WCS Care Group Limited

Drovers House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Outstanding**

Overall summary

We inspected this service on 26 and 27 February 2015. The inspection was unannounced. This was the first inspection since the service registered in September 2013.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provides accommodation and personal care for up to 75 older people who may have a physical disability, dementia or sensory impairment. On the day of our inspection, fifty-seven people were living at the home, in five individual households. One household was not occupied.

There were policies and procedures in place to minimise risks to people's safety. Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. The registered manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff until they knew people well.

Summary of findings

There were enough staff on duty to meet people's physical and social needs. Staff had enough time to make sure people felt important.

The provider checked staff's suitability to deliver personal care during the recruitment process. Staff's attitudes and behaviours were tested at recruitment to make sure people were treated with kindness and compassion.

The premises were well maintained and regularly checked to ensure risks to people's safety were minimised People's medicines were managed, stored and administered safely.

Staff received training and support that ensured people's needs were met effectively. Staff were valued for their individual skills and abilities. Senior care staff observed staff's practice by working with them in delivering care and support. Staff were encouraged to reflect on their practice and to develop skills and knowledge, which improved people's experience of care.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was subject to a DoLS at the time of our inspection. For people who were assessed as not having capacity, records showed that their advocates or families and other health professionals were involved in making decisions in their best interests.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs and staff understood the importance of helping people to maintain a balanced diet.

Staff were attentive to people's appetites, moods and behaviour and understood when to implement different strategies to minimise people's anxiety. Staff ensured people obtained advice and support from other health professionals when their health needs changed.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and care plans were regularly reviewed. Innovative thinking by the provider had created a physical environment, which supported people's independence and sense of community.

The provider's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

People who lived at the home, their relatives and other health professionals were encouraged to share their opinions about the quality of the service. The provider and registered manager took account of others' opinions to make sure planned improvements focussed on people's experience.

The provider had researched and reflected on how international exemplar services provided care and designed the home on current best practice principles. The provider had implemented innovative technologies to minimise medicine errors and obtain prompt health care advice. People could access a virtual health advice service, which reduced the time it took to relieve any anxiety about their health.

The provider's philosophy, vision and values were understood and shared across the staff team and resulted in a culture which ensured people were supported maintain their purpose and pleasure in life.

Summary of findings

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. Staff understood their responsibilities to protect people from the risk of abuse and were confident the registered manager would respond appropriately. Risks to people's individual health and wellbeing were minimised. Duty managers worked an extended day, enabling staff to focus on supporting people's needs. Staff's skills, qualifications, attitudes and behaviours were checked before they started working at the home. Staff followed the provider's policies and procedures to minimise risks to people's safety in relation to the premises and medicines.

Is the service effective?

Good

The service was effective. Staff had relevant training, skills, support and leadership to make sure people received the care and support they needed. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support. People's preferences, allergies, nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to other healthcare services promptly when their health needs changed.

Is the service caring?

Good

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. Staff were kind and compassionate towards people. Staff respected people's privacy and dignity and encouraged them to maintain their independence, because they understood care from the person's perspective.

Is the service responsive?

Good

The service was responsive. People and their families were involved in planning how they were cared for and supported and their preferences, likes and dislikes were understood by the staff. Staff supported and encouraged people to maintain their interests and friendships and participate in new experiences. Comments people made were logged and acted on, as if they were formal complaints, to ensure the service responded to people's views.

Is the service well-led?

Outstanding

The service was well led. The provider's philosophy, vision and values were shared by all the staff, which resulted in a culture that valued people's individual experiences and abilities. The provider worked with other organisations and implemented innovative technologies to improve people's experience and the quality of the service. People, their relatives and other health professionals were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

Drovers House

Detailed findings

Background to this inspection

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

The inspection took place on 26 and 27 February 2015 and was unannounced. The inspection was undertaken by 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 residential care service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with nine people who lived at the home and four relatives. We spoke with the registered manager, two care managers, and six care staff. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager, care managers, a director and a trustee made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. People said, "I feel very safe here. I have never seen anything that worries me" and, "My carer is brilliant, makes me feel very safe." Relatives we spoke with were confident that the registered manager and staff kept people safe from harm. We saw that people were relaxed with staff and spoke confidently with them, which showed people trusted the staff.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. All staff attended safeguarding training and learnt about the provider's whistleblowing policy. Care staff told us they felt encouraged by the whistleblowing policy to raise any concerns. A member of care staff told us, "I have no concerns about staff or abuse, and if I saw staff being short tempered or rough I would speak to the care manager." Records showed that the registered manager understood their responsibility to refer any allegations of abuse to the local safeguarding team.

