

# Two Rivers Investments Limited

# Kenwith Castle Country

# House Care

## Inspection report

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## Ratings

Overall rating for this service	Outstanding ☆
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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

Kenwith Castle Country House Care (Kenwith) is a residential care home providing support and personal care for up to 59 people. It also provides personal care to people living in their own cottages and bungalows within the grounds of the care home. At the time of the inspection there were 52 living in the residential home and two people receiving care within their own homes on site of the care home.

The care home is an adapted building with accommodation on two floors. There are extensive grounds with lakes. Within the grounds there are a number of self-contained and privately own bungalows and cottages. People living in these have access to care and support if they wish. Only two people were using this service for personal care at the time of the inspection.

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

People who lived in the care home and people who received a service of personal care within their own home were very positive about all aspects of the service. People were particularly complimentary about the cleanliness of the home, the quality of meals and snacks available and the range of activities and outings available to them.

People were at the heart of the service; their views and requests were fully considered and actioned.

The service were highly responsive to people's needs and wishes and went the extra mile to ensure activities and outings were meaningful.

The leadership of the service was extremely effective, ensuring best practice was used. They also shared best practice, publishing articles and being involved in projects across agencies to achieve the best outcomes for people.

People were protected because the service had robust recruitment processes. They ensured staff had training in understanding abuse and risk assessing to keep people safe.

People were supported to have a balanced diet, enjoy exercise and keep healthy. Staff worked in conjunction with other healthcare professionals to achieve good health outcomes for people.

Staff were skilled at understanding people's communication needs and this helped people to make their views known by various ways.

There were sufficient staff with the right skills and support to ensure people's needs were met safely and effectively. Training was seen as key to ensuring a skilled workforce.

There were robust and highly effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

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.

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

Rating at last inspection

The last rating for this service was Good (published February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

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.

# Kenwith Castle Country House Care

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Kenwith 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. This service also provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

#### Notice of inspection

We gave 24 hours' notice to the extra care housing aspect of this service, so we could ensure staff and people would be available to speak with. No notice was given to the care home, this part of the 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke to two people and one relative of a person using the extra care housing. We also spoke with one member of staff from this team. We spoke with 10 people who lived at the care home plus one person who was there for a short break. We also spoke with two relatives, and a visiting healthcare professional. We spoke with 10 staff including the registered manager, deputy manager, care workers, housekeeping and catering staff.

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 including six people's care plans and daily notes plus their medication records. We looked at three staff files in relation to recruitment, staff supervision and training. We also viewed a variety of records relating to the management of the service, audits and checks to ensure the environment was safe and well maintained.

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 sought feedback from with two professionals who regularly visit 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what a concern was and who to report any concerns about abuse to. This was part of their initial and ongoing training. Staff were confident any concerns raised would be investigated appropriately.
- The registered manager understood their responsibility to report any concerns to the local authority safeguarding team and to CQC.
- There were clear policies and procedures for staff to follow. There had been no safeguarding alerts in the last 12 months.

Assessing risk, safety monitoring and management

- People's plans clearly identified risks, for example, where their behaviours may present a risk to themselves or others. The risk assessment identified what triggers may result in particular behaviour and what staff should do to de-escalate the situation.
- Risks associated with people's health were also clearly identified. Where someone was at risk of developing pressure damage for example, staff were guided about what to look for and what equipment should be used to mitigate such a risk.
- Risks assessments were reviewed on a regular basis and enabled people to take positive risks, such as being able to independently access the gardens and lake areas.
- Staff understood the risks associated with each person and how best to support them. For example, one person living with dementia was at risk of falls due to forgetting to use their walking frame. Staff were vigilant and gave gentle reminders to ensure the person was able to mobilise safely around the building.

