

Milford Care Limited

# Spencer Grove Care Home

## Inspection report

Springwood Gardens  
Belper  
Derbyshire  
DE56 1JR

Tel: 01773599349

Website: [www.milfordcare.co.uk](http://www.milfordcare.co.uk)

Date of inspection visit:

04 November 2019

13 November 2019

Date of publication:

06 February 2020

### 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

Spencer Grove is a care home providing personal and nursing care to 51 people aged 65 and over at the time of the inspection. The service can support up to 68 people. The registered provider also operates a domiciliary care service.

The domiciliary care service offers care to people who live in the registered provider's retirement apartments, attached to Spencer Grove. There were two people using this service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The care home is purpose built, split over three floors.

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

People's well-being was at the core of the service. The exceptional leadership ensured the vision and culture of the senior management team and registered manager was embedded within all the staff team. There was an open and inclusive culture at the home, people were actively encouraged to be independent and have purpose and meaning in their lives. There was a culture of continuous improvement with a clear focus on ensuring any changes enhanced the quality of the service people received.

People were safe. There were enough staff employed to meet people's needs and staff were recruited safely. Medicines were appropriately managed. The home was clean, and the premises and equipment were suitably maintained.

People received excellent, effective care and support from a highly skilled staff team. Staff communicated effectively, and people were supported to access other health care professionals as they were needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. People were treated with dignity and respect. Staff clearly knew people well and respected people's individuality. People were encouraged to retain their independence.

Care records were detailed, person centred and reviewed and updated at regular intervals. Information regarding people's communication needs was recorded as well as, where appropriate, people's end of life support needs. A range of activities were provided for people. There was a system in place to handle complaints.

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

### Rating at last inspection

The last rating for this service was good (published 27 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Outstanding ☆

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Spencer Grove Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of 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

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

The registered provider also operated a domiciliary care agency. It provides personal care to people living in the registered providers' retirement properties.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with nine people who used the service, two relatives and two visiting health care professionals about their experience of the care provided. We spoke with sixteen members of staff including the four members of the registered providers senior management team. The registered manager, administration manager, two nurses, four staff from the care team and five staff from the activity, catering, housekeeping and maintenance team.

We reviewed a range of records. This included six people's care records and random sample of medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. Staff were confident any concerns raised would be addressed by the registered manager and the senior management team.
- All the relatives we spoke with told us their family member was safe. One relative said, "If I have a holiday, I know [person] is safe. They have my mobile and I am confident they would phone if they needed to tell me anything." Another relative told us, "We know they are in the safest place they could ever be. It makes you feel happy. You go home, you don't worry."

Assessing risk, safety monitoring and management

- Care records included a variety of person-centred risk assessments which were reviewed and updated at regular intervals.
- All staff received regular fire training. A number of staff had also completed fire warden training. Information about the support people needed in the event of an emergency evacuation were kept centrally and updated as people's needs changed.
- There were systems in place to ensure the premises and equipment were safely managed.

Staffing and recruitment

- The majority of people told us there were sufficient staff to meet their needs. Comments included; "Sometimes when they're really busy and [person] needs the toilet, [person] has to wait. It's mostly in the mornings when they are getting people up", "I've never had to wait too long that it has been a problem" and "At night I just buzz. It's very rare I have to buzz them, but they come quickly." People also told us staff had time to sit and chat with them. One person said "I like to sit and chat. The staff make time to do that with me too."
- Staff confirmed there were sufficient staff to meet people's needs. One of the senior team told us rotas were done in advance. Which enabled them to cover most shortfalls with agency staff who had worked at the home previously.
- Staff recruitment was safe. This was due to robust and effective processes including pre-employment checks to reduce the risk of employing unsuitable candidates.

Using medicines safely

- The management of people's medicines was safe. Medicines were stored safely. Work had commenced to provide a dedicated clinic room for the storage of medicines and medical equipment for the nursing floor.
- We observed staff give people their medication. This was done in a kind and patient manner. For example, we saw a member of staff explain a new medication to a person. Staff observed to ensure people had taken

their medicines before leaving them.

