

Black Swan International Limited

Nightingale Lodge

Inspection report

8 Austin Street
Hunstanton
Norfolk
PE36 6AL

Tel: 01485533590

Website: www.blackswan.co.uk/nightingale_lodge.htm

Date of inspection visit:
23 September 2019

Date of publication:
20 November 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Nightingale Lodge is a residential care home providing accommodation and personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 29 people in one adapted and modernised building.

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

People living at Nightingale Lodge received exceptionally kind and compassionate care. Person centred care was a cornerstone of the service, which the registered manager put at the heart of everything they did. People's independence was actively encouraged and promoted by a staff team who sought creative ways to problem solve and find solutions to meet peoples hopes, wishes and preferences.

People were able to enjoy care that was very responsive to their needs. Staff worked hard to establish what would improve and enhance peoples lives and rose to the challenge in delivering this. Managers and staff had a 'can do' attitude in meeting people's aspirations, this responsive approach had in some cases delivered exceptional outcomes for people, including helping people return to good health when they had arrived at the home for palliative care.

People being cared for at the end of their lives were supported by competent and confident staff who were compassionate in ensuring that people were treated with dignity and respect and experienced a peaceful death.

People told us they felt safe living at the home. Relatives told us that they felt reassured by the high quality of care provided by Nightingale Lodge and had no concerns for the safety of loved ones. The environment was safe, and people had access to appropriate equipment where needed. People were supported to take their medicines safely.

Staff had received appropriate training and support to enable them to carry out their role safely. Support was provided to people so that their health was well managed, and staff had positive links with healthcare professionals which promoted wellbeing for them.

People received enough to eat and drink, where people were at risk of dehydration or weight loss, this was monitored closely, with staff striving hard to find alternative ways for people to remain healthy through good nutrition.

People reported staff were competent and knew how to do their jobs. Staff also told us they received sufficient training to carry out their roles.

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 sought peoples consent before providing them with care and worked within the guidelines of the Mental Capacity Act 2005.

Care files contained personalised information about the people who lived at the home and how they wished to be supported and cared for. People and relatives told us they were involved in care planning and reviews.

Peoples' social and recreational needs were met through a comprehensive activity schedule. This included regular access to the local community either individually or as a group. People had developed positive relationships with staff, who knew them well and how best to care for them.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. Staff were motivated and enjoyed strong team work, they felt well supported by the registered manager. People and their relatives told us the registered manager and provider were visible, open and approachable.

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

Rating at last inspection

The last rating for this service was Good (Published 6 January 2017). The overall rating for the service has changed from Good to Outstanding. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Nightingale Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

During our inspection we spoke with four people who lived at Nightingale Lodge and three visiting relatives.

We also spoke with the registered manager, the deputy manager, two members of care staff, the cook, the provider's regional manager and operations manager and a visiting healthcare professional. In addition to this we made observations of activities and mealtimes and reviewed records relating to peoples care and safety.

After the inspection

Following the inspection, we received feedback and views relating to how the service supported people from seven relatives via email.

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

- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.
- People we spoke with told us they felt safe. Relatives confirmed this, one told us, "[Family member] is a discerning person and has nothing but good to say about the home, she feels safe and happy there, and enjoys the company, the good food, refreshments and entertainment."

Assessing risk, safety monitoring and management

- The service assessed risks to people's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, mobility and nutrition.
- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes. The provider was proactive in monitoring any incidents or events that took place at the service. Senior managers from the provider regularly visited the service to review, discuss and monitor these events.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire.
- Evidence was available to show that when something had gone wrong, the registered manager responded appropriately and used any incidents as a learning opportunity.

Staffing and recruitment

- The provider ensured there were enough staff available to ensure people received support in a timely way. People we spoke with and our observations confirmed this. A tool was used to monitor the number of staff required, based on people's needs.
- We saw staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- Staff giving people their medicines had received training and had their competence assessed to ensure they handled their medicines safely.
- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them, or they were no longer required. Records of administration were accurate, regular checks to

ensure these were completed were carried out, alongside checks of stock levels.