Staffing and recruitment

- People said their needs were met in a timely way by staff who knew them well. One person said, "There are sometimes when you ring the bell, you may have to wait a short while, but I don't think this is often."
- Some staff felt they could do with more staff per shift, but none could describe any situations where low staffing had impacted on people's needs. One staff member said, "It's not that people don't get seen to, it's more about being able to spend quality time with them." We fed this back to the registered manager, who was able to demonstrate through the use of dependency tools, the staffing levels were sufficient for the number and needs of people living at the service.
- For those people living in their own homes receiving some assistance with personal care, the hours of support were allocated up until around 4pm. Two care workers supported people in their own homes over a seven-day period. Any additional support beyond 4pm was organised through other local agencies.
- Recruitment practices were robust and ensured only staff who were suitable to work with people who may

be vulnerable, were employed.

#### Using medicines safely

- People were supported to receive their medicines on time. Two staff administered medicines each morning, lunch and evening. This allowed greater flexibility and ensured people who needed their medicines at specific times were easily accommodated.
- Records were electronic which helped to ensure fewer errors and allowed senior staff to have oversight of where the medicines round was at any point during the shift.
- Staff received medicine training and had their competencies checked at regular intervals. Staff confirmed this was the case. One said they had recently completed an in-depth on-line work book in medicines management as a refresher of their training.
- We observed staff administering medicines in a safe way ensuring people understood what was being offered to them. People were asked about whether they required additional pain relief.

#### Preventing and controlling infection

- The housekeeping staff worked hard to ensure the home was clean and free from infection.
- There was an infection control champion who ensured cleaning rotas and schedules were completed.
- The laundry area was well organised to help prevent the risk of any cross infection.
- Staff confirmed there was a plentiful supply of personal protective equipment such as gloves and aprons. We observed staff washing their hands at frequent intervals throughout the day.

#### Learning lessons when things go wrong

- The service had a proactive approach to monitoring and reviewing accidents and incidents through staff handovers, detailed daily records and training for staff.



# Is the service effective?

## Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were carried out before they came to live at the service. These were then used to help inform the care plan process. Where people returned to the service regularly for respite care, updates were included within the plan. This reflected for example any changes of medicines or mobility.
- People or their relatives had been involved in their assessments, care planning and reviews where this was possible. People confirmed this was the case.
- Care plans were person centred and included any best practice and information from healthcare professionals.

Staff support: induction, training, skills and experience

- Having a skilled workforce was seen by the provider as key to ensuring people had the best outcomes. To this end the training programme was comprehensive. Training included all areas of health and safety as well as more specialist training such dementia care, diabetes, sepsis, bowel care and other areas related to health issues.
- Staff believed the training provided was comprehensive and allowed them to develop their skills and knowledge in working with people who were frail, elderly and living with dementia.
- The provider PIR stated "New staff attend induction days which include training in safeguarding, person centred care, dignity and respect and immediately start on the Care Certificate learning outcomes. Kenwith have a mentor system to support and encourage new staff into the Care South ethos." Staff confirmed the induction and ongoing support was useful and helped them understand their role.
- Staff had regular opportunities to discuss the role and training needs in a one to one meeting which the service called 'heart to heart' meeting. These allowed staff to explore what had worked well and reflect on what may not be working so well.
- People living at the service and those receiving personal care support in their own home, were confident that care staff were skilled and understood their needs. One person said "All the staff are very good. They have a lot of patience and they are professional."

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

- Meals were served in a restaurant style with an emphasis placed on mealtimes being an enjoyable and relaxing experience. The main dining room was laid out with table cloths, napkins and wine glasses if people wished to partake in a glass with their meal. In the upstairs dining area meals were served to people plated up. This was because some people required a modified diet due to a choking risk.

- There was a wide choice of freshly prepared meals using local produce and taking into account people's views about what they wished to be served. For example, the chef said the company had a menu template, but people had asked for duck, so he had included this as an option.
- The service managed special diets, including gluten free, vegetarian and low sugar. Where people were at risk of malnutrition they had been prescribed supplements. People's weight and nutritional assessments were reviewed every month and swift actions were taken if people were at increased risk.
- For people who received care in their own homes, support staff could help prepare a meal of their choice or they could have meals delivered from the kitchen of the care home.
- People said they were very happy with the menu choices and variety of meals, drinks and snacks they were offered each day. One person said, "It's very good quality, I have to watch I don't put on too much weight" Another said, "You have plenty of choice and if you don't like what's on the menu, you can ask for something different."