- Medicines were only administered by staff who were trained and assessed as competent.

#### Preventing and controlling infection

- The home was clean, tidy and odour free with good infection control practices in place to keep people safe.
- Housekeeping staff were satisfied they had enough dedicated staff and sufficient time to do their job proficiently.
- Staff had enough supplies of appropriate cleaning products and equipment. Staff had access to personal protective equipment, for example, gloves and aprons.

#### Learning lessons when things go wrong

- The senior managers and the registered manager demonstrated an open and transparent attitude towards learning lessons when things went wrong. A senior manager told us, "We learn by things that happen, we try to use (incidents) as a learning curve."
- Accidents and incidents were reviewed. We saw evidence action was taken to reduce future risk.



## Is the service effective?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. Peoples feedback described it as exceptional and distinctive.

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

- Spencer Grove has sustained exemplary standards of practice the home had met the criteria for the local authorities end of life care award for the previous six years. The home had also consistently received the local authority quality premium. This is a payment given to care home who meet the quality standards set by the local authority.
- Both external health care professionals we spoke with were extremely complimentary about the staff and the care and support people received. Written feedback from visiting professional noted. "Our team place palliative patients here who have complex needs. They are managed well with professionalism and compassion."
- The home employed a clinical lead who supported all staff with their clinical practice. The home also had several designated champions supporting staff to ensure high standards of practice were consistently maintained.
- Changes to people's health and well-being were identified promptly by staff. Staff were both pro-active and effective in referring to and involving relevant healthcare professionals in people's care and support. One person told us, "If you don't feel very well, they'll notice and have a word with you. They'd get the doctor if you needed it." Relatives told us, "[Person] sees the GP or nurse practitioner most weeks. They pop their head round the door to check [person] is okay" and "The chiropodist comes regularly and does (person's) feet."

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

- Staff provided exceptional care and support which met people's needs and preferences. The senior management team was implementing a new research based care strategy across all their home. This had already had already had a positive impact on a number of people living at Spencer Grove. For example, changes to the environment, the provision of meaningful activities and developing an embedding a culture within all staff of how their actions can improve peoples quality of life.
- There was an exceptionally strong focus on maintaining and improving each person's physical health and mental wellbeing. This was achieved through looking at all aspects of people's lives and experiences then developing and implementing a plan of care suitable to each individual. For example, one person was previously employed as an engineer. They had been provided with a variety of tools, nut and bolts for them to organise and chat to staff about. Staff had adapted a walking frame for another person to enable them carry their baby with them. As a result their anxiety reduced.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered to ensure it met people's individual needs. The senior management team worked in partnership with other organisations to ensure staff's training was high quality and in line with current good practice guidelines. This included support from the Macmillan team, local hospital and a specialist nurse consultant.
- The senior management team clearly recognised the training and ongoing development of staff was a principle factor in ensuring better outcomes for people. Staff were very positive about the training. One of the staff described the training as "Intense, but really good." There was a clear culture that every member of staff was important to people's safety and well-being, therefore all staff were provided with and supported to complete relevant training.