In the four care plans we looked at, we saw the registered manager assessed risks to people's health and wellbeing. Where risks were identified, people's care plans described how staff should minimise the identified risks. All the care staff we spoke with understood and explained the actions they took to minimise risks to individuals by name. Care staff told us, for example, "[Name] doesn't use the buzzer, so I pop in every half an hour or so to check them and offer a drink."

We saw that staff recorded incidents, accidents and falls in people's daily records and the handover book. For example, when one person had fallen, staff had recorded, "[Name] not to be left unattended as fell unwitnessed during this shift'. The care manager checked that senior carers reviewed people's risk assessments at their monthly care plan reviews. This ensured that accidents, incidents and falls were analysed and any necessary changes to minimise the risks of a re-occurrence were included in the person's updated care plan.

All the people we spoke with told us there were always enough staff available. They told us, "When I use my call bell they come quickly" and, "My carer never changes. She is ever so good." Relatives told us they almost always saw the same staff team on duty. On the day of our inspection, we saw there were enough staff to support everyone with their needs.

Care staff we spoke with told us there were enough staff for them to spend time with people and get to know them well. A member of care staff told us, "The care manager scores people's levels of dependency, which drives the number of staff." We found that the staff rota included an additional member of care staff on each floor all day. The flexi staff worked across two households dependent on people's individual needs. Care staff told us, "I always have enough time" and, "I do have enough time, to read, check and do all I need to do before the shift ends."

A member of care staff told us the provider checked their suitability to deliver care to people before they started working at the home. We saw electronic records which showed the provider checked staff's identity. The provider checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. This showed that staff were recruited safely, which minimised risks to people's safety.

The provider had assessed risks to the premises and took action to minimise the identified risks. Records showed that the provider's health and safety officer regularly checked the premises and made recommendations, which the registered manager actioned. For example, towel hooks on bathroom doors had been replaced with rounded ends, to minimise the risk of injuries to people. The registered manager told us about further work that had been agreed, following an external specialist's fire safety check and we saw staff receiving fire appliance training during our inspection.

People we spoke with told us they had their medicines when they needed them. People told us, "I get my tablets regularly" and, "I have medicines twice a day. Staff sit while I take it." A care manager showed us how they managed medicines. We saw medicines were kept safely in locked cupboards in each person's room. Medicines were delivered from the pharmacy in 'bio dose' pots, which were marked with the name of the person, and the time of day they should be administered. Staff kept a record of how

Good

Is the service safe?

much medicine was administered, to make sure medicines were always available when people needed them. This process minimised risks associated with medicines management.

The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. Records showed that care managers regularly checked that medicines were stored, administered and disposed of safely. Care staff told us only trained staff administered medicines. A member of care staff showed us in the handover book that everyone understood their responsibilities for medicines administration, because a named member of staff was allocated to this for each shift. A member of staff told us, "We check previous staff has signed the MAR sheet. If a medicine is missed the GP is informed and an investigation takes place. It never gets as far as two meds missed."

The care manager showed us how they were trialling an electronic recording system for medicines. Staff used a scanning device on the bio dose pot labels to record whether medicines were administered, declined or not required. The care manager told us the new system would reduce the risk of errors in medication administration.

Good

Is the service effective?

Our findings

All the people we spoke with told us staff were very good and supported them according to their needs and abilities. One person told us, "The staff support me. I can't fault them." A relative told us, "The staff are friendly and caring. They are really good." We saw staff knew people well and supported them appropriately with their physical and social needs.

We found people received care from staff who had the skills and knowledge to meet their needs effectively. A member of care staff told us they had an induction programme which gave them confidence in their role. They told us, "I had an induction to the house, policies and procedures, accident and incident forms and read care plans, to get to know people's backgrounds. I shadowed for three shifts and had training." All the staff we spoke with told us they received training that enabled them to meet people's needs effectively. A member of care staff told us, "We had to role play in our moving and handling. I had to go in the hoist, be rolled and go on a slide sheet. I understand how it feels to be powerless."

