

WCS Care Group Limited

Dewar Close

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Dewar Close 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. Dewar Close accommodates up to 43 people across three separate households, each of which have separate adapted facilities.

What life is like for people using this service:

The management team and staff were exceptional in placing people at the heart of their service and home. There was a clear culture that staff and managers looked at how the home could be continuously improved. The provider and registered manager ensured their service was delivered according to their values. The home had a strong person centred and local community-based ethos.

The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated within the care home.

Respect and dignity were cornerstones of the values upheld by the staff and role modelled by the management team.

Staff and the service's management told us how important the services' shared values were to them, and how they were passionate about providing outstanding person-centred care to people when they needed it. Innovative approaches such as assisted access to electronic records and feedback tools, provided people and their relatives options in shaping a personalised service, make decisions.

The registered manager went the extra mile to ensure people's lives were enriched and worked in collaboration with leaders in dementia care, to ensure people received care that met their long-term needs. People and their relatives were involved in choosing their care and support, from pre-admission to living in the home.

People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a dedicated registered manager who led the staff team to provide the best care they could. Staff were safely recruited, well trained and supported with personalised training programmes and 24 hour back up. Staff were aware of how to report any concerns about neglect or abuse and were confident they would be addressed. They felt they were listened to and were part of an organisation that cared for them and their wellbeing, as well as the people they were supporting.

Regular audits were carried out; people were asked their views in person and via questionnaires and changes were quickly made if issues were identified. The service learned from incidents, concerns or accidents to help prevent a recurrence.

People were supported safely, and risks regarding their care were assessed and met. Where this was a part of their care, people's medicines were administered safely and in accordance with the prescribing instructions.

The service was led by a registered manager and management team that were committed to improving people's lives.

Rating at last inspection: The last comprehensive inspection report for Dewar Close was published in June

2016 and we gave an overall rating of Outstanding. At this inspection we found the service continued to be Outstanding in Responsive and Well Led.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally Well Led.

Details are in our Well Led findings below.

Dewar Close

Detailed findings

Background to this inspection

The 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 checked 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.

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 used this type of care service. Our expert by experience had personal experience of caring for older people living with dementia.

Service and service type:

Dewar Close is a care home. People in care homes receive accommodation and personal care. 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 (CQC). 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:

The initial inspection visit took place on 21 May 2019 and was unannounced. The inspector returned to the home on the 24 May 2019 to continue speaking with people and staff.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection visit we spoke with eight people using the service and one person's relative. Some people living at the home had a diagnosis of dementia and were unable to give us their feedback about the service. We therefore spent time with people to see how staff supported and interacted with them. We also spoke with two care staff, a domestic assistant, the registered manager, a service manager, a care co-ordinator and the provider's quality assurance director.

We reviewed a range of records, including four people's care records and medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the area manager's records of their visits to the service; when checks were made on the quality of care provided.

We also reviewed additional information the registered manager sent us at our request, which were examples of events and initiatives that had taken place at the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management:

- People told us they were safe at the home. One person said, "Yes it's very safe, I'm secure and quite happy here."
- Risks to people were assessed and mitigation plans reduced any risks posed to people. For people who were at risk of developing sore skin, equipment such as special cushions and mattresses were in place, and information was accessible to staff on how they should use this specialist equipment.
- Staff understood the importance of repositioning people at risk of developing sore skin and recording any sore or red skin on 'body maps'. The service was part of the 'React to Red' scheme which provided training to staff to promote healthy skin. The registered manager monitored people's skin integrity to ensure people received skin care that met their needs.
- Some people living with dementia had been identified as being at risk of anxiety. Staff took this into account when supporting people and monitored their anxiety levels through regular checks, recording mood states, and monitoring the impact of stimulation, exercise and activities on people's moods.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment was maintained and there was a fire alarm system that was fit for purpose.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, to drive forward best practice.
- Staff who administered medicines reported any errors they made, and these were investigated, so further training and learning reduced the risks of reoccurrence.

Staffing and recruitment

- People, relatives and staff told us there were sufficient staff to keep people safe, although some people said they would prefer more staff at busy times to be available in the communal areas of the home.
- Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people.
- A dependency tool was used by the registered manager to calculate the number of staff required based on people's individual needs.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told

us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

Preventing and controlling infection:

- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff understood the importance of using gloves and aprons to reduce risks of cross contamination. Around the home there were hand sanitizers for everyone to use to reduce the risk of infection.
- We found some areas of the home however could have been cleaner. The registered manager told us, "We do have existing plans to decorate and refurbish some areas of the home." In the mean-time cleaning schedules and routines were being reviewed to improve the cleanliness of the home at weekends and in communal areas, which had been picked up by the registered manager before our inspection visit. The aim was to continue to maintain a level of homeliness whilst ensuring cleaning schedules were enhanced.

