by several managers since it was registered in October 2016. The new manager was appointed in August 2017 and had applied to be registered with the Care Quality Commission (CQC) to manage the service. The manager was experienced and had managed other nursing homes for the same provider. The manager was registered with the CQC on the 28 September 2017. People described the service as, "A very good home." and "A wonderful place to live."

Positive feedback was received about the manager and deputy who staff described as "approachable" and "supportive". They told us there was "good team working" and one said, "They (Manager and deputy) work well together to solve any problems." Another told us, "The management we have now work well together, they cover weekends which we didn't have before." One staff member said, "The manager is hands on they roll up their sleeves and get stuck in." Staff told us there had been a real improvement since the new manager and new deputy had joined the team. They said the manager had put in some structure, the team was stabilising and the staff team were feeling, "Positive and in good shape." One staff member expressed the views of others when they commented, "The new management team has not only bought stability but has built foundations for the future. They have boosted staff confidence and morale." A relative said, "The manager is quite new [they are] always around and is approachable."

The principles and ethos set out by the provider was clearly displayed throughout the service to remind staff of the principles to which they were working. We saw evidence of this in practice and staff told us the manager and deputy 'led by example'.

Staff told us they felt valued by the new managers. They said their views were listened to and their experience was respected. The provider had various ways of acknowledging people's hard work, skills and commitment. There was a method that people, their families and others could use to make comments about staff. The comments were displayed on a notice board in a communal area and some staff then won a 'heart and soul award' (certificate) for delivering excellent service.

Throughout the inspection visits we noted an excellent team spirit and staff treating each other with respect, whatever their role. Support staff were an integral part of the team and it was clear that the whole team worked together in the best interests of the people they supported. One person reflected the views of everyone we spoke with when they said, "All the carers are wonderful, in fact all the staff are." A comment on the independent website noted, "A Thank you, to everyone, admin, care and nursing staff, food and beverages, housekeeping et al. A lovely team."

People who use the service, their families, friends and staff members were encouraged to express their views and opinions. The management team listened and took them into account when developing the service. The service held various meetings to give people and staff the opportunity to put forward their views. These included monthly resident meetings, resident and relatives meetings and a programme of six monthly meetings to review people's care had been introduced. General staff meetings and additional clinical

governance meetings (attended by senior staff) were held monthly. A staff survey had been completed in 2017.

The quality and development of the service was regularly assessed and monitored to ensure the best care possible was offered to people who live there. The manager and staff team completed a number of audits and checks and developed action plans to develop the service. Heads of departments took responsibility for some of the routine checks. These included health and safety checks such as fire equipment, mattresses and mobility equipment. Food and nutrition audits including people's weights and meal tracking. People's well-being audits such as pressure areas and overall care plans.

Staff were enthusiastic about being involved in the auditing systems which the manager and deputy monitored closely. The results of well-being and related audits and actions that may need to be taken as a result were discussed monthly in the clinical governance meetings. Additionally the managers completed checks such as unannounced night visits and medicine audits.

Additional monitoring was completed by the provider's representatives who completed various audits of the service, which covered all areas of operations. These included a housekeeping, an operations regional care and a pre-inspection audit. External checks of the service included an environmental health check at which the service was rated as five (very good) and a local authority quality check last completed in September 2017 which noted two issues which were being addressed.

The service made improvements to offer better quality care to people as a result of listening to people, families, friends and staff and the auditing systems. The service completed a community development plan (action plan) which noted who was responsible for the improvement and a date by which it should be completed. Developments completed included the effective use of meal trackers (a way of checking what food people had eaten), the introduction of multi-disciplinary care review meetings. Additional improvements included the introduction of plate warmers, raising tables to make them more comfortable for people who use wheelchairs and investigating the possibility of purchasing a minibus for the service.

The service was supported to keep up-to-date with developments in social and health care by the provider. For example, they received support and advice from expert staff such as a regional head of nursing who advised on clinical issues and sent out clinical alerts and up-dates. The manager attended two monthly home manager's meeting to discuss and share best practice. Additionally champions were appointed in various aspects of care. These staff were nominated to receive additional training to cascade best practice to colleagues.

The quality of care provided to people who use the service was supported by excellent, individualised, detailed, up-to-date and accurate records. Records related to other aspects of running a regulated service were exceptionally well kept and fully completed. They were easily accessible to relevant staff but kept confidentially if necessary.

The manager and deputy were aware of legislation relating to the running of a registered service such as the duty of candour and health and safety legislation and adhered to the requirements. The manager notified the appropriate agencies, such as CQC and the local authority about any incidents or issues, in a timely way and as required by law or good practice.