Staff working with other agencies to provide consistent, effective, timely care

- Care plans and daily records showed the service worked closely with other healthcare professionals to monitor and provide the right care and support to people.
- The registered manager said they had recently completed a pilot project in conjunction with the local GP practice looking at reducing admissions for people into hospital. This included reviewing people's medicines and looking at ways of supporting staff to have information to detect early warning signs of people's health may be deteriorating.
- In each staff office there was a chart called "Is my resident well". This was an NHS publication to assist care staff to look for signs and symptoms of poor health and seek earlier intervention where needed.

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

- Kenwith is an old stately home which has been modified, adapted and added to ensure there was space and room for people with mobility needs. There were wide corridors for people to use. Some signage had been used to help inform people where communal areas were as well as toilets. Each bedroom had their own en-suite. When people got up out of bed the light came on in their bathroom to orientate them to this facility.
- The registered manager said they had plans to create more visual stimulation in some areas. They were considering using murals to add interest to spaces. They were also designing and commissioning a sensory garden which would be safe and enclosed for people living with dementia. Although the service is set in extensive grounds, with a lake and pathways to wander, this may not be suitable for people living with dementia. Currently people living with dementia would need to be supported to access the garden and grounds. They did have access to a balcony and patio area without supervision.

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

- The service had positive working relationships with community medical services. A local GP supported the service with regular weekly visits. People could choose to register with this GP practice or maintain their own GP if they were local. People's files showed evidence of their access to doctors, community nurses and other medical or support staff. Some people whose care was complex received assessment and support from specialist teams, such as tissue viability, Parkinson's nurses and community psychiatric nurses.
- For people being supported within their own homes, this could if required, include assisting someone to access healthcare and attend appointments when needed.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager said although a number of DoLS had been applied for none had been granted to date.
- Staff and management had a good understanding of MCA and ensuring people's rights were embedded into their everyday practice.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has 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 said staff treated them with respect and kindness. One said, "Very kind and helpful staff, you only have to ask." One person who received support in their own home said "I really am very grateful. They are so kind and will do anything to help."
- During the inspection we saw many instances when people were supported well and were encouraged and comforted by staff. For example, one person was reluctant to eat their lunch because they were "nursing" their doll. The staff member saw this was important to the person so offered to care for the doll whilst the person ate. The staff member held the doll as if they were a baby and continued to rock it as the person had been doing. This allowed the person to feel they could concentrate on eating their meal.
- People's choices and preferences were fully respected. If someone chose to eat alone in their room, staff assisted this request. Some people wished to dine with their relatives and friends and this was fully supported and encouraged. Two people told us they wished to have their bedroom door locked and this was respected by the staff team.
- Staff understood people's diverse needs. Training included equality and the registered manager explained people's protected characteristics were fully considered when planning and delivering care and support.

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

- People and relatives confirmed they were always consulted and could express their views about how their care and support should be delivered. This included their preferences of gender to deliver their care.
- The PIR stated "Families forums and residents meeting offer thanks to the teams that provide their care. We actively involve residents in planning their care and their activities. Suggestion boxes are available in the home for residents and families if they wish to highlight improvements they would like to see. These are responded to by matron when received." Minutes of forums and meetings held with people were viewed. They showed people's views were sought on menus, activities and décor. People had been recently asked their views about whether the service should think about culling some of the bird life who frequent the lakes. Although people enjoyed seeing the birds, sometimes the large number created some hazards. People had chosen not to cull, and this was respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld at all times. Staff were able to describe various ways they ensured people's privacy and we saw this in practice during the inspection. For example, knocking on doors before

entering.