Using medicines safely

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.

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.

Good: The effectiveness of people's care, treatment and supported good outcomes for people. Legal regulations were met.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills they needed to effectively support them.
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff were supported through one to one and team meetings. All staff told us they felt supported by the registered manager.
- Staff were encouraged to develop their knowledge and supported to complete national vocational qualifications in health and social care.
- The provider maintained a record of staff training to identify when staff needed to refresh their skills.

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. Any decisions made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA applications procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the management team and staff were working within the Act.
- Care staff understood the importance of gaining people's consent and explaining what was happening. One person told us, "If I say no, staff respect this. They are very good."
- People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals. Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.

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

- Prior to people moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure

they protected the equality and diversity rights of people and staff.

Supporting people to eat and drink enough with choice in a balanced diet

- People were given choices about what they ate and drank. People were offered a range of visual choices at mealtimes, to ensure food met their support needs and preferences.
- Most people told us they enjoyed the food on offer to them. One person said, "It's lovely food and a lovely place to be at. You can have as much food as you want." Another person said, "The food is brilliant. I don't know what's wrong with me, I never used to eat but I eat it all here and ask for seconds. I have soup for breakfast; they bring it because I enjoy it."
- People's dietary preferences were met and respected by staff. For example, where people were on a soft diet, pureed diet, or were vegetarian, different food options were available. Where people did not like the food on the daily menu, alternative meals were prepared at their request.
- Staff and the registered manager monitored people's weight, and action was taken when people needed extra calories because of unplanned weight loss. The registered manager recognised the need to encourage people to eat and drink enough to maintain their health.
- Where people needed assistance from staff to eat their meal, staff were patient and supported people at their own pace. A relative told us about the staff approach at mealtimes saying, "You can see they [staff] are lovely, you can't fault it. [Name] was being given help and you could see staff were taking their time."
- Those people who required their food and fluid intake to be monitored to ensure nutrition levels were maintained, had food and fluid charts in place. The charts were monitored to ensure people received the correct levels of nutrition to maintain their health.

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

- The service was purpose built with a design and décor that met the needs of people living with dementia. Suitable signage, such as for toilets, helped people find their way about. People had individually decorated bedroom doors with photos or objects important to them to help them identify their bedroom.
- The provider ensured people could use technology to support them in communicating with staff, friends and relatives, providing internet access throughout the home.

Staff working with other agencies to provide consistent, effective, timely support;

Supporting people to live healthier lives, access healthcare services and support

- Staff communicated effectively with each other and shared information through the electronic care records and during handover meetings. This meant staff knew what was happening in people's lives and when changes had occurred that might affect their support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check if people were anxious, felt well, or needed help with their daily tasks or plans.
- People saw their doctor, dentist and other health professionals when needed to maintain their health. One person told us, "If you're not well they send for a doctor straight away." Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health. One person told us, "I've got to learn to walk, that's why I use that walking frame. The staff stand by me in case I fall or in case I want to rest, they are pretty good."

Is the service caring?

Our findings

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

Good: People were well-supported, cared for or treated with dignity and respect. Legal regulations were met.

Ensuring people are well treated and supported; equality and diversity

- Staff communicated with people in a warm and friendly manner. One person said, "The night carers are very good." Another person said, "The staff treat me very well, they are kind and helpful." Peoples' responses indicated they were well treated and enjoyed the company of staff and each other.
- The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, by respecting people's spiritual needs or choices and the gender of the staff member providing their personal care. Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to caring for people.
- Care records provided information about people's lifestyle choices, such as their religious beliefs and their sexual orientation. These personal preferences offered people an opportunity to engage in cultural or religious activities and maintain their sense of individuality and identity.
- The provider researched best practice techniques in how to support people living with dementia to maintain their identity and sexuality. They also encouraged married couples to maintain their relationships and live together at Dewar Close.

