

Housing & Care 21

Housing & Care 21 - The Watermill

Inspection report

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Date of inspection visit:
18 January 2019

Date of publication:
28 February 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 18 January 2019 and was unannounced. At the last inspection completed 02 March 2016 we found the service to be 'good' and meeting all the legal requirements. At this inspection we found the service was now 'outstanding'.

The Watermill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 40 people in one adapted building. The service is split into four 'houses' each accommodating up to 10 people. At the time of the inspection there were 37 people using the service, all of whom were living with dementia.

A registered manager was 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.

People were supported by a passionate and committed staff and management team. People were made to feel valued, important and respected as individuals. The staff and managers went the extra mile to ensure that people felt cared for and that their lives were enhanced wherever possible. People's independence was fully promoted and their dignity was upheld.

Care staff knew people well and fully understood their needs. Where people's needs had changed they were reassessed and care staff understood how the support they provided needed to change. People's equality, diversity and human rights were fully respected and the service took proactive steps to ensure that people felt comfortable to express who they were and to live how they chose.

People were given access to a wide range of leisure opportunities. The reminiscence coordinator considered people's individual preferences and developed a unique range of activities that people could participate in. The registered manager and staff team placed a high level of importance on ensuring people's quality of life was good and they were able to live as full a life as they wished.

People, relatives and care staff gave excellent feedback about the registered manager and the service as a whole. They were encouraged to be fully involved in the development of the service and making decisions. People felt they had a voice and that they were heard.

The registered manager was committed to driving improvements and ensuring people were able to live in a service providing excellent service to them. They were proactive in securing community links and volunteered to be involved in new initiatives and opportunities for learning. Professionals, partner organisations and people from the community all spoke highly of the management, staff and service as a whole.

People felt safe living at the service. They were supported by a staff team who understood how to protect them from the risk of abuse, accident and injury. Where incidents had arisen, lessons were learned to enable steps to be taken to reduce the risk of harm to people in the future.

People received their medicines as prescribed. People were protected by effective infection prevention and control. People were supported by sufficient numbers of staff who had been recruited safely.

People's needs were assessed holistically and the service worked to meet their emotional, physical and health needs. People's consent was sought before staff provided support. Where people lacked the mental capacity to make decisions or provide consent, decisions were made in their best interests in line with the law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was now outstanding.</p> <p>People were supported by a staff team that knew them well and took time to understand their preferences both in terms of their care and also their personal interests. A strong sense of community had been developed in the service and people were given access to a wide range of leisure opportunities.</p>	<p>Outstanding ☆</p>
<p>Is the service well-led?</p> <p>The service was now outstanding.</p> <p>People and staff gave outstanding feedback about the management team and the service as a whole. The registered manager was committed to driving quality and continuously improving the service. The management team were trying to think in new and innovative ways in order to ensure people received the best possible service.</p>	<p>Outstanding ☆</p>

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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.

This inspection took place on 18 January 2019 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We looked at information contained in the provider's Provider Information Return (PIR). A PIR is a document the provider completes in advance of an inspection to share information about the service. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with five people who used the service and eleven relatives. We spoke with the registered manager and seven members of staff including the day centre manager, the cook, the reminiscence coordinator and care staff. As part of the inspection we also obtained feedback from members of the community, partner organisations and health and social care professionals. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service;

including recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

People living at the service told us they felt safe. Relatives we spoke with also told us they felt their family members were kept safe. One relative told us, "We know she is safe". Another relative told us, "I have always got peace of mind walking away from here". A third told us, "She is safe 'cos of the staff and she is secure with the doors. There is always someone to see you. It is purpose built for people with dementia. You have to buzz to get back in to the unit".

Staff we spoke with were able to describe signs of potential abuse and how they would report these concerns. We found there were examples of where care staff had identified concerns about people and these had been reported to the registered manager and local safeguarding authority. As a result, appropriate investigations had been completed and action taken to protect people from the risk of further harm. Staff told us they received feedback when they had reported concerns which provided them with reassurance and demonstrated that managers were taking their concerns seriously.