- When people were prescribed medicines on a when-required basis, there was written information available to show staff how and when to give them to people to ensure they were given consistently and appropriately.

Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed, and people told us, staff practiced good infection control measures.
- The service was kept clean. Surfaces in communal areas such as lounges, bathrooms and dining rooms were cleaned very frequently.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the management team when they occurred. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

Is the service effective?

Our findings

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

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

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

- People were assessed before they used the service to ensure their needs and preferences could be met. People and their relatives were fully involved in this process. A relative told us, "When [family member] came here there was lots of questions and we both helped get that put together."
- Assessments of people's diverse needs, such as religious preferences were discussed prior to using the service.
- Assessments were used to formulate a plan of care which was updated as staff learnt more about the person. This provided staff with the information they needed to meet the person's needs and preferences. People told us that these plans reflected their needs and preferences, one person said, "They know I like to get up early so they help me to do that, and I think they seem to have a good understanding of my health needs."

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained, confident and competent. One person said, "They're all very good you know, some are quite young, but they seem very keen to help, it's amazing really."
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care as well as higher level national vocational qualifications.
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns and training and development needs.

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

- People had choice and access to enough food and drink throughout the day, we saw a wide choice of options was offered and most people told us they enjoyed it.
- Where people were at risk of poor nutrition and dehydration plans were in place to monitor their needs and professionals were involved where required to support people and staff.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

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

- People told us they saw healthcare professionals when they needed. The registered manager had built

good relationships with healthcare professionals.

- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. A healthcare professional told us, "Nightingale Lodge is one of the better homes I visit, it has a good manager and senior staff are on top of things, they are quick to action things. My patients are always smiling, and their families are happy."
- The registered manager and staff understood the importance of helping and encouraging people to lead healthier lives. This included helping people to maintain fitness, mobility and mental wellbeing, with a focus on doing this through accessing their local community.

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

- People lived in a comfortable and well-maintained environment. Fixtures, furnishings and décor was of a very high standard and helped to promote a homely feel.
- People had their own bedrooms which they could personalise in accordance with their tastes and preferences.
- There were several communal areas where people could choose to spend their time if they wished. People had access to large, well-maintained gardens.
- Grab rails and ramps helped people to maintain a level of independence when mobilising around the service.

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

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

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

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

- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- Although staff had completed training in the principles of the MCA, some staff had a limited understanding of this. However, all staff we spoke to or observed were able to demonstrate how they ensured people had choice and control in their day to day lives.
- Where people did not have capacity to make decisions, they 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.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us that moving into Nightingale Lodge had improved their health and wellbeing, due to the very kind and caring person-centred support that they received. Relatives told us the registered manager and staff went out of their way to achieve this. One relative told us, "The staff could not be more caring and accommodating if they tried, nothing is too much trouble. They are extremely welcoming and helpful. [Family members] health has improved miraculously since staying here."
- People and relatives consistently agreed staff were very caring and kind. People agreed staff knew how they liked things done when supporting them. For example, a relative told us, "The staff always look smart, are cheerful, friendly, caring, kind and courteous. They have quickly learnt the things that are important to my mother and what she appreciates." They went on to say that their relatives stay at Nightingale Lodge was initially temporary, following a stay in hospital. However, the care and support given was so good, which made them extremely happy and had made the decision not to return to live at home.
- The registered manager was focussed on and committed to ensuring people received the highest standards of care from a dedicated, kind and caring team of staff. Turnover of staff was low which meant a consistent staff team had forged close and trusted bonds with people. People told us these strong relationships with very familiar staff were important to them.
- We observed interactions between people and staff were genuine, kind and very supportive. Staff gave time and attention to each person without making them feel rushed. We heard laughter, happy interactions and observed gentle touches like holding hands. People responded to staff with smiles and jokes indicating they were comfortable and so happy with each other's company. People appreciated the quality time given to them and staff demonstrated a real empathy for the people they cared for. One relative told us their family members first day at the service was their birthday. When they arrived at Nightingale Lodge, they were welcomed with a birthday cake and birthday wishes. The relative went on to say, "[Family member] has been looked after in a very caring, professional way."
- Staff respected people's choices about how and where they wanted to spend their time. Staff felt they were making a difference to people's lives in the way they provided such a caring and kind service. They felt proud of their work and understood their role was important to the people they supported. One staff member told us. "I love working here, the best bit is the 'Wish Tree' we have, its great making peoples wishes come true."
- The registered manager and staff saw it as their duty to go the extra mile for people, to try and make their lives as enjoyable as possible. For example, one person had made a wish using the services 'Wish Tree'. This is where people could write down their wishes that they would like support with. One person who had recently moved into the service but had lost their mobility and could not use the wheelchair they had been