The provider had appointed a dementia champion, that is, a member of staff who was given the confidence and freedom to improve day-to-day practice and support colleagues in providing person-centred care. All staff had signed up to a dementia care pledge, which included understanding how a person who lives with dementia perceives the world around them. Care staff we spoke with told us their training gave them confidence, because they understood people's behaviour and needs. We saw staff holding hands with one person as they walked through the room and we heard staff speak reassuringly to the person, which reduced their anxiety.

The provider's rolling programme of training ensured that training sessions were always available and included evening training sessions, which meant night staff could attend within their normal hours of work. Staff told us they had regular one-to-one supervision meetings and appraisals with their line manager. Staff told us they felt supported and were encouraged to consider their own professional development. A member of care staff told us, "They are all approachable and give advice. I get answers."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Care staff we spoke with understood the requirements of the MCA. We saw staff asked people how they wanted to be cared for and supported before they acted. We saw that staff respected and supported people's right to balance risks with maintaining their independence.

The registered manager ensured that people or their representatives consented to care and support. Two people, whose care plans we looked at, had signed their own consent to care and support. For one person who was assessed as not having capacity, we saw their advocate had signed to say they consented to care and support. In another care plan, we saw the person's closest relative had been involved in the decision for the service to provide their care and support.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act. No one was deprived of their liberty or was subject to a DoLS at the time of our inspection. The registered manager told us a best interest meeting was arranged for one person who used the service. The person and their partner, the registered manager and a senior manager planned to meet to discuss and agree actions to keep the person safe. The registered manager told us they would need to apply for a DoLS if the proposed actions were accepted.

All the people we spoke with told us the food was very good and they always had a choice. One person said, "The food is marvellous. It's always hot. They (staff) come round the night before and go through the menu for breakfast, lunch and tea." The registered manager told us menus were based on a nutritional analysis, adjusted each season and there was a choice every day. Care staff explained how they made sure food was served safely. The individual household kitchens we saw were clean and well organised. Care managers checked that staff recorded fridge and food temperatures every day and completed daily and weekly kitchen cleaning tasks.

At lunchtime we saw food was presented to look appetising. One person did not want either of the meals on the menu, but staff brought them a different meal, in accordance with their preference at the time. One person told us, "Sometimes I don't want it and they make me something else." A member of care staff showed us the list

Good

Is the service effective?

of people's choices was sent to each household from the main kitchen with the hot trolley, to make sure people were offered the meal they had chosen. The member of care staff told us, "Sometimes people forget what they have asked for. But there are always alternatives." They told us the menus were shared in advance with relatives, which meant people's relatives could choose for them, if the person was unable to make their own decisions about meals.

Care staff sat and ate their lunch with people in the dining room so that the meal was a social event. We saw care staff encouraged or assisted people to eat and drink if they needed it. We saw a soft meal was prepared for one person who was at risk of choking, in accordance with the advice from the speech and language team. People ate at their own pace and no-one was hurried or kept waiting. The care plans we looked in included a list of people's food preferences, needs and allergies to ensure people were supported to maintain a diet that met their needs.

People we spoke with told us they were supported to maintain their health. One person told us, "My carer arranges my doctor. I was in pain and the carer said, 'you need to see a doctor' and she came the next day." Relatives we spoke with told us their relatives always saw other professionals when they needed to. One relative told us, "The doctor over the road comes it seems twice a week. The chiropodist comes about monthly, the dentist comes to do check-ups and the optician comes when they are due."

The provider was proactive in improving the effectiveness of accessing support from other health care professionals. A care manager showed us about a new health care support system they were trialling at the service. The system gave people access to live health care advice via the internet with voice and video, 24 hours a day, seven days a week. The system was portable, which meant people could speak with the health care professional independently and confidentially from the privacy of their own room. The care manager showed us that people had signed their consent to receive support from the remote health care advice service. The care manager told us, "It is a skype call with detachable camera, for identifying lumps, bumps, rashes and breathing. The health care professional triages and advises us whether to wait or send to send the person to hospital. It saves us calling 999 unnecessarily."