- Staff took time to ensure people were appropriately dressed and groomed. After drinks and meals, staff assisted people to clean their hands and face if needed. Staff worked in a way which showed they respected people's dignity.
- Staff worked with people to promote their independence where possible. Plans of care directed staff to only assist in those tasks people were unable to do for themselves. Staff understood the importance of ensuring people maintained their independence. One staff member said "We try to keep people mobile, encourage them to walk, even if its only a few steps each day. We get them to do as much as they can for themselves."

## 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 had a very strong emphasis on tailoring meaningful activities for people both within the care home setting and for people receiving care in their own homes.
- For those people receiving personal care in their own homes, the service had allocated additional time so care staff could develop and encourage social gatherings to help people avoid social isolation. This went above and beyond the contracted care hours. Gatherings were set up in conjunction with people's wishes and preferences. For example, some people had recently expressed a wish for a regular poetry and literacy meet up. Support workers were facilitating this. In the past they had set up a 'men only' afternoon, cheese and wine gatherings and craft and natter sessions. These were all free for people living in their own home within the grounds of the care home, to join in. This showed they helped people stay in touch with each other and avoid social isolation. One person told us they had, in the past found these groups to be very helpful. Their relative said the social interaction had impacted positively, but they were now frail and not so able to attend.
- Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. For example, people had expressed a wish to do some gardening. The main grounds were extensive and not suitable for everyone to use without support. The activities team had planters and tubs so people could still participate in gardening. People were supported to go out and about using the service mini bus most days. Trips were organised around people's interests and requests. Trips included taking picnics and hot drinks to places people visited as children, such as the beach countryside, forests. People were also enabled to do shopping in the local community. This had impacted positively for people. One person told us the trips meant they "maintained links with places they loved so much."
- For those less able or choosing not to leave the service, they had developed a shop which had opening times and proved a popular meeting place for people to stock up on treats for themselves or loved ones. The staff member who ran the shop would check what people wanted them to stock and would make every effort to get in people's individual requests. The service also had an in-house pub which was open at set times for people and their families to enjoy a drink and to socialise together. For people living in their own homes who may receive personal care, they had a small centre which included a meeting room, kitchen and bathroom. This building was regularly used for people to meet up in and helped to avoid social isolation.
- People's pets were seen as important to them and although not able to live in the home with them, every effort was made to ensure they received regular visits from their pet. The service had also invested in two robotic animals, a dog and small donkey. These were interactive and responded to people speaking and

petting them. They had proved very popular with people. The registered manager said some people living with dementia had derived a great deal of comfort from petting the dog and donkey. The project had been so successful the company were rolling the introduction of robotic therapy pets to their other homes. A national press release stated Kenwith were the first in the country to trial these pets.

- The team included two activity organisers who were skilled and passionate about their role. They worked hard to ensure people's past lives were explored so they could tailor activities to these. They had two Magic Boxes, that contained activities that were meaningful and could be dipped into. They also printed off a Daily Sparkle, a newspaper which contained interesting facts about the date and date. This was used to encourage reminisce and discussion. We saw this in action with a staff member asking people if they remembered a particular event and this encouraged a lively debate with people about what they used to do as children.
- Some people derived comfort from cuddling dolls. These were made available and staff were sensitive to people's reaction to them.
- The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. For example, they had fostered a good relationship with local schools to enable intergenerational activities to take place within the home. They also had the local remote-control boating club come to use their lake and meet with people living at the service. There were also regular meet ups with the local police officer-known as 'cuppa with a coppa'.
- Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service was developed. This included ensuring activities and engagement throughout the day took into account peoples diverse needs and wishes.