provided with for long periods, but wished to be able to visit their spouse in their own home. The registered manager worked with a specialist wheelchair provider and different healthcare agencies to source a wheelchair that would provide the right support for the person to visit home. When this was achieved, staff arranged for the person to visit home and accompanied them using the services transport. In addition to this, they had arranged for the persons old friends to visit at the same time which was described as, "An emotional experience." Following this, staff as a surprise, had arranged to take the person and their spouse out for lunch at a local restaurant, for which they were, "Overwhelmed."

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

- People felt very involved in the planning and delivering of the care and support. They said that managers and staff regularly talked with them about this to gain their views and satisfaction. People were encouraged to make decisions where ever they could.
- The registered manager and staff worked closely with people to gain their views to solve problems and make changes that would result in improvements to people's care. For example, one person who had move to Nightingale Lodge from another home had begun to lose weight and become isolated. This was following a decline in their health and needing to have pureed food. The person was not eating this food because they did not like it, and their views on how they wanted it presented had not been listened too. Since arriving at Nightingale Lodge, the staff worked with the person and their relative to establish how they wanted the food presented, which was in an unorthodox way. This resulted in the person beginning to eat again and gain weight. They had also become less isolated and had started to interact with others because they felt happier. Staff had also established that the person did not leave their room due to a sensory impairment, and feared getting lost or entering the wrong room if staff did not know they were on the move. Staff worked with the person and suggested using an alarm pressure mat to alert staff if they were on the move, so they could offer support. The person now spent most days visiting other people in the communal areas. The persons relative reported that they now felt more safe, comfortable and contented due to these changes.
- Staff were very patient and supportive when communicating with people making a choice. We consistently observed that staff approached people at eye level and spoke discreetly when offering choice. Where people needed time to respond, or could become confused, staff did not rush them to decide and kept a smile on their face to show they remained engaged with the person.
- People and those important to them were encouraged and always involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents and relatives' meetings, and verbal and written feedback. People were encouraged to make nominations for employee of the month and outstanding contribution awards. One person told us, "They encourage us to provide feedback and do questionnaires, and if somethings suggested, they'll act on it if they can."

Respecting and promoting people's privacy, dignity and independence

- The service recognised how important it was to preserve people's dignity and maintain their independence. People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible. Staff understood the importance of treating people with respect and compassion, and the benefits this brought. For example, staff strove to maintain people's dignity with exceptional compassion when supporting them with a bereavement of a relative. One person, whose parent was at the end of their lives, wished to see them for one last time. Despite difficult logistical challenges to do this, staff quickly worked to achieve this and support them to visit their parent, working with the professionals involved at the other home. Although the visit was distressing, staff provided compassionate care before, during and after, to the person in dealing with their bereavement. The person told staff the visit, "Meant the world to them", and was, "Humbled" that staff enabled her to do this.
- Relatives told us that the service strove to maintain independence for people, even when declining health made this more difficult. One relative told us that their family member recently had health issues that,

"Curtailed their fierce desire for independence." They went on to tell us, "Everyone at Nightingale lodge has handled these issues in a most caring, thoughtful and professional manner. The staff cannot seem to do enough to help, they are cheerful, friendly and understanding, led by the very able [registered manager]. Nothing seems to be too much trouble."

