

The Orders Of St. John Care Trust

Edwardstow Court Care Centre

Inspection report

Edwardstow Court
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Edwardstow Court Care Centre is a 'care home' providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

The service was outstandingly responsive to people's individual belief's, preferences and needs, and people's wellbeing was enhanced by person-centred activity planning. The activities co-ordinator used national guidance to support activity planning and ensure activities were tailored to the interests, needs and hobbies of the people living at the service.

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.

The home was well led by a management team who were passionate about providing high quality individualised care to people. The registered manager and deputy manager led by example and without exception staff told us that they were well supported.

Robust quality assurance systems and a strong learning culture contributed to continual development and improvement of the home. The registered manager told us, "The journey has been amazing but we are still on the journey, and the journey will never end."

There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service had continued to grow and develop. Feedback about the service from people and those close to them was consistently positive, whilst feedback from other professionals indicated effective partnership working.

All staff demonstrated extremely compassionate, attentive and caring approaches in their interactions with people. They consistently promoted and encouraged people's independence and treated them with dignity and respect. People and their relatives were complimentary about the approach of the staff and the management team. Everybody we spoke with said they would recommend the service.

People were supported by staff who understood how to keep them safe from the risk of abuse. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse.

Support of the staff team was paramount to the registered manager, who told us, "We are nothing without the team." The staff team worked as one to provide high quality, personalised care to the people living in the service. One staff member said, "We are such a strong team. We know people's strengths and areas of development, and we all complement each other well."

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 12 March 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edwardstow Court Care Centre on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Is the service well-led?

Good ●

The service was well-led.

Edwardstow Court Care Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. However, we did review a previous PIR which was sent to us in February 2020. 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.

What we did before inspection

We used the information the provider sent us in the provider information return.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with one professional who regularly visits the service. We spoke with twenty members of staff including the area operations manager, registered manager, deputy manager, head of dementia care, activities co-ordinator, care leader, care workers, maintenance staff, housekeeper, customer relations manager, agency care assistant, kitchen assistant, a volunteer and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We gathered feedback from two members of staff and spoke with seven relatives about their experience of the care provided. We spoke with two professionals who have regular contact with the service.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and guidance were available and safeguarding training had been provided. People and their relatives told us they felt safe at Edwardstow. One relative said, "[My family member] is very safe. There are trained staff and I'm very reassured."
- People were kept safe from avoidable harm by staff who knew how to raise any safeguarding concerns and were committed to keeping people safe. One staff member said, "It's a very safe environment here. Staff are educated and really want to be here. Safeguarding and whistle blowing are high on people's agendas."
- Without exception, every member of staff spoke positively about feeling comfortable in raising any concerns with the leadership team, and that any safeguarding concerns would be addressed with immediate effect. One staff member said, "We have very positive managers. The door is always open. Any concern is managed immediately."

Assessing risk, safety monitoring and management

- Staff used recognised risk assessment tools to manage risk and ensure people's safety consistent with national guidance and best practice. Risk assessments in relation to falls, tissue viability etc were regularly reviewed and updated as required.
- Staff understood how to keep people safe. They could for example; describe how often they needed to support people with frail skin to move their position to relieve skin pressure. They could also describe what they would do if a person fell to ensure action was taken to keep them safe.
- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place. Staff had a very good knowledge of the action they needed to take to keep people safe in event of a fire or other emergency.
- Staff were observed supporting people safely with moving and handling. One staff member said, "My moving and handling training was amazing. The trainer is one of our care leaders and she has so much experience and knowledge."

Staffing and recruitment

- Arrangements for staffing including skills and numbers reflected the needs of people using the service. One care worker told us, "Staff will do extra time if needed."
- We observed staff responding promptly to people's requests for assistance. One person said, "When I press the call bell they arrive [very quickly], they must gallop."
- There was suitable recruitment and induction which meant that staff knew people's individual needs, wishes and goals. One staff member told us, "Although I had care experience, they still gave me a good

induction." Another staff member said, "The training here is excellent."