We found people were supported by care staff who understood how to minimise the risk of accident or injury to them. We saw the registered manager reviewed accident and incidents to identify any learning that could enable them to make improvements and reduce any future risks to people. We saw proactive steps were taken to mitigate against risks and to improve people's safety. For example; the registered manager had identified an increase in Urinary Tract Infections (UTI's) in the service so took steps to increase the volume of fluids people were consuming. They introduced initiatives such as 'Fruity Fridays' where a range of new fruits were made available and offered to people to encourage increased fluid consumption.

People told us they were happy with the support they received with medicines. One person told us, "The staff give me my medicine on time". A relative told us, "They are good with the medicines here". We found people's medicines were stored securely and safely. People received their medicines as prescribed. Where any concerns were identified about people's medicines these were raised with their doctor. Where any issues were found with care staff administering medicines incorrectly, these were identified by the registered manager and appropriate action was taken.

People were supported by care staff who understood the importance of infection prevention and control. People and their relatives all told us how clean they felt the service was consistently. One relative told us, "We all talk about this, the place is so clean, it is very good, it is pristine". We found appropriate infection control measures were in place. Reviews and audits were completed by the registered manager and action was taken where any concerns were identified.

People told us they were supported by sufficient numbers of care staff in order to keep them safe. We saw also during our inspection there were sufficient numbers of care staff available to people. Most relatives and care staff told us at certain times, the deployment of care staff could mean staff members may not always be available freely if someone needed two care staff to support with personal care. This was something the registered manager said they would review to see if any improvements could be made.

We found the provider continued to operate safe recruitment practices. Pre-employment checks were completed including identity and reference checks. A Disclosure and Barring Service check (DBS) was completed prior to staff starting work. DBS checks enable employers to review a potential staff member's criminality to ensure they are appropriate to be recruited to work with vulnerable people. Care staff told us they were not able to start work until all pre-employment checks were completed with a satisfactory outcome.

Is the service effective?

Our findings

We saw people's care needs were assessed effectively and care staff took a holistic view of people's needs. Care staff considered people's emotional, physical and health needs as a whole to ensure they received the most effective support possible. People and relatives told us care staff had the skills required to support them effectively. One person told us, "It is a lovely place. They look after me well". One relative told us, "I can't find the words to express the work the [staff] do and the joy this place gives me and [person's name]".

People were supported by care staff who had the knowledge and skills required to support them effectively. We saw care staff were given a range of training and development opportunities. Care staff were supervised effectively and the management team completed a range of competency checks to ensure staff were applying the skills learned in training within their day to day roles. We saw the provider supported care staff to develop their skills. The reminiscence coordinator told us they had sourced a qualification that was specific to their job role and the provider had supported them in completing this. They had also provided the funding to enable them to complete the qualification.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People were given maximum choice and control over their lives. Care staff supported people to receive information in a way they understood to enable them to make choices about their care and how they spent their time. Where people did not have capacity to make choices or provide consent, care staff acted in their best interests in line with the law. Where people required restrictions in order to protect their health, safety and well-being, the appropriate legal authorisations had been sought.

People were supported to maintain their day to day health needs and were supported to access healthcare professionals where appropriate. One person told us, "The doctor comes around. It's normal for them to be in and out". A relative told us, "If Dad's not well when I get here the doctor is already called. I don't have to ask." Healthcare professionals gave us positive feedback about the service and felt people's needs were met and they were well supported. We saw people had involvement with a range of professionals when needed including doctors, nurses, chiropodists and Speech and Language Therapists (SaLT).

People told us they liked the food they ate. One person told us, "The food is very good. I get choices. I like the food". A relative told us, "They have 3 choices of food and if they don't like that there is what is in the cupboard. They can have anything they want. If the cook hasn't got it they will go out and get it for them".