- The registered manager regularly reviewed the deployment of staff to ensure that people had staff when they needed them, and for enough time so that staff could promote their independence. People told us that care and support was never rushed and did not feel under pressure to not take their time.
- People and relatives agreed staff protected their dignity and privacy. Staff respected people's privacy and explained how they would support someone with personal care. We saw that staff knocked on people's doors before entered.

Is the service responsive?

Our findings

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

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

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

- People told us the service was extremely responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require. The registered manager told us that person-centred care was a cornerstone of Nightingale Lodge and the key to providing good quality care that made an impact on people's lives and wellbeing.
- We saw evidence of many examples of person-centred approaches being utilised to meet people's individual needs. For example, one person who arrived from hospital following a major operation, had severely declined in their health and emotional wellbeing to the point they had been diagnosed as needing palliative care. Their confidence had regressed, and they feared they would not regain their independence. The person had become bed bound and dependent on oxygen. Staff worked closely with the person, their family and other agencies to build trust in the person that they would support them to regain their wellbeing. With compassion and patience, staff slowly encouraged and motivated the person that they could achieve this, although frightened they gained in confidence. The person told staff, "I will do my best to get better with everyone's help and support." Three months on, the person had regained full mobility with the use of a frame, and regularly went out for walks and participated in various local clubs again.
- The registered manager saw relatives and friends of people as essential in gathering the right information and history about a person to provide person centred care for people who could not advocate this for themselves. For example, one person who moved to Nightingale Lodge was very frail, reluctant to eat and drink and was anxious about making choices. The registered manager worked with the persons family about what was important for the person. They found that the person enjoyed company when eating, so arranged for family and friends to attend to take tea in their bedroom. This resulted in the person reducing their anxiety around mealtimes and starting to take pleasure from them. A year later the person is eating and drinking well, reversing their weight decline and enjoying meals with others in the dining room.
- Care plans highlighted individual needs and preferences and included very detailed person-centred information. People, their relatives and visiting professionals told us that staff knew people very well and provided individualised support. People told us they could express preferences on when and how they received care, staff ensured these preferences were met.

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

- The registered manager and staff went the extra mile in ensuring people maintained relationships with their families and friends, avoiding social isolation. People were provided with and encouraged to become involved in a wide range of traditional activities and new activities to promote their enjoyment and

wellbeing.

- For example, one person who was bed bound for some time and had been advised by health professionals to maintain bed rest, had expressed a strong wish to spend time in the communal lounge with other people. The registered manager although aware of the importance of following medical advice, understood the wishes of the person not to become socially isolated and did not dismiss these. They worked very closely with healthcare professionals to explore all and any possibilities to safely facilitate the person spending time in the lounge. Following consultation and problem solving, they found a way to safely transfer the person, using the right equipment, to a specialist chair, to enable them to spend time with their friends.
- People were supported to maintain contact with friends and family, even if they did not live nearby. One person told us the service had arranged installation of a phone and broadband router. They told us, "I keep in touch with my son on the phone, but if he's abroad I use my tablet and can talk to him on that."
- People told us they enjoyed the activities that were on offer and did not get bored living at Nightingale Lodge. One person said, "There's always something going on and if you want to do something special, they'll do their best to make it happen. There are games to play, we do crafts and singing and sometimes we go out. I go out shopping or for a meal, I don't get bored."
- On the day of our inspection we saw people enjoying a 'Fitness bingo' session led by an external instructor. This innovative approach encouraged people to maintain their mobility and physical health, as well as cognitive wellbeing. We saw people engage enthusiastically, with lots of laughter and banter.