Staff kept a record of other professionals' visits and their advice, and shared information at handover. Care staff we spoke with knew who was currently under the care of the doctor, district nurse or dietician and the advice they had given, which meant they understood people's healthcare needs. Staff told us the doctor visited the home twice a week, which encouraged them to share any small concerns about people's health straight away.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. They told us the staff were kind and thoughtful. One person said, "There are some lovely staff. I'm spoilt here." A relative told us, "It's a lovely home. It felt good on arrival. The staff are lovely."

The care plans we looked at included a personal profile, entitled, 'This is me', as promoted by the Alzheimer's Society. The profile included a brief history for each person and details about their preferences, likes, dislikes and people who were important to them. We saw that people's relatives were encouraged to share their memories of their relation, so staff could get to know them better.

Staff understood people who were not able to communicate verbally and supported them with kindness and compassion.

We saw staff knew people well and understood their important relationships. We heard a member of care staff reminding one person that their relative had visited. Staff pointed at the present their relative had brought them, which brought a smile to the person's face and started a conversation of reminiscence. The member of care staff described the person's job, hobbies, achievements and family's names, constantly checking, "Is that right [Name]?" We saw this conversation reduced the person's anxiety, because the person's facial expression and body relaxed as the conversation progressed.

A member of care staff told us, "We tailor care plans. People need to have a good relationship. I always have time to check the care plan for details, like how much sugar. It's better to sort out the little details." People we spoke with told us staff knew them well and supported them to manage their daily lives according to their preferences. People said, "It's very nice here. I get a paper every day" and, "They look after us. It's like a café, the kettle is always on."

People we spoke with told us they were involved in deciding how they were cared for and supported. One person told us, "They sat me down when I first came here and went through everything with me." The registered manager told us that all staff understood that, "People are in control of their lives, we are guests in their home." Records we looked at showed that staff attended "Values and philosophy training during their induction, to ensure they understood and shared the ethos of the service. People told us staff listened to their opinions and respected their decisions. One person told us, "They had a meeting recently. They sent me a form which I filled out as I couldn't go to the meeting."

We saw the provider had followed expert advice about the use of signs, feel good colours, images and contrasts to remind and reassure people about what to expect when they moved around the home. Each of the six households had its own domestic scale kitchen in a central space, which felt homely and encouraged people to help themselves to drinks and snacks whenever they wanted them. All the relatives we spoke with told us they were welcome to visit at any time. One relative told us, "We can sit in a private space when we visit and we can visit when we like" and "My granddaughters come in after school and make tea and help themselves to biscuits."

People told us they felt they were 'in charge' of their lives. People told us about a themed evening entertainment they had enjoyed. One person told us, "You can spend time in the way you like. They don't push anything on to you. They take me to the shops when I want." The registered manager told us that when people moved to the home, "It's like us choosing a new home. It's a new life." We saw they provided people with 'change of address cards' to send to their friends and families, which encouraged them to feel in control and independent.

Everyone we spoke with told us the staff respected their privacy and dignity. One person told us, "They always knock on the door before they come in." A member of care staff told us, "We had to role play in our dignity and privacy training." The member of staff told us, "We protect people's privacy by closing the curtains, for example" and, "I wouldn't get changed with the curtains open." This showed staff understood how it felt to receive care and support and acted empathetically. We saw staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

Good

Is the service responsive?

Our findings

People told us they and their families had been asked about their needs and abilities before they moved into the home. One person told us, "The manager came to my house and asked what I needed, wanted and liked and what I am interested in." A relative we spoke with told us, "We did the care plan with the care manager. She came to my house."

Care staff we spoke with told us the care plans gave them valuable information about people's needs and abilities, particularly for people who could not express themselves verbally. A member of care staff told us, "When we help [Name] with personal care, we have one staff to lead and talk and one to support, so as not to confuse a person with dementia."

Monthly care plan reviews included a review of risks to people's health and wellbeing. A member of care staff told us, "We do monthly reviews, write any changes and review people's dependency scores." We saw that people's care plans were regularly reviewed and newly identified risks to their mobility, nutrition or skin condition resulted in appropriate changes to their care plans.

The provider's policy for equality, diversity and human rights included training for staff. We saw staff understood their responsibilities to treat people as individuals and according to their individual needs and abilities. People we spoke with told us staff knew about their preferences and they were supported and encouraged to maintain their interests. Individual people told us they went shopping, out for coffee and for walks around areas of the town that they liked with staff.