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

- Staff were extremely proactive in supporting people to maintain a healthy diet and balanced diet whilst also ensuring people enjoyed their meals. People were very complimentary about the food. People told us, "They are very good, they bring a tray round with choices for dinner. If I don't like the two choices I'd choose a jacket potato with cheese and beans" and, "There's fruit and cakes for us or visitors to have. Whatever time visitors come, staff would always offer them a cake and a drink... It feels more homely, most homes have a bowl of fruit and so does this one." A relative told us "The food is excellent. It is liquidised. It's all separate so you know just what [person] is eating."
- New equipment and technology was used to enable people to retain their independence and enjoy their meals. People had access to a range of adapted crockery and cutlery. The care plan for one person noted how the use of this cutlery had enabled them to eat independently. People's independence was also encouraged by having access to a self-service breakfast bar where they could help themselves to different cereals. Signage invited people to help themselves. A large bowl of fresh fruit also had a clear sign adjacent to it, inviting people to help themselves.
- Creative ways had been used to ensure meals were presented in an attractive manner. For example, the presentation of textured food. At meal times, people who were unable to make a verbal choice were shown a plate of each meal, this allowed people choice and control. Where people needed support, this was provided in a timely, caring and discreet manner. The meal time atmosphere was sociable but calm and unrushed.
- People's care plans clearly detailed their nutritional risk, the support they needed to eat and drink along with their individual preferences. There was a creative and effective system in place to reduce the risk of dehydration and malnutrition. The electronic management system had enabled the set up of 'fluid watch' and 'nutrition watch'. This flagged up on staffs mobile devices and also enabled the registered manager to easily identify and monitor people at higher risk. People were weighed at regular intervals and appropriate action taken where a concern was identified.

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

- All areas of the home were maintained to an exceptionally high standard. Changes were being made to the environment at the time of the inspection. These had been planned and designed, by the senior management team, with exceptional detail using the most up to date research and good practice. This was having a major impact upon people's well-being. All the senior management team spoke to us with passion and enthusiasm about how changes to the environment were impacting upon people.
- In the communal area on the nursing floor, work was nearing completion to provide different areas for people to access. This included a library and a music themed section. There was also a fireplace with an electric fire with steam effect smoke, seating had been arranged to make the area cosy and homely. On the second day of the inspection the activity zone had been completed. There were a range of activities for people to participate in both with support and independently.
- Corridors were themed to aid orientation, pictures were all being lowered to an accessible height.

Conversational prompts were displayed relevant to the theme, guiding staff and visitors of potential questions and topics to chat about with people. Some corridors had special sky lights which illuminated in the morning and automatically switched off in the evening to aid people who had difficulty distinguishing night and day.

- The culture of encouraging people to be independent was clearly embedded. Innovate signage using colour, words and pictures were seen throughout the home, aiding people's orientation to the environment and within their own bedrooms. Clear signage also invited people to partake in activities. For example, a sign in the library section inviting people to read a book.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Peoples capacity to make decisions was always assumed unless there was evidence decision specific capacity was lacking. Where people lacked capacity to consent, we saw evidence of decision specific capacity assessments and best interest decision making in their care records.

Staff consistently involved people in making decisions about their daily care and support.

- The service had a nominated champion for mental capacity and consent. A key role being to support staff, people and oversee mental capacity care planning.

- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their families told us the staff were caring and kind. One person said, "I love it here. I have lots of care. The staff are marvellous, they'd do anything for you." Relatives told us, "Staff have been very kind and considerate" and, "They are fantastic carers. They make us welcome and are very friendly. If you have any concerns, you can tell any staff or carer or go to the office."
- Staff clearly knew people well and respected their individual personalities and preferences. Staff told us, "it is their home, what we do is for them" and "We are making these people's lives worth it." We observed staff greet people, pass the time of day with them and involve them in their conversations.
- Inside the doorway to some people's bedroom there was a picture frame which included a photograph of the person and '10 things about me'. This provided key information of interest about the person. For example, "I like golf and playing darts" and "I joined the field artillery when I was 18."

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

- Staff involved people in making choices and decisions about their daily care and support. One person said, "Staff always explain what they are doing and why." Another person said, "I choose to have a bath, I can have one whenever I want. They are very kind to me."
- Families also told us they felt involved in people's care. One relative told us, "They have a review about every two years. I am included in that."
- Information about advocacy services was available in the home. The registered manager was aware of how to access this service if a person needed support to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were able to tell us how they maintained people's privacy and dignity. We saw staff knock on doors and tell people who they were as they entered their rooms. Staff closed doors prior to any personal care intervention and spoke discreetly with people regarding their care and support needs.
- One person told us, "We're very lucky here, they wash and iron our clothes beautifully." We observed a member of the laundry staff ensure an item of new clothing was discreetly labelled. The interaction between the member of staff and person was kind and respectful. Another person told us, "I prefer a shower. They are very respectful. You don't feel uncomfortable with them. They know just how to do it."
- People were encouraged to retain their independence. One person told us, "Staff chivvy me along, saying 'come on you can do it'. It helps with my confidence." Self-service cereal dispensers had been provided in the dining room to enable people to help themselves to a variety of cereals. Staff encouraged and supported