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

- There was a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need. The service used to have one link nurse but the community teams had gone to hub working. This impacted on the continuity of support and advice. The registered manager organised a meeting with the nurses. From this they drew up a plan of additional training for care staff, including using the early warning signs of ill health. Again, this had impacted positively for people needing less emergency treatment. The service had also taken part in a falls project which identified key factors which may increase people's risk of falls. The register manager said this had helped to reduce the number of falls within the home, and therefore the number of significant injuries for people.
- People received care and support in a way that was responsive to their needs. This was achieved through having personalised care plans which people and their families were involved in developing and reviewing. The registered manager said they were about to have a new electronic care planning system which would be much more dynamic and respond to changing needs quicker.
- Staff were skilled and knowledgeable about people, what was important to them and what their preferred routines were. It was clear a person-centred approach was embedded in the staff every day practices. They ensured each person had their care delivered at a time they preferred and in a way which supported them to have control in their lives.
- People told us staff had outstanding skills and understanding of their needs and wishes. One said, "Your every wish is catered for. The staff go 110% out of their way to help you any way they can."
- The service had worked in conjunction with the GP practice to reduce admissions to hospital, because they recognised people wished to remain in the care of people who knew them well. The impact of this project was a reduction in people needing to be admitted for assessment. This was because staff were given the right tools to recognise early warning signs of ill health. This meant they could be more proactive. For example, one person was prescribed sodium drops which made their health deteriorate. Through this

project staff recognised a change in the person quicker, so GP interventions were quicker.

- The service had invested in new air wave mattresses which had an inbuilt weighing system and altered the air flow in accordance with the weight measured. This meant the mattress would always be at the correct setting for the individual. The registered manager said this was especially important for those people who they were unable to weigh as their weight could change quickly over a period of days. This showed a truly responsive way of preventing pressure damage with technology.

#### 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.

- We looked at how the service shared information with people to support their rights and help them with decisions and choices. Pictorial cards were able to support assisted communication and help people with indicating their choices when they were not able to do so verbally. Documents were available in large print versions.
- The service had access to specialist tools to help understand if people unable to express pain verbally might be experiencing pain.

#### End of life care and support

- People's care wishes at the end of their lives were recorded in their care files where these were known. Other clinical forms recorded people's wishes regarding lifesaving treatment in the case of a sudden deterioration in their health. Feedback we received and saw in letters and cards from people was positive over the support they had received at the end of their relations lives. One said for example, "Thank you for all the care and attention you gave to (name of person), particularly at the end of their life. We could not have asked for better or more compassionate care."
- Several people living at the service had been assessed as being at the end of their life, and advanced prescribing had taken place to ensure medicines to keep people pain free would be quickly available.
- Some staff had received end of life care training from the local hospice following best practice guidance. The service had good links with the hospice to ensure people had the best support in their final days. There were many testaments to how well the service had provided end of life care. One family wrote to say how important it had been for the person to remain with people they knew well. They said, "It was a great comfort to know in their final days they were with staff who knew and loved them, thank you for this."
- When people passed away at the service, some chose to have their funeral tea in the bar/lounge of the home.

#### Improving care quality in response to complaints or concerns

- The registered manager and staff team actively sought people's feedback. There was a complains process included in people's welcome packs when they first came to the service.
- The service had a suggestion box for people and visitors to use. Any feedback always received a response if not anonymous.
- People were encouraged to regularly attend meetings to have their say about the way the service was run. Any feedback or suggestions were responded to. For example, one person had raised the issue that they felt the same people always went out on the mini bus trips. The staff team talked with people and then divided them into groups so there was a rota of which group would go out on which day. This gave greater transparency for people.
- The service had taken appropriate action to investigate concerns raised with them or refer these on to other appropriate agencies.