Using medicines safely

- Staff followed the provider's policy when safely administering, recording and storing people's medicines. One care worker told us, "The information about people's creams are very clear and I have had training."
- Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.
- People were supported by staff to make their own decisions about medicines wherever possible.
- People were able to take their medicines in private and people's medication was stored in their bedrooms to further personalise the administration process.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing.
- Staff completed appropriate training and had their competencies assessed routinely to make sure their practice was safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff were aware of the incident reporting process. We saw that incidents were reported and reviewed by the registered manager. This included ensuring appropriate action was taken to ensure the safety of the person involved as well as updating any risk assessments or care plans.
- Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider service. One care worker told us, "We always get feedback when incidents occur."
- The registered manager and deputy manager were open to feedback from people, relatives, staff and professionals. We saw evidence of a strong learning culture and could see that learning actions were implemented as a result of any concerns raised.

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

- The registered manager organised a detailed assessment of people's needs before they came to live at Edwardstow Court Care Centre. This was to make sure people's needs could be fully met and the home had a detailed understanding of how they wanted their support to be provided. Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs and lifestyle preferences.
- People, those important to them and staff developed individualised care and support plans; this included details of people's communication needs.
- Staff understood people's positive behavioural support plans and provided the identified care and support.
- People received care and support that fully met their needs and was in line with good practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in infection prevention and control, medication administration etc.
- Updated training and refresher courses were scheduled, and competency checks were carried out to ensure training and best practice was understood and practised by all staff. One staff member told us, "We really get a lot of training here." Another staff member said, "The training here is very robust and constantly reviewed."
- There was evidence of ongoing supervision, appraisal and recognition of good practice. Without exception, every member of staff spoke positively about feeling supported in their role.

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

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People were involved in choosing their food and could access drinks and snacks at any time. Staff preparing meals had a very good knowledge of people's preferences; this took into account people's allergies for example, a gluten free cake was baked every day so that people could continue to enjoy their food.
- There was good communication between care and kitchen staff so that any changes in people's diet or swallowing risks were shared and action on promptly. The chef told us, "We have a very good system of emailing any changes to all staff." Staff were familiar with people's choking risk and adjustments had been made to people's food texture in accordance with national guidance to reduce their risk of choking.
- People's weight was monitored. When people were assessed as being at risk of weight loss or any other nutritional concerns, care plans included information for staff to follow in order to keep people nourished and hydrated.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and communal areas so that they were comfortable in their home. There was a door knocker on everyone's bedroom door. The deputy manager told us that staff said they were visiting people at their home instead of their bedroom to support people to feel proud of their living space.
- Consideration had been given to the design and decoration of the building, to allow good care to be delivered to older people with mobility and dementia care needs. There was signage in place to promote people's independence and help orientate themselves around the home.

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

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. Information about visits and consultations were detailed in people's care plans, including communication with GP's, district nurses, chiropodists and opticians. A district nurse told us, "All folders and information are available so that I have access [to required information]."
- The service had good relationships with the local surgery. The GP visited weekly and staff said that if they needed advice or support at other times it was easy for them to access this.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital. A district nurse told us, "Edwardstow are very proactive. They are receptive and take on board what we ask of them."
- Staff made sure they shared clear information about people's health needs and any changes in their care, including during handover meetings. One care worker told us, "The handover information is very good, even if I am off for a few days I quickly catch up and know if someone has been unwell."

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.

- Staff empowered people to make their own decisions about their care and support and obtained people's consent in an inclusive way. Throughout our inspection we saw staff supporting people to make decisions through verbal and non-verbal means.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making and clear records were kept.
- For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.
- Staff respected the rights of people with capacity to refuse their medication, staff ensured that people with capacity gave their consent to medication.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt valued by staff who showed genuine interest in their well-being and quality of life. Staff were knowledgeable about people's families and spoke to them about their interests.
- People received kind and compassionate care; throughout the inspection we heard staff use positive, respectful language at a level people understood and responded well to.
- Staff spoke about working with people with genuine warmth and affection. Comments included, "I love working with people on the dementia floor." "Not one day do I not feel like coming to work." "One lady kneaded the most beautiful bread the other day, I welled up it was wonderful to see her do it." Another staff member said, "Everybody tries to be the best they can; the staff really do care here."
- Consideration was given to the Equality Act 2010. The registered manager followed equality and diversity policies and procedures. They made sure people's human rights, lifestyle choices, religious and cultural diversity were respected and reflected in the care they received. For example, throughout the pandemic people had been supported to attend church virtually and had recently attended a festival for the harvest festival.