The cook told us, "If a resident wakes up in the middle of the night and wants cheese on toast, they can have it". We saw people's preferences were taken into account when meals were planned and a range of snacks and additional choices were also made available to people. In addition to a food store within the kitchen that people were supported to access whenever they chose, smaller satellite kitchens were kept fully stocked in each house to actively promote people's independence and choice. This meant, people could access food and drink of their choice whenever they wished with the support of care staff. People were supported to eat meals with family and friends and special occasions were also considered and catered for. Where people had special dietary needs or preferences relating to cultural choices, these were also considered and met. The cook had sought the support of one relative in developing their skills in cooking meals that met one person's cultural needs. This demonstrated their commitment in getting it right for that person and ensuring the food would be enjoyed.

We found the provider and registered manager had developed the building and outdoor space in order to ensure they could best meet people's needs. One relative told us, "The building is modern. She has her own room, the facilities are good and there is a cinema room." Another said, "The facilities here are great, we come to the café, there are places to go. It is nice and warm". We saw the building had been split into four 'houses' each with its own kitchen, living room, dining area and bedrooms. This meant, that smaller, more homely environments had been created within each house. People were however given the freedom to move between each area if they chose to do so. The registered manager told us they wanted to develop this further and improve the adjoining doors so people had the freedom to move between houses without the support of care staff. We saw within the 'central' area of the service a range of rooms had been developed including a pub, a cinema, a café and a reminiscence room. Further plans were in place to introduce a shop that people would be able to volunteer to work in and would assist in promoting the independence of people living within the service. We saw the service had considered how people wanted to spend their time and developed areas in which there was a social space but also areas in which people could spend private time with their loved ones if they so wished. We saw the provider was also developing a sensory room that was being developed which had been part funded by the local regeneration committee.

Is the service caring?

Our findings

People and their relatives were overwhelmingly positive about the approach taken by the care staff and the management team. They told us care staff were kind and caring and went the extra mile when trying to support them. One person told us, "The staff are lovely and there is a lot of affection. They all make a fuss of me". A relative told us, "I know everything will be okay, because they are very caring". Another relative told us, "Dare I say [person's name] is pampered". A third relative told us, "It's a family here... It's fabulous here, absolutely fabulous... There are so many nice people under one roof". A fourth relative said, "They all know how to make her smile". Another relative told us, "I can't praise this place enough. I wouldn't want [my family member] anywhere else... I think this place needs to be recognised for the outstanding work it does."

Care staff we spoke with were passionate about their work and the people they supported. One staff member told us, "I fell in love with the place". Another said, "It's not like a care home here. It's about the [people]". A third said, "We're all here for the same reason, it's the residents". We saw this reflected in the support we saw people receiving during the inspection. We found the registered manager and management team were caring and committed in their approach and drove the positive culture that was present within the service. This was also reflected in the feedback we received from relatives. One relative told us, "[The managers] are very supportive of me. [Staff member's name], the team leader always pulls me over to one side and says... are you getting enough sleep and support from the staff". Another relative told us the manager had been very supportive of them and had helped them retain perspective when things became challenging.

We found care staff and the management team did go the extra mile to ensure that people and their families had positive experiences and their quality of life was enhanced. One relative told us, "The staff go above and beyond the call of duty in many ways, including recently raising money to take the residents to the pantomime, which was a wonderful opportunity". Another relative told us, "They [staff] were going to visit her in [hospital] when she was there". A third relative told us the staff team supported them to understand the person's dementia which had helped not only their personal wellbeing but their relationship with their loved one. We found the staff team ensured the service was homely, including putting photographs of those who lived there around their home. Relatives were encouraged to be important parts of their family member's lives and were able to develop cherished memories with their loved ones. One relative told us, "I have had four Christmas meals with [my relative]". Another told us, "I got to dance with my Dad, which I never thought I'd do again".

People's preferences were known and understood. Care staff were supported by the registered manager to get to know people and were encouraged to allow people to make choices about their support and how they wished to spend their time. One relative told us, "They know she likes a cup of tea at 3pm". Another relative told us, "The same staff get to know them. They know why they are doing things. They get to know them personally". Care staff we spoke with understood the importance of giving people choices in every aspect of their care.