people to mobilise.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

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

- Care records detailed people's method of communication and the aids they needed to support them. For example, glasses or hearing aids. One person showed us a board which helped them know which relative was visiting each day of the week and any other activities or visits that were planned.
- Each of the care records we reviewed were person centred and contained enough information to ensure staff could provide appropriate, individualised care and support for people.
- Care records were electronic. Care records were reviewed and updated at regular intervals. Staff carried a hand-held device which enabled them to access people's care records. This also enabled staff to record people's care and support at the time of delivery.

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

- People were provided with a range of activities. Comments about the activities included; "They have bingo and singing, that's on a Monday, and they do quizzes. I stay to join in with these. They have entertainment too" and "[Person] sometimes goes upstairs when the toddler group visit, and they will join in with the singing and bingo." Another relative described how their family member maintained a window box, deadheading the plants and pottering' in the garden. Feedback from one person on recent survey noted "We don't have enough trips."
- People were engaged in a sing along and a book club during our inspection. We saw people were thoroughly enjoying these activities.
- Simple, easy to read signage was placed next to activities, prompted and inviting people to engage. For example, 'please read the newspaper', placed next to the newspapers.
- Information regarding the weekly and upcoming monthly activities were displayed. Activities included a mother and toddler group which visited the home weekly, and themed activities. For example, the home had participated in the Belper annual well dressing and made a large, impressive poppy display for the entrance of the home.

End of life care and support

- Appropriate care and support was provided to people as they entered the final stage of their lives. One

relative told us, "End of life care was exceptional. Staff were coming in on their days off. If it could be good, it was as good as it could be... The staff support and affection for us all has been exceptional and ongoing." Another family member told us, "The GP put [person] on end of life. [Name of nurse] sat with me and talked to me about it. They went through everything with me. They do that every time the doctor comes. I don't need to ask, they tell me."

- Spencer Grove had a bed commissioned by the local Continuing Care Group (CCG) specifically for people who required end of life care. People accessing this service received daily support from a specific professional team as well as the nursing and care team at the home.
- A survey completed by a visiting health care professional noted, "Our team places palliative patients who have complex needs. These are managed well with professionalism and compassion."

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. Six complaints had been recorded during 2019. Details included the nature of the complaint and how it had been addressed.
- One relative we spoke with told us about a number of concerns they had. We spoke with the registered manager and we were reassured they had been handled appropriately.

## Is the service well-led?

### Our findings

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

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

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

- The home was exceptionally well led. It was clear the vision and values of the senior leadership team and the registered manager were embedded in all the staff team. Each member of the staff team was clearly passionately committed to providing person centred, open, inclusive and empowering care.
- There was a very strong and clear emphasis on continually improving people's lives and the quality of the service they received. The senior management team and the registered manager had begun to implement a new method of care provision and were also part of a university led research project regarding this. A key aspect of this cultural change was for people to feel they had meaning and purpose in their lives. Changes to the environment had already begun along with a programme of staff training. The management team and senior staff at the home had already completed the training. It was very clear from our discussion with the management team and from the changes already implemented, they were committed to the success of this project. One of the staff commented, "I can't believe how well it has worked."
- Systems and processes were being continually adapted to ensure people received consistently high-quality care. For example, a member of the senior management team showed us recent changes to the preparation and presentation of textured food. This enabled textured meals to look and taste the same as other meals being provided for people. The registered provider was also committed to purchasing and implementing new technology to enhance the quality of people's lives. They had just purchased equipment which enabled people with severe swallowing difficulties to be able to taste food and drinks by generating a flavoured foam. The catering manager told us how this had enabled a person with severe swallowing restrictions to be able to taste an alcoholic beverage of their choice.
- There was a clear and strong emphasis on continuous improvement. Senior managers and key staff at the home attended good practice events, conferences and training. Managers within the organisation met regularly to share good practice and also learning lessons where things had not gone well. The management team were extremely enthusiastic about sharing their learning both within the organisation and staff team. This meant peoples' care and support was consistently based on current good practice guidance.
- Feedback from people, visitors and staff, about all aspects of the service were consistently, extremely positive. One person told us "You can't speak too highly of them." Another person said, "We'd definitely recommend it. It is definitely outstanding to other places we had seen."