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

- People were involved in decisions about their care. Comments included; "They [staff] don't rush you to go to bed. I go to bed when I'm ready."
- Most people could communicate their wishes verbally. Where required, information was available in a range of formats. This meant people could be involved, as much as possible, in making decisions about their care and treatment.
- People felt confident to express their views about the care they received. One person had been allocated bedroom 13 which made them uncomfortable as they felt it was unlucky. Staff recognised the person needed to make a change and had arranged for the room number to be altered.
- People had regular reviews to discuss their health and support needs, and to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- There was an attitude of respect and inclusion within the culture of the home. For example, when new people moved to Dewar Close, they were encouraged to feel welcomed and were greeted by staff on their arrival. People were offered the support of a keyworker to ensure their personal needs and wishes were

considered.

- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. For example, we saw one person liked to be involved in clearing up after breakfast and in cleaning the communal area. Staff encouraged the person to help out and told them they valued their support.
- The provider ensured the premises protected people's privacy, by covering windows and glass doors with privacy screens where other people could see into their room from gardens and public areas.
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Since our previous inspection, the provider had continued to introduce new responsive and innovative technologies and tools, to enhance and personalise people's care. This included new planning systems and analytical tools, a wider range of personal activities and increased facilities to make their service what people wished.

- The provider had invested in delivering exceptional care and recently developed and funded a community centre within the grounds of the home called 'Buddies' because a local community centre had closed and people told them they missed the social interaction. The centre incorporated a café, table tennis, art studio and quiet garden area. Community groups, community café sessions, friends and family used the space to offer people a chance to develop closer and new social relationships and go outside the home. One person commented, "I've really enjoyed creating outdoor space filled with plants, bird feeders and somewhere to sit in the fresh air with friends and family." Another person had expressed an interest in painting and the provider had set up an artist's studio for them to use.

- Updated electronic tools and IT equipment enhanced the provider's ability to monitor what people enjoyed doing, by recording data about what social events people enjoyed, their mood states around times of the day, and provided the management team with how people could truly be supported in an individual way.

- Where people had individual requirements, such as an interest in religion or cultural beliefs the provider encouraged people to maintain their identity. Staff supported one person each morning, to read the 'Lord's prayer', and a local Chaplain and staff supported them to read their bible daily, offering spiritual support.

- From the data and dementia studies, the provider recognised some people did not thrive in large social groups, and so had created 'mini' lounge areas and quiet spaces. These were designed to reduce levels of anxiety experienced by people. These smaller areas encouraged people to go outside their room and engage socially reducing people's social isolation, which dementia studies show improved people's lives.

- The provider was proactive in considering ways of reducing people's anxieties. For example, pet therapy dogs regularly visited the home and spent time with people who enjoyed dogs which promoted calmness. One person had a history of showing signs of anxiety and stress, but staff knew they loved dogs. Staff showed them videos and pictures of dogs and discussed dogs with them. From the person being distressed almost every day, in March this figure had reduced to just five times during the month. In addition, medicine intervention for the person had reduced from up to 10 times a month to just once in June 2019.

- People were supported to take an active interest in the life of the home. The provider had chickens and small animals around the home as pets to offer people comfort. One person who was keen on chickens had moved their room to be closer to them in the garden, and assisted staff to take care of them.

- Trained lifestyle coaches worked seven days per week encouraging and supporting people to take part in fun exercise sessions as a group and in individual one-to-one sessions. The group exercise sessions involved moving to music, playing with 'poms-poms' and dancing, which provoked smiles and laughter. Exercises

were designed to encourage people to improve their strength, muscles and mobility which reduced falls at the home and kept people active for longer. One person reported their mobility had improved and they had more movement in their joints since joining in the exercises.

- Lifestyle coaches organised trips based on people's preferences using the home's minibus. One person told us about the recent trips they had enjoyed, "We went to the farm, a car museum, an aeroplane museum and shopping. We also went to Coventry Cathedral. It was good time out."
- The provider offered people individual support and pastoral care, through volunteers. The 'gift of years' service offered people visits from volunteer chaplains. The volunteers became a listener and friend to individuals they supported with activities and hobbies.
- Staff consistently reflected the values of the service, they made time to sit and socialise with people and demonstrated an extremely positive attitude which enhanced people's mood and enjoyment. One person said, "If you wanted staff to do anything they would do it."
- The provider recognised the importance of people having time in the fresh air and opportunities for daily exercise, to improve their health and feelings of wellbeing. The provider had installed an outside cycle track and tandem bicycle to encourage people to exercise and be outdoors, improving mobility and wellbeing.
- The secure gardens had raised beds for planting, bird feeders, colourful and fragrant plants and flowers, and outside meeting areas. One person who enjoyed the garden told us staff took them outside regularly.
- The provider promoted local community events, such as the 'Rugby in Bloom' competition, across all their homes. Each of their homes competed. The registered manager told us, "The competition encourages people to spend time outdoors, which we know from studies improves people's wellbeing."
- The registered manager increased the home's ties to local community groups to enhance people's everyday lives. For example, an arrangement with a local Nursery meant children visited the home reading, singing, and playing games. A staff member told us, "Interaction with the children promotes a sense of purpose as they can pass on knowledge to the youngsters."
- We heard about one person who enjoyed classic cars. To celebrate the person's birthday, the provider arranged for the owner of a classic car which was the same model as the person had owned to visit the home. Pictures showed their enjoyment of the day.
- The provider invested in new innovative technologies, such as electronic care records, which they had introduced in 2018. Staff had immediate access to all the information they needed about each person. The system had improved efficiency as staff could update people's records as they supported them. When actions were required reminders were sent to staff minimising the risk of tasks being forgotten.
- All the information staff entered was instantly available to the duty manager, people and their relatives if they wished. As people's needs changed, their care plans were updated to respond to any changes.