People's independence was supported and promoted. One person told us, "The staff are lovely, jolly and if

you are here and you want to go there, they will help you do that". We saw care staff understood the importance of promoting choice and independence in all aspects of people's lives. We saw one person was looking in the fridge within their 'house' and couldn't seem to see what they wanted. Care staff recognised the person wanted a beer and supported them to go to the central kitchen to choose what they wanted. We found another person used to go to the shop every day to buy a newspaper. Care staff were supporting them to leave the service to continue doing this at the present time. However, the reminiscence coordinator and registered manager used this as inspiration to open their own shop in the service which would mean the person could walk independently and safely to a shop whenever they wished.

Is the service responsive?

Our findings

People told us how they were engaged in a range of meaningful, creative and stimulating opportunities that far exceeded any standard activity programme. We saw the building had been developed to create a life-like pub, cinema and reminiscence room which had been developed to a high standard. Leisure opportunities ranged from large events to simple one to one activities with a personal meaning for people. People and relatives gave positive feedback both about these rooms and the opportunities that were made available to people. One relative told us, "There is regular entertainment which is adapted to suit everyone's needs and a wide variety of facilities to enhance day to day living, such as the reminiscence room, which my Dad really loves. This has helped us to relive memories which engage and stimulate him and brings us all a great deal of happiness." Another relative said, "[My relative] has a good quality of life. She has always got something to do. She is either doing Bingo or there is some type of entertainment. There is always something going on". A third relative said, "They take [people] out on outings. I come to the pictures and meals. I can take her out of her [house] and bring her to the coffee area. It gets them out of that area they are in...She does what she wants to do". A fourth said, "It is homely and stimulating. There's lots going on. The kept gardens are lovely. There is a hairdressers and a pub". Another told us, "They were doing baking yesterday. They made scones". We saw people eating these scones and telling us how they had made them the day prior.

We saw how the staff really had attention to detail and even considered how they could put items outside of people's windows that were unique to that individual and would improve their wellbeing. One person told us, "There's a tree outside my room and they put my favourite colour of fairy lights on it. It's purple." Another person had a bird table as they enjoyed watching the birds. We saw a lot of work had been going into developing outdoor spaces. The reminiscence coordinator told us, "We want to bring what's going on in the park to the garden". We saw a competition had also been held for each house to develop their own garden area. We saw photographs of how people were involved in developing their garden area and both relatives and staff teams also came together to join in the competition. A relative told us, "They have competitions between the houses...they took the footprints of the residents. They drew around their feet to create footprints for the garden and the residents gave up one old shoe and they filled it with a plant and put it in the garden. The imagination and stuff they put in to things and the things they do is amazing". A trip to some award winning gardens at a stately home also took place to give people ideas they could use when developing their gardens. The reminiscence coordinator told us they understood that it wasn't just the day of the competition that was valuable to the well-being of people but also the whole period of planning, involvement and the memories that were created. They told us, "It's not just that day it impacts the residents it's the days afterwards... When they go in the garden now it brings about happy feelings".

We saw the staff team worked tirelessly to ensure people were able to enjoy an exceptional quality of life. People were able to enjoy simple activities such as reading the newspaper, enjoying a hand massage or they could get involved in some of the service wide activities and events that took place. The reminiscence coordinator told us, "I go to regular breakfast meetings to get ideas". They explained how they were supported to spend time with people living at the service to get to know their life histories and personal preferences. They told us, "It stems from asking people what they want and thinking 'we can do that'". We saw a new coffee shop was being developed due to this being expressed as a preference by people. We

found one person had helped to paper the walls while the room was being prepared. We also saw that a new shop was being developed to help promote people's independence and to give them a new experience and stimulus. The reminiscence coordinator told us, "We've had a purpose built shop counter made so anyone can work in the shop, including [people who use wheelchairs]". They told us the registered manager fully supported the initiatives they put forward and was also keen for people to enjoy a range of experiences. We saw some of the parties and events that had been put on in the service were unique and people fully embraced them. For example; events such as a Mad Hatters tea party and a 'Galentines' meal had been arranged. Galentines is a twist on valentines where people can celebrate their friendships. People were involved in activities preparing for these events in the lead up to the events. We saw the service with people's consent took videos and photos that enabled them to share experiences with those who were important to them when they could not be present. We saw the registered manager sharing a video with relatives of a person dancing and having fun when they visited the service which they enjoyed and provided added value.