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

- Governance was clearly embedded. Regular audits and compliance checks were completed to monitor



performance, assess risk and address shortfalls. An external health and safety audit in July 2019 scored the home as excellent. The descriptor for acquiring this standard was 'meeting or exceeding legal and Milford Care standards'. Action plan, hand written entries to confirm actions addressed. Where shortfalls were identified in audits, prompt action had been taken.

- Every member of staff we spoke with was clear about their role. Staff were compassionate and enthusiastic when they spoke about their role and about the people they supported. In a staff survey dated November 2019, 100% of staff asked stated they knew what was expected of them.

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

- There were consistently high levels of engagement with staff. Staff's dedication and skills were recognised by the registered provider and there was a strong emphasis on celebrating staff success. The registered provider operated their own annual care awards scheme. Winners from this were entered into the Great British Care Awards. In November 2019 a member of staff won the Front-Line Leader Award at the regional awards. 2019 was the ten year anniversary of the opening of Spencer Grove, staff had been invited to attend a ball.

- There was a clear commitment to developing staff skills, competencies and knowledge. One of the care staff was being supported by the registered provider through university and mentoring to become a nursing associate. A nursing associate is a member of the nursing team providing care and support for people. It is a nationally recognised qualification.

- Staff were clearly proud to work at Spencer Grove. They felt supported by the registered manager and felt they were approachable. Two of the staff told us about the exceptional support they had received when going through personal difficulties.

- There was a culture of striving for excellence. Effective systems were used for people, relative and visitors, to continually provide feedback on all aspects of the service. One person had written in a recent survey, "We are all treated with the utmost dignity, the staff's treatment of us all is a reflection of their warm hearts & kindness." Feedback was also obtained from each visitor to the home through an electronic log in system and via an independent care home review website. Reviews consistently rated all aspects of the service as excellent. Comments included. "Highly competent nursing staff and well trained caring staff" and "Spencer Grove have been incredible throughout." People had been encouraged to be actively involved in choosing furnishings for the redecoration project. A relative told us, "They did a swatch board for this room for the redecoration. [Person] enjoyed looking at it. Things like that got people engaged and talking."

- Staff were very clear about their role and felt supported by each other, the registered manager and the organisation. Staff supervision and meetings enabled staff to share experiences and reflect on their practice. Morale amongst all the staff team was extremely good.

Working in partnership with others

- The senior management team and registered manager had developed strong working partnerships with external agencies and other healthcare professionals. The management team and staff were clearly very open to new ideas and ways of working to ensure people received good outcomes and people's well-being was improved.

- We spoke with two visiting health care professionals who told us, "If a relative of mine needed care, I would be happy to choose here" and "They are very welcoming here, I am very happy to have my patients here."

- The home had achieved the local authority quality award in end of life care for the last six consecutive years. This evidenced a consistently high quality of service had been maintained at the home.

- There was a strong connection with the local community and staff routinely sought opportunities to be involved with local projects. Examples included taking part in the annual well dressing completion and hosting bi-weekly parent and toddler groups at the home.

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

- Without exception everyone spoke highly of the management team. The home was extremely well-led by the registered manager who was clearly committed to ensuring high standards were maintained.
- The registered manager submitted statutory notifications to us in line with their legal responsibilities. Staff were confident any concerns they raised would be listened to and acted upon by senior staff within the home as well as the management team.