## 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 Outstanding. At this inspection this key question has remained the same.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People, their relatives and professionals said the service went the extra mile to achieve good outcomes for people. This had included the introduction of new equipment such as air wave mattresses which regulated as it had an inbuilt weighing system. - As well as the new airwave mattresses they had also introduced a new bed mattress. This was a multi-layer memory foam/gel tech mattress with great pressure relieving properties. It had the additional feature of having an integral heel bar to relieve heel pressure for bed bound people that use the service. There had been fewer reports of skin issues since the introduction of these.
- In line with this the home had also introduced 'Sleepknit' bedding. This was an innovative design that was revolutionising healthcare bedding. With a unique design that is made from four way stretch fabric, combined with a patented bottom sheet. For maximum user comfort it remains crease free and helps to reduce shear and friction. This versatile sheet could be used on dynamic mattresses as well as profiling mattresses and was latex free. The provider had completed much research to obtain the best and most effective bedding to improve the outcomes for people who may be at risk from pressure damage.
- Thinking of imaginative ways to keep people engaged. This included the use of robotic pets as therapy. The registered manager had written a number of articles about the success of these including international press. They were keen to share success and best practice to assist other people and services.
- The provider had also invested in a system of psychometric testing for the recruitment of new staff. This enabled the registered manager to tailor questions to review weaknesses or traits in potential new staff. They said this had proved very successful because through testing it gave a good indication about potential new staff commitment to working in this field. She said their retention rate had improved.
- The provider had researched best ways to keep the environment clean, whilst reducing the risk of harmful chemicals being in the building. They had introduced 'magic water'. This is a cleaning solution which has no harmful chemicals and would be safe to drink. The cleaner still had the properties to clean and disinfect areas effectively.
- Staff's commitment to ensuring a person-centred approach was recognised by the provider in their annual Heart awards. Several staff had been awarded or nominated for these. People living in the service also got to have a say about which staff were put forward for such awards.
- Staff were well motivated and positive in their role and relationships with people. Staff told us it was a happy place to work. The service had a positive culture, very much focussed on supporting and caring for people and putting people first.
- It was clear the provider valued the staff. They promoted best practice through training support and rewarding where staff values had been clearly shown. Care South and the service have and actively promoted the core values which are represented in the acronym HEART. (Honesty, Excellence, Approach,

Respect and Teamwork.)

- Since the last inspection the service had become residential, meaning nursing care was no longer provided. This was a huge culture and practical shift for staff. The registered manager and operations team worked in consultation with the staff team to keep them fully engaged in the process. Staff were given additional training and support to ensure they could take over tasks previously completed by nurses, such as medicine management. The registered manager said they had worked hard to ensure a fully inclusive approach, had not lost many staff in the process and the changeover had been successful. There was a clear plan about how this was to be achieved and how people using the service were to be included in the whole process. This showed there was a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.
- The service had a strategy and supporting objectives that were stretching and challenging, but realistic and achievable. They were planning more improvements in the environment for people living with dementia, including a sensory garden. They continued to ensure staff had experiences of understanding what it was like to live with dementia, through training. The provider had engaged the services of a designer to look at enhancing the overall ambience of the home. This included the views of people and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- Staff said they felt supported by the management and had an input into the service. Minutes of staff meetings demonstrated staff were active in raising concerns and that management addressed them. They also demonstrated a consistent message from management to staff about the standards expected. Staff were passionate to ensure improvements and quality outcomes for people. This was evident in our observations and in the way staff spoke about the people they supported.

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

- Systems were in place to assess and improve the quality and safety of services. A well-established Quality Assurance system was in place. The provider's Quality and Compliance Team conducted three-day in-depth audits of the home four times a year, and from these improvement action plans were derived and these were monitored on the monthly Operations Managers Visits. These visits were all unannounced and focussed on the experience of people living at the service. The positive impact for people was that they felt fully engaged in the development and future of the service. Direct impact could be seen in simple changes such as menu choices and different table ware.

Continuous learning and improving care; Working in partnership with others

- It was evident continuous learning was seen as key to ensuring a high-quality delivery of care and in line with best practice. Staff confirmed training was available, in different learning formats and viewed as essential to meeting people's needs well.
- People's care plans and daily records showed staff worked in partnership with others to get the best outcomes for people. They looked at guidance and best practice and where this was not easily accessible, the service commissioned bespoke support.
- The service work in partnership with local GPs to facilitate improvement projects and prevent admissions to hospital. They also work in close association with the community nurse team and care home team educators on projects to monitor and prevent falls. They have also worked with a graduate to look at the impact of using robotic animals for people with dementia.

- The service works hard to gain the views of people using the service, both those living in the care home and those in their own homes who have support with their personal care. This was achieved through one to one meetings with people, group meetings and continual feedback via newsletters and discussions. People said they felt their views were asked for and listened to.