We saw several examples of how people had been supported to go to family events; such as weddings and care staff made sure the events were as special as possible. This included pampering the person in the 'in-house' hairdressers, helping them to choose a special outfit and a gift then providing staff support and transportation to enable them to attend. One staff member told us about one person, "I got the privilege of taking [person's name]". We found where one person had passed away, the staff and management team prepared a photo album of the person preparing to attend a family wedding for the bride as a keepsake which demonstrated the caring culture within the service. We saw another example of where the service had hosted a wake for a funeral following the son of a person living at the service passing away. A relative told us the actions and support of the registered manager and staff team had made a difficult situation easier to bear and enabled the person to participate in the day as far as they were able.

We found, where appropriate, caring, dignified end of life care plans were in place that were truly centred around the person's wishes. The registered manager had ensured that details such as the type of music someone would wish to hear, who they wanted present and what clothes they wanted to wear were considered in addition to any medicines required and the person's choice of funeral directors. We found an example of one person who loved to hear the sound of birds so a bird cage with live birds was placed in their room.

People were respected as individuals and the service worked to respect everyone regardless of any protected characteristics including culture, religion or sexuality. The service were working with Stonewall, a national charity that works to raise awareness and protect the rights of the Lesbian, Gay, Bisexual and Transgender (LGBT) community. The service had delivered LGBT training to care staff and had held their own Pride event which the people living at the service had embraced and supported. The reminiscence coordinator said they spoke with people about the event and explained the message at the Watermill was, 'People should be able to love who they want to love'. They told us some people had spoken about family members who were in same sex relationships and they wanted people to feel comfortable in putting up photos and discussing these relationships as well as feeling comfortable in expressing their own sexuality if they wished to do so. We saw the message from this event was continuing to be promoted by care staff with displays and rainbow colours still present within the service.

People told us they were fully involved in making decisions about the care they received. People's relatives told us where appropriate they had been involved in reviewing care plans and making decisions about people's care. One relative told us, "They asked me to look at the care plan. I am happy with it. They can't do any more for her". Another relative told us, "We had a yearly review but if I had any concerns at all they do listen". We saw people's care plans contained personalised information about their needs. Care plans were reviewed and updated on a regular basis. We found where people's needs had changed or revised

information had been given by healthcare professionals, care staff were aware of this information and understood how the support they needed to provide to people needed to change. One member of staff told us, "Information handover is really good". The registered manager had identified that improvements could be made to care plans to make information more accessible and were in the process of making these changes.

People told us they knew how to make a complaint and felt confident that their concerns would be addressed by the management team. One person told us, "I have made one or two complaints. Everything is put right." A relative told us, "I have no fear about having conversations with the staff". We saw a central record of complaints was held. Complaints were received, taken seriously and an appropriate response was sent. The registered manager was open and reflective about complaints received, using them as an opportunity to consider how they could do things differently in the future and make improvements.

Is the service well-led?

Our findings

People and their relatives gave outstanding feedback about the service, the registered manager and staff team. One person told us, "I don't think you could improve this place". Another person said, "I am really happy here". A third said, "[The registered manager] is lovely. I like everything about her". A relative said, "I can't say anything detrimental. This home is by far and away the best. They outshine the others by far... other homes could learn from this home". Another relative said, "We feel blessed to say she is here". A third said, "I couldn't wish for her to be in a better place, I couldn't wish for her, for it to be any better for her... The management are very good". A fourth said, "The registered manager has bent over backwards to help us... I have one word to describe this place – brilliant! This is a brilliant place". Another said, "This is a marvellous home. I don't want [my relative] to go anywhere else. This is the best place you can go to. It is very family orientated".