The registered manager told us about a recent initiative they had implemented to offer people a programme of new opportunities and challenges, that might be outside of their experience or expectations. They told us the programme was based on a principle of, "If you think it, you should risk assess and do it".

The registered manager had recruited two activity and exercise coordinators, who had attended an accredited training programme called Oomph, which meant 'Our organisation makes people happy'. The two staff were qualified to deliver Oomph exercise classes and an in depth programme of personalised activities. They actively encouraged people to celebrate birthdays and to join in a physical exercise classes. We saw people enjoyed the class and there was buzz of conversation across the home afterwards. A relative told us, "[Name] used to get a bit bored, but not now they have Oomph. There is always something on." People we spoke with told us they enjoyed the events, which showed the initiative was successful.

The provider encouraged the management team to research good practice and be innovative in providing care and support. The registered manager and a member of the executive team had visited an internationally recognised exemplar service, which had influenced the design of the premises, fixtures and facilities. Drovers House was purpose built as a self-contained community encompassing six separate domestic scale households, in the style of the exemplar service. This ensured it was a safe but innovative home environment that enabled people to feel part of a wider community.

We saw people could go to the home's shop and collect food stuffs and condiments they wanted to have in their household, free of charge. The provider's hairdressing salon had windows out onto the street, which gave people a sense of being part of the wider community. People made appointments at a time to suit themselves and were given appointment cards to remind them when to return. The communal areas included a bar, a cinema and a cosy, nostalgic sitting room, which was available to people and their visitors. One person told us, "I don't have hobbies, but I like going to the pictures downstairs."

The registered manager told us about a computer programme they had introduced at the home that was tailored for each person to use independently or with support from staff or relatives, according to their abilities. They told us this was part of their 'living well with dementia' programme. The computer included an interactive touch screen and 'My life software', which was set according to each individual's personal profile of preferences and skill level. For example, the programme knew the person's interests, hobbies, favourite film stars and made suggestions for films to watch or games they might like to play, based on their preferences. Care staff told us this resource was useful and gave people pleasure, because the software recognised the person's preferences to engage with ideas and entertainment, and could be used according to an individual's abilities to interact with technology.

Good

Is the service responsive?

People we spoke with told us that staff responded to any issues they raised in an open, transparent and honest way. People told us, “I don’t need to complain. I talk to the staff if I want to change anything” and “The staff sort things out.” One person told us, “I have complained, I don’t remember what about, but they sorted it out.” A relative told us, “I have never needed to complain. There’s no need to change the way my relative is cared for.”

We saw the registered manager kept a record of complaints they received and the actions they had taken to resolve them. The record included verbal complaints to ensure all comments and opinions were captured. A member of care staff told us, “We try to deal with complaints straight away and report them to the manager. She explains how we can deal with it and reports complaints to head office.” The registered manager told us it was important to share information across the provider’s group of homes, so the whole group could learn from complaints to drive improvements to the services.

Outstanding ☆

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service. One person said, "Couldn't be better." People we spoke with told us they knew who the registered manager was because, "She pops in" and, "She is around quite often." All the staff we spoke with said they respected and admired the management and executive team, because they 'lived the organisation's values.' Care staff told us, "The manager is lovely, approachable. She really cares about the staff" and, "I like the company's high standards. Everyone here is conscientious."

The provider had implemented a duty manager system which meant there was a manager on duty from half past seven in the morning until ten o'clock at night, seven days a week. The registered manager told us this system gave them 'time back', because issues were resolved by the duty manager and were not left for the registered manager on Monday morning. The registered manager told us, "I can start Monday mornings straight into planned work." People who lived at the home could be confident that the registered manager had enough time to manage staff effectively and deal with issues as they arose.

The registered manager told us the management team regularly observed staff's practice through day to day observation and spot checks. They told us, "Registered managers do regular care shifts, two per month, night, late or early and shifts with catering and housekeeping." The registered manager said this ensured they recognised staff's efforts and skills and enabled them to share ideas and good practice across the whole staff group. Staff told us, "I feel respected by management, I feel appreciated" and, "I really love working here. It's a great home. I love my residents."