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

- Throughout we saw people were listened to, given time and supported by staff to express their views. One care worker told us, "We give people time to actively take part in creating their memory boxes. You need to give people time to go at their pace; this way you get the best out of them."
- Staff respected people's choices and wherever possible, accommodated their wishes, and people were empowered and felt confident to feedback on their care.
- People, and those important to them, took part in making day to day decisions and planning of their care. One staff member told us, "We always show people the meal options this way they can see the food and take their time to decide what they would like."
- Staff supported, informed and involved families or carers. One relative said, "I receive updates and feel supported and part of the team."
- Staff supported people to maintain links with those that are important to them. One person told us that the home, "had gone out of their way" to facilitate visits during the pandemic.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences and develop new skills. Staff routinely sought activities for people such as leisure activities and widening of social circles.
- People's human rights were upheld by staff who supported them to be independent and have control over

their own lives.

- Staff knew when people needed their space and privacy, and respected this. We saw doors to bedrooms and toilets were kept closed when people were receiving personal care. We observed staff use people's door knockers and wait for a response before entering people's personal space.

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.

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 service enriched people's lives. People benefitted from the activities held at the home with both physical and well-being improvements noted. People were supported to engage in activities which were meaningful to them. The service had adopted a widely used framework in care settings to assess people's cognitive levels and engage them in meaningful activity. This meant that people's activities were specific to their needs and interests.
- Every opportunity was taken to understand people's preferences on a deeper level. For example, when the home completed a 'cruise around the world' they embraced different countries each day by decorating the home and offering culturally appropriate food and drink. As part of this process they noticed that one person demonstrated a particular love of opera music which they then pursued. An evening event was organised, so that if people wanted they could enjoy a night at the opera. The registered manager said, "Every bit of information we can learn about someone is vital."
- During the pandemic it had not been possible to connect with local schools whom the home had established special relationships. Management had recognised the increased need for this connection and had explored other ways of maintaining contact for people. The school had sent pictures of pumpkins carved by the children so that people at the home could choose the winner.
- People were supported to maintain their love of music and the home had an ongoing relationship with a local radio station who gave 'shout outs' to people at the home as part of their weekly 'rock and roll' set. The activities co-ordinator told us, "We want to support people to be part of their community if they want to."
- People were encouraged to keep their faith during the pandemic, and people were supported to attend church virtually. One staff member said, "The vicar always greets [people] and we all have a song sheet so that people can sing along.". This gave people continuous knowledge and comfort that their faith was being followed.
- People were supported to achieve their goals and aspirations. A wishing well was in place at the service so that people could record their wishes and goals. One person had recently shared their wish to see their icon live in concert. This had been supported and facilitated by staff and a popular music concert had been booked.
- Staff were knowledgeable, skilled and enthusiastic about supporting people living with dementia. One staff member told us they had put forward a suggestion to support people to make memory boxes. This was supported by management and they were given the time it took to spend with people to truly understand what they wanted placed in their boxes.
- We observed people being engaged in various activities throughout the inspection and a selection of their work and pictures were displayed throughout the home. We saw examples of bread making, baking,

gardening, flower arranging, chutney making, indoor games, singing, woodland walks, indoor golf and drumming.

- Where people preferred to spend time in their room, their wishes were respected. Staff visited them regularly to chat, keep them company and do one to one activity to prevent them from being lonely or isolated. A staff member said, "If people don't want to come out and do a quiz then we will ask if it's okay for us to go in and do it with them in their room. We are building confidence."