People told us they were fully involved, consulted and their views were sought. One person said, "They ask if things are alright and if I agree with things". Relatives also told us they were involved and their views were sought. We saw a range of methods were being used to gather the views of people and relatives including informal chats, care reviews, meetings and feedback questionnaires. We also found staff would use observations of people engaging in activities in order to assess their enjoyment where they may not be able to express this verbally. Relatives also told us that in addition to their involvement in the service, the management team understood their need for support. We found the registered manager and staff team offered support and were also setting up support networks for the families of people living in the service.

Care staff told us they too were fully involved in the development of the service. They felt their views were valued and that they would be listened to with any appropriate action being taken. Care staff told us they felt the management within the service were committed to both them and the people living in the service. They told us the management team were focussed on improving the quality of lives of people. One staff member said, "If your manager believes people should have a good quality of life that makes the difference". They also told us, "I like the managers. They feel very much part of the team, it's an open-door policy". Another staff member told us, "I love it here, it's the best place I've ever worked". They said, "If you say something it's followed up and done... With regards to extra support, it's always there if needed". Staff told us they felt the provider was also committed to listening to them and hearing their views. One staff member told us how they were on a committee involved with reviewing the provider's medicines policy. They said, "It was really good as it felt like you have a say".

We found the registered manager had a range of audits and quality assurance checks in place. They identified areas where improvements were required and had action plans in place to ensure any corrective actions were completed in a timely way. We saw the registered manager was also completing reviews of the service using a framework that mirrored CQC's regulatory framework. We saw they used this framework not only to identify areas where the service was not performing to the required standards but as a tool to identify areas where they could take areas of good practice to another level and to make further improvements. The registered manager during the inspection demonstrated a commitment to driving improvements and was eager to learn and understand areas they could develop the service.

The registered manager had developed strong links within the local community which gave people the opportunity to remain active parts of the wider community. One senior health and social care professional told us, "They are very good at exploring new ideas and work in very much a community way". For example, a local group used the pub facilities, they had links with local support groups and worked in partnership with the local community garden. The service held an allotment in the garden where a relative volunteered to grow vegetables, the manager of the gardens also volunteered as a judge for the service's garden competition. Partnerships had also been developed with the local primary school, children had spent time in the service with people and people had also taken trips out to the school for events such as the Christmas nativity. Healthcare professionals we spoke with stated the service worked effectively in partnership with them.

The registered manager had been proactive in volunteering to participate in research and pilot schemes either run by national organisations or locally such as those initiated by the CCG. For example; the Clinical Commissioning Group (CCG) told us about a recent six-month pilot to introduce the Palliative Care Outcome Scale for Dementia (IPOS-DEM) with King's College London following which the service received positive feedback. The registered manager told us that some recommendations were made to them for improvements in the service following this work which they are implemented. For example; it was recommended they completed the Gold Standards Framework which was underway and also recommended support was provided for families once their relatives passed away. The registered manager had developed links with the local hospice to enable this to happen. A further pilot around the use of virtual reality as a therapy in dementia was also underway.

The management team and provider were both committed to learning lessons from past events that had arisen either nationally or within the organisation. A provider quality newsletter was distributed nationally and was used as a tool to direct local services to appropriate resources in order to build knowledge and change practices. The provider held frequent workshops and meetings for the leadership team that enabled them to cascade information across their multiple services. There was a commitment to continuous improvement and new ways of working were continuously sought to help improve the standards of care provided and to improve the quality of life people experienced. We saw an 'in-house' social media platform called Workspace was in use that enabled examples of best practice to be shared easily. Where appropriate links were developed with external organisations and specialist knowledge and skills utilised effectively. For example; Social Care Institute for Excellence (SCIE) had been commissioned to review the provider's safeguarding policy and were completing observations within the service in the coming months to review how effectively safeguarding concerns were managed.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to improving the quality of service provided to people living at the service.