Minutes of the meetings that were held between individual and joint staff groups showed the registered manager shared their observations of staffs' practice, and the impact on people who lived at the home with all the staff. Care staff told us they felt well informed and valued, because their suggestions for improvements were welcome. A member of staff had suggested creating themed memory boxes, such as 'seaside' and 'wartime recipes', to encourage people to share their reminiscences. All the staff we spoke with were enthusiastic about the project and donations of artefacts were being gathered for people and staff to sort and classify for each box.

Staff told us the daily handover was effective and they felt well informed about events of the previous shift. The provider's quality monitoring system included daily checks that staff recorded accidents, incidents, falls, medicines and kitchen checks in the central household handover book. We saw the results of the care managers' daily checks were displayed in the staff room for each of the six households, so staff could monitor their achievements against the other households. The graphs included congratulatory and encouraging comments for staff's team efforts and achievements. A member of care staff told us, "I know if I have done a good job because I get praised by the care manager."

The provider's quality monitoring system included monthly reporting to head office on a range of quality indicators and unannounced visits by members of the executive team. A member of the board of trustees had recently stayed at the home overnight to experience what was like to stay at the home. The trustee had written a complimentary report about their stay, which was shared with all the staff, so they understood how it felt to receive care and support.

The registered manager regularly conducted quality monitoring checks at other homes in the provider's group of homes, using a care mapping system. The care mapping system allowed the registered manager, as an observer, to assess whether an individual obtained a good outcome from any everyday event or interaction with staff. The registered manager told us they were able to apply their learning from this exercise in observation and share best practice ideas with staff, to improve the quality of care at this home.

The registered manager told us they had recently attended a leadership training session about attitudes and behaviours. The registered manager told us the training included signing up to be, "Here for their (people's) lives, not our jobs. It is about choosing the attitude you adopt as you walk through the door to work by 'parking the personal'." Plans were in place for the Chief Executive to personally deliver the training to all staff in the home, because it matched the organisation's values and philosophy of leadership, which staff could adopt in their relationships with people who lived at the home.

The provider had researched and implemented best practice design features in the home, which enabled people to live in their preferred way and supported them to retain control of their everyday lives. The provider was

Outstanding ☆

Is the service well-led?

innovative in trialling remote healthcare advice and electronic medicines recording. The remote health care advice enabled people to speak with healthcare professionals promptly, which minimised any anxieties about their health. The electronic medicines recording reduced the risk of errors and enabled the registered manager to check at a glance that medicines were administered accurately and promptly.

The provider encouraged people, their relatives and other health professionals to share their opinion about the quality of the service, through questionnaires and freepost comment cards in reception. We saw the provider shared their analysis of the feedback across all the homes in the group, so all staff could understand what others thought of the quality of the service. We saw the provider had introduced a requirement for registered mangers to regularly work alongside care staff, kitchen and housekeeping staff. This enabled the registered manager to gain an in-depth understanding and appreciation of all staff's contribution to the service to set realistic improvement actions where required.

The registered manager had sent us statutory notifications about important events at the home, in accordance with their legal obligations. The provider kept us regularly informed of the progress and outcome of investigations they completed when issues or concerns were raised.

In the provider information return (PIR), the provider had told us about their plans for improving the quality of the service. At the time of our inspection, we found that that actions had already been taken to implement the plans. A new training manager had introduced a flexible training schedule, which meant evening staff could attend within their regular shift pattern. A leadership programme for managers, to develop motivational and mentoring skills for senior care staff, was in progress. The induction programme for new staff included information about the provider's values and expectations and explained the ethos and culture of the organisation. The impact of the programme was staff who were consistently determined deliver person centred care that focused on the individual.

Care staff told us, "I like coming to work. I ask for more shifts" and, "They're great to work for, such a good company". The organisation's commitment to supporting and developing staff was recognised and accredited by a national organisation, Investors in People (IIP). IIP recognises and gives awards to organisations that are considered as excellent at staff management

The provider had honoured their commitment to making improvements in dementia care by appointing a dementia champion and signing a dementia pledge with the local commissioners of services. The registered manager told us the purpose was to enable constructive partnerships between staff, families and people with dementia. Planned actions included quarterly meetings and joint training sessions for staff and relatives, to develop positive ways of working together to improve the quality of care.