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.
- Where people had specific disabilities that affected their communication, the provider used a range of accessible communication techniques including picture cards, graphic images, white boards, foreign language formats, magnifiers and electronic devices.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns or complaints with staff and the management team if they needed to. One person told us, "If I wasn't happy in this place I would move and if I wasn't happy with the treatment I would soon tell the manager."
- The registered manager logged all issues raised, not just formal written complaints, to improve their responsiveness and learning from people's feedback at the home. There was a 'suggestions box' and regular

meetings for people and their representatives or relatives to make sure their views about how the service was run were known.

- The registered manager responded quickly to minimise people's anxiety and stress levels. For example, one person complained they did not like the food and the registered manager and chef met with the person straight away. They dealt with the issue immediately by offering the person an alternative and then met with the person later to look at longer term food options they might prefer.
- Where learning was acquired through feedback, the registered manager shared this across the staff group and the provider's group of homes to encourage learning. The manager also intended to develop their complaints systems to incorporate people or relatives' views on how complaints should be managed.

End of life care and support

- The provider offered people a home for life. People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to remain at the service, in familiar surroundings and supported by staff who knew them well.
- The provider utilised lifestyle coaches to encourage people to share their 'bucket list' of wishes. Lifestyle coaches led sessions to raise awareness of end of life care, during May and 'Dying Matters' week, a national initiative to increase people's understanding and awareness of how they could achieve their wishes by advance planning.
- All staff had received training in how to support people and their family members with end of life care arrangements and grief. For example, one person without close relations had been supported by care staff offering individual support, staying with them during critical emotional times. Comments from relatives and family members regarding the care their relation received included; "Staff always managed to get [Name] to smile, thank you for your real kindness. You are all stars."
- Volunteers from a local Chaplain service worked with the registered manager to identify people, families and staff who may need support with grief and loss as well as pastoral care.
- The registered manager worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end, surrounded by their friends and family. Areas where family members could stay at the home to support their relatives had been created, so people and their families could be supported at this difficult time. One family member commented, "It was very special to be able to be with [Name] and you all made things a little easier."

Is the service well-led?

Our findings

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

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

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

- The service was led by a dedicated, experienced and strongly motivated registered manager, who with the provider's support strived to improve an already outstanding service. The service had maintained the levels of care and service they offered over the previous three years and added additional improvements.
- Since our previous inspection a range of innovations and technologies had been implemented to continuously develop the service. These included electronic care records which gave people the opportunity to track and monitor their own care outcomes, additional support at management levels seven days per week ; staff development initiatives to improve staff skills, the introduction of further daily 'lifestyle' activities including the development of outside garden areas and the on-site community centre.
- The provider supported the registered manager to work innovatively, with right levels of staffing, resources and funding to provide learning opportunities and emphasis on continuous improvement. Information in the PIR which the management team confirmed, showed the non-profit organisation fed back profits into their services through continuous re-investment.
- The staff team embraced the registered manager's passion and provider's vision to ensure people's lives were enriched and meaningful. For example, staff members took part in additional fundraising activities as they wished. Such activities had funded the purchase of equipment, games and development of garden areas. People at the home sponsored such events and decided how the money was spent with care staff.
- People, relatives and staff told us managers had an 'open door' and were always available and 'very approachable'. We saw people did not hesitate to approach the registered manager and duty manager during our visit.
- The provider invested in providing management support seven days per week. There was a daily 'duty manager' and their name displayed, on site between 8am and 10pm so visitors knew who to ask for if they had any concerns.