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

- The service was outstandingly responsive to people's individual belief's, preferences and needs, and person-centred culture was deeply embedded. One staff member said, "We provide person centred care at every level. I'm proud to work here and be a carer." People described the home as, "First class" and, "A lovely place to be."
- People told us they were involved in decisions about their day to day lives. One person said, "I can do what I want basically, [I can go to bed when I want] and it's fine if I want to get up [and spend time with staff] at 2am." The activities co-ordinator said, "Activities are not a 9-5 thing. If [people] want to get up in the night then they can engage in activities of their choosing when they want."
- People were given the power to influence their own care and adjustments were made to reflect their wishes. A recent medication project involving healthcare professionals had taken place to review the administration times for each person's medication. We saw positive feedback from people and staff about the changes that had been implemented. People said, "I feel that this has given me a better quality of life as I now sleep better which means I am more awake in the day", "I am very happy with the changes that have been made to suit me", and, "I really couldn't get up in the mornings until I had my [medication]. It was originally 10am [which didn't suit me]. Now, because the deputy manager has discussed this with me, gained my consent and spoken to the GP I am up and raring to go in time for my breakfast."
- People also felt that they wanted their main meal to be in the evening so that it would be similar to their meal routine when they lived at home. The service accommodated this and changes the meal routine so that the main meal of the day is now served in the evening.
- Staff completed daily notes and communication logs about each person to share important information during shift handovers that required attention or following up. A professional said, "If it's a different member of staff coming in the morning then they will always handover information; it is very organised." A night staff member said, "[There] is such good communication here. Handovers are so thorough... There is such a fluid approach to day and night care."

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.

- People's communication needs were considered during the initial assessment so that information was provided in line with their individual needs.
- People's care plans included information of how to best support their communication and understanding, including support for written information, sight and hearing.
- There were examples throughout the home of easy read and pictorial formats for information. The menu options were displayed using pictures to accompany the written word so that people could make informed choices.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure for people or their relatives to use if they were not happy with the

service they received. The complaints procedure was displayed within the home.

- We saw that when a complaint or concern had been made, they had been acknowledged, investigated and responded to appropriately and in line with the providers policy. One relative said, "They don't try and hide things if they are not right. [When I reported an issue of concern] they immediately put new systems in place to make sure it didn't happen again. They are incredibly open and they don't try and hide things; they deal with them."
- There was a strong learning culture within the home. One staff member said, "They are very on the ball. If you've got an issue they will always look at what they can do. Things are dealt with before they even become a problem."

End of life care and support

- The home provided end of life care and support to people if this was needed. Care plans demonstrated that discussions had taken place with people and their relatives about their end of life wishes, and these were clearly recorded.
- To support the family and make a fitting tribute to the life of a person, the home had started to create books which contained photographs and stories about people's achievements and experiences at the home. The deputy manager said, "We want to share these with families at the end of people's lives so that they can celebrate the lives of their loved one."

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.

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

- Managers and the staff team were dedicated to providing the highest quality care and to improving the well-being of all those in their care. The service's outstanding responsiveness was a credit to the provider and indicated strong leadership at the service. The deputy manager told us, "Everyone here wants to make a difference." A volunteer said, "I'm so passionate about this home. Everyone is passionate here. If management keep running it the way they are then it will always be good here."
- There was a positive culture in the home. We found people were happy with the support they received and felt comfortable and relaxed in their surroundings.
- The registered manger and deputy manager were open and transparent throughout the inspection and were clearly committed to providing good quality care. The registered manager said, "It instils confidence in us that our staff are so well trained and competent. We don't ask anyone to do anything that we won't or haven't done ourselves. We lead by example."
- Healthcare professionals consistently spoke positively about the service. One professional said, "If I ever needed to go into a home then I would absolutely want to be at Edwardstow; it's a brilliant place to be." Another professional said, "The communication from the staff and the way they manage things is strong. We have a good relationship with the team".
- Managers and staff engage with the local community to raise awareness about matters that affect people who use the service. One staff member is chair of a 'Dementia Friendly Action Alliance Group' and facilitates training and talks to inform and educate the local community.
- Staff and management demonstrated that they were continually striving to develop a service which was based on people's preferences and feedback. People had articulated their desire to be a valued part of the local community. The home had organised a winter wonderland event for people, their friends and families and the local community to enjoy. The event had been collaborated with the local school and other members of the community and had been advertised within the local community.