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care. People were supported to remain at the service at the end of their life, in familiar surroundings, supported by staff who knew them well.
- The service was accredited with the Six Steps end of life care pathway. This meant that staff had been trained in best practice methods of providing end of life care. Their skills and knowledge were assessed as part of this accreditation to ensure they met the required standards.
- Staff told us that although providing support to people at the end of their lives was difficult, they felt they had the skills, competence and confidence to do this well. Staff told us that they considered providing this care as a privilege and demonstrated a passionate desire to get this right when recalling to us how they supported people.
- Staff felt very well supported by the management team after providing intense care to people who were dying or had suffered a sudden collapse resulting in a person's death. One staff member told us that the registered manager had immediately sought to support them following an emergency resulting in a person passing away. This was done through a sympathetic, compassionate debriefing and reflection of the incident. The staff member told us that this gave them the confidence to provide the best support possible if such an incident occurred again.
- The management team and staff provided on going sympathetic care to families of people who had passed away. We saw several letters and cards sent to them from relatives and friends of people who had passed away thanking them for the care, compassion and support. The registered manager told us that when a person passed away, staff took great care to ensure the person looked well presented. They also placed a white rose on the person, this brought comfort to family members who visited the person's body after they had passed away.

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 files contained communication assessments, which detailed people's needs, any difficulties they may have and how best to communicate with them.
- Information was available in a range of formats should people require these, including information from the provider.

Improving care quality in response to complaints or concerns

- There was a robust complaints policy and procedure in a format suitable for people to read and understand. This was given to people as part of a service user guide.
- People and relatives were encouraged to raise any issues or concerns so they could be sorted out straight away. The management and staff teams communicated with people, relatives and staff regularly on an individual basis to ensure no issues were missed. One person told us, "I think I could talk to anyone, but I'd probably speak to the manager or senior member of staff. I am confident they would listen."
- We observed during our inspection the registered and regional managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have. When managers spoke to people, they enquired as to whether their care and support was being provided to their satisfaction, or if anything needed to be better or different. This contributed to the services approach of ensuring people were regularly consulted about their care and treatment.
- The registered manager took complaints and concerns seriously and would use it as an opportunity to capture any trends and improve the service. Staff were aware of the procedure to follow should anyone raise a concern with them. People and their relatives knew who to talk to if they had concerns. The concerns log showed all issues raised were investigated, actions taken were indicated and outcomes recorded.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-organised and there was a clear staffing structure. Staff understood their roles and responsibilities and had confidence in the management team. There was good communication maintained between the management team and staff, staff told us they enjoyed strong team work and good morale.
- The registered manager was clear about their functions and responsibilities to ensure good quality care. There were systems in place to monitor standards and address shortfalls. In addition to formal audits the registered manager, and providers senior managers, spent time with people seeking their views and observing care practices.
- Accidents and incidents were used as an opportunity for learning and improving.

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

- The registered manager had created a positive culture at the service with a clear person-centred focus that had benefitted people. They were clear in their expectations of staff at the service and was respected by them as a competent and experienced leader. The registered manager described care as their "passion". They had worked at the service since it opened over 20 years ago and took great pride in the support it gave to people and its place in the local community.
- Staff told us they felt listened to and the registered manager was approachable, supportive and very visible. Staff were motivated and worked as a team to deliver high standards. Team meetings were held, and the minutes showed staff discussed people's needs.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager and staff were clear of their requirements to notify the relevant bodies as and when they were required to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their relatives told us they were encouraged to comment on the care delivered to them. Residents meetings took place regularly and people told us these meetings were useful. People also told us they could speak with staff if there was anything they wished to discuss or change.
- People and their relatives had completed a survey of their views and the feedback had been used to

continuously improve the service. A relative told us, "They encourage us to provide feedback and do questionnaires, and if somethings suggested, they act on it if they can."

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.