•People and relatives told us, "The registered manager is excellent", "I wouldn't wish for anything more", and "Nobody cuts corners, what else do you want?" One relative described the home as being, "Really organised and calm with a lovely atmosphere."

•Staff told us they enjoyed working at the home, comments included, "Any problems are dealt with straight away by our brilliant manager", "We are really happy here", and "It feels like home." Figures showed an improved staff turnover rate of around half the national average, which benefited people by having consistent and experienced staff.

•The provider's vision and values were imaginative and person-centred, putting people at the heart of the service. The PIR confirmed the Chief Executive had personally delivered training sessions to managers and staff about their vision, values and philosophy of 'making every day a day well lived'. The Chief Executive and

managers discussed the provider's values in regular team meetings, to remind staff of the importance of making every day count. Staff understood the provider empowered them to ensure people were supported to achieve their day-to-day hopes and ambitions through staffing levels and empowering staff to spend their time with people.

- The provider invested in their staff offering them awards for achievements, a career pathway, recognised qualifications and through bonus schemes. This increased staff retention and in turn benefited people by having consistent and highly trained and motivated staff.

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

- The provider promoted an open culture. People, relatives and staff, were encouraged and supported to make suggestions for improvements through regular meetings, surveys, and a 'suggestion box'. For example, following feedback the provider had arranged for a mobile shop to visit the home, improving people's access to goods and services.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Working in partnership with others:

- The whole staff team had a detailed understanding of their roles and responsibilities toward people living in the home and embraced further learning so people received the best care and support possible.
- Staff were encouraged to learn and develop. They told us their training was always planned in advance, was factored into the rota as 'paid time' and they could ask for refresher training when they needed it.
- The provider followed guidance from specialists in the field of residential care, such as the Social Care Institute of Excellence. The provider had adopted recognised tools and methods to ensure people received care in accordance with the latest best practice.
- The provider's emphasis was on continually striving to improve by implementing innovative systems and practices. As part of their research into dementia care, the provider participated in studies with universities to find the best outcomes for people. Results of studies are shared with participants and will inform the development of best practice guidance and how new technologies can reduce falls and anxiety levels.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, the registered manager had gathered information from dementia care specialists, such as the Alzheimer's Society on how to engage and stimulate people with memory loss. High levels of social and staff engagement was clearly beneficial; people smiled, were cheerful and enjoyed everyday life at the home.

Continuous learning and improving care:

- The provider facilitated 'registered manager' meetings which ensured opportunities were offered to managers to share their practices and learn from one another. The registered manager told us, "Sharing can give me fresh ideas for this home, and something that is going really well here, I can share."
- The registered manager attended local management groups, internal and externally organised registered managers meetings, and took part in training and development to drive continuous improvement.
- The registered manager was supported by a regional operations director. The regional operations director undertook unannounced visits and checks on audits completed, to ensure compliance with regulations.
- The registered manager delivered monthly reports to the provider, so they could be assured that care was delivered and monitored consistently across the group of homes. The provider produced monthly statistics for a range of indicators, which enabled managers to compare their performance and learn from other homes. For example, the results of pilot programmes such as acoustic monitoring, and how this improved people's outcomes at night gave managers an opportunity to discuss whether this would suit people at Dewar Court.
- Information sent to CQC prior to our inspection visit showed an awareness of how the service could be improved further, which resulted in an improvement cycle including updates to the décor in the home.

- All the staff team were involved in monitoring the quality of the service through regular audit checks of their own performance. Managers encouraged staff to notice and report any areas where improvement might be necessary. For example, in a recent night team meeting staff had identified noisily closing doors may wake people. This was added to the maintenance plan immediately and action taken to rectify noise levels.
- Medicines errors, accidents and incidents were analysed to identify possible causes and actions that might reduce the risk of them reoccurring. When issues arose at any of the homes in their group, the provider investigated the issue and applied their learning across all their homes. For example, following a recent fall at another home learning from the incident had been shared at Dewar Close to improve people's outcomes.
- From recent learning across the group the provider had established a new quality monitoring and improvement plan. New quality improvement models focussed on areas where previous auditing had been less robust, to ensure the highest quality of care. The new system involved the random checking of electronic care records to enhance systems and outcomes for people.
- Learning from a recent safeguarding incident at another home had been the catalyst for the provider to form a quarterly safeguarding committee, to build on the ethos that 'safeguarding is everyone's business'. Managers discussed how improvements could be made following any safeguarding concerns, to keep people safe. Information about lessons learnt were cascaded to staff teams.