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

- An effective and robust system of quality assurance checks both at service and provider level helped ensure continuous development and improvement of people's care.
- Information relating to the running of the home was openly discussed and shared amongst management and staff. This information provided effective governance, accountability and oversight of what was happening in the home, and staff at every level contributed towards future development plans of the

service. The area operations manager said, "The management team here inspire conversations between staff. They have created a real learning culture. We recently took ideas from staff about what an outstanding service was to them, and we have acted upon these."

- Notifications about specific events had been sent in line with legal obligations. The registered manager was aware of their legal responsibilities under the duty of candour.

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

- The service was led by a strongly motivated and committed registered manager who had been nominated for the National Care Forum (NCF) programme of professional development for the next generation of Leaders within the organisation. The registered manager said, "I am looking for outstanding care that is meaningful that gives [people] a purpose every day."

- The registered manager was supported by a deputy manager and a team that strived to deliver the best possible person-centred care. One staff member said, "This is a really good place to work; I love being here. We do so much for the people we support... The pandemic has been so difficult, but we've remained so focussed on keeping people happy as well as safe." Another staff member said, "We've got staff who really want to be here and that makes such a difference. We've got a fantastic team." Another staff member said, "Everyone works so well as a team. We are all hands on deck. We all work across roles to make sure that everything is done effectively for [the people who live here]."

- Staff all spoke of their high regard and respect for the registered manager and deputy manager. One staff member said, "We have very supportive managers. The door is always open. Any concerns are managed immediately; they are so responsive." Another staff member said, "There is strong management here which makes such a big difference."

- The home was well led by a skilled team of staff specialising in areas of care relevant to their role. The chef had completed a qualification to allow them to provide leadership and guidance to people and ensure a high standard of food safety and hygiene. The head of dementia care had completed an aspiring managers course and completed 1:1 'support surgeries' to upskill staff and further benefit outcomes for people who used the service.

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

- People and their relatives and friends were involved in the service, and we saw numerous examples of involvement ranging from meetings and letters. One relative said, "My experience is very positive. Staff are so friendly, positive and caring. They communicate with me so well and always keep me updated."

- Regular staff meetings took place to ensure information was shared and expected standards were clear. The management team used a variety of approaches to develop learning and generate discussion at staff meetings. On occasions they used an open forum approach so that staff could raise issues which were important to them about the quality of care that people received. Staff told us they felt listened to and had input into the running of the home. A cloud board was in place at the home so that staff and people could share ideas about any improvements or developments that they would like to see.

- Staff were valued, and their hard work was acknowledged and rewarded by management. An employee of the month scheme was well embedded, and the service used an 'in the moment' approach to share positive feedback between colleagues. Staff told us that these incentives were, "Uplifting.", "Great" and, "Boosted morale."

Continuous learning and improving care

- The registered manager and the management team closely monitored the service people received by conducting daily spot checks, audits and observations of practice to ensure staff worked safely and

respectfully. The registered manager said, "We use statistics and audits as a tool to learn and develop. We need to empower people to be as good as they can be." The deputy manager said, "We all learn from making mistakes. It's what we learn and how we make sure it doesn't happen again [that is important]."

- Staff benefited from a robust supervision and appraisal process called Trust in Conversation. The providers visions and values of continuous improvement were clearly identified and shared directly with staff by management as part of this process. Records demonstrated that staff were coached and mentored to ensure people received the best possible service. The deputy manager said, "We know every [person] and member of staff in the home so that we can support them in the direction that they want to go."
- Managers and staff updated their learning through various sources to continuously develop best practice and make a difference to people's lives. We saw numerous examples of the management team engaging with professionals to achieve the best possible outcomes for people. The head of dementia told us how the service worked with specialist dementia nurses to continually upskill the team. We also saw examples of how an interaction tool had been implemented to continually monitor, learn and improve the quality of care.
- The management team invested in staff training so that staff became champions and specialised in different areas of care, such as medication and moving and handling. We saw a recent example of how the specialised training from the head chef had positively impacted on one individuals care and wellbeing to give them greater control and choice around their diet.