

# Oakland Primecare Limited

# Beechwood Grove

## Inspection report

44-48 East Dean Road  
Eastbourne  
BN20 8EH

Tel: 01323405600

Date of inspection visit:  
03 June 2019  
10 June 2019

Date of publication:  
24 June 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Beechwood Grove provides accommodation and nursing care for up to 58 older people, who lived with a range of general health problems, such as strokes, dementia, diabetes, heart problems, Parkinson's disease and general mobility problems. At the time of the inspection there were 58 people living at the home. It is a purpose-built home over three floors with level access throughout for those with mobility problems. It is divided into three units, residential, memory loss unit and a nursing unit.

### People's experience of using this service:

People told us they experienced safe care. People and their relatives said of the service, "They look after me very well, I feel safe here and comfortable." A relative said, "The manager and all the staff are very approachable, easy to talk to and always available for a chat." We observed, and people told us that staff met their needs with care and kindness. One person said, "The staff are all very caring, very polite and respectful."

Training, policy guidance and safe systems of work minimised the risk of people being exposed to harm. Staff understood how to safeguard people at risk and how to report any concerns they may have. People's needs and the individual risks they may face were assessed and recorded. Incidents and accidents were recorded and checked or investigated by the registered manager to see what steps could be taken to prevent these happening again. This ensured lessons were learnt.

There were policies and procedures in place for the safe administration of medicines. Registered nurses and senior care staff who gave medicines, followed these policies and had been trained to administer medicines safely.

Safe recruitment practices had been followed before staff started working at the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Nursing staff received clinical supervision and training.

The premises were well-maintained and clean. Infection control measures were followed.

Care plans had been developed to assist staff to meet people's needs in an effective way. Staff applied best practice principles, which led to effective outcomes for people and supported a good quality of life. The care plans were consistently reviewed and updated. Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The care offered was inclusive and based on policies about Equality, Diversity and Human Rights.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food. Comments included, "The food is usually good," "Good quality, always fresh fruit available," and "Good food"

Staff always treated people with respect and kindness and were passionate about providing a quality service that was person centred.

The care was designed to ensure people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

The provider used a range of quality assurance systems to check people and their relatives were satisfied and confident in the standard of care provided within the home. The service had systems to continuously monitor, assess and improve the service provided.

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:

This is the first inspection since Beechwood Grove was registered in June 2018.

Why we inspected:

This inspection took place as part of our planned programme of inspections.

Follow up:

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

## 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 is 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?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Beechwood Grove

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with dementia.

The service is required to have a registered manager:

The service had a manager who was 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.

The service type:

Beechwood Grove 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.

Notice of inspection:

We did not give the provider any notice of this inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is

required to send us by law.

During the inspection we spoke with:

23 people and observed care and support given to people in the dining room and lounges.

Seven people's relatives/visitors.

Fifteen members of staff

Five external healthcare professionals.

We also reviewed the following documents:

Eight people's care records

Records of accidents, incidents and complaints

Four staff recruitment files and training records

Audits, quality assurance reports and maintenance records

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We all get training, it's important to be confident when we have responsibility for peoples' safety." Another staff member said, "Our main priority is our residents, I wouldn't hesitate to report anything I thought was poor practice or potential abuse."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management:

- People told us, "Very comfortable here, staff very friendly, absolutely I feel safe," "Always someone around and checking you are alright" we were also told, "I feel safe as I can't live at home anymore," "Yes they look after me well here" and "I have a button around my neck which makes me feel safe." Visitors told us, "Excellent care here, very happy with the care, never had to complain, plenty of stimulation for my Aunt," and "I was worried when my wife came here to live, but I'm really happy as she is safe here."
- The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were up to date and reflected the care plan. We did find some air mattress settings were incorrect. These were amended immediately and an immediate check on all mattress settings carried out. Staff set up a safer checking system, a red sticker had been placed on the correct setting which would ensure the setting was checked against the weight of each person daily or whenever the person went to bed.
- Risks associated with the safety of the environment and equipment were identified and managed

appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing and recruitment:

- Staff told us that there were enough staff to do their job safely and well. People told us, "and, "I have no worries about staffing." A visitor told us, "The staffing levels seem very good," and "Plenty of staff,"
- Staff deployment had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records which evidenced that people's needs were met. Food and fluid charts were completed in real time as were turning charts and continence records. This meant staff could monitor and ensure people's needs were consistently met.
- There was a robust recruitment procedure. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- New staff were safely recruited, this included registered nurses. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service. Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Using medicines safely:

- People did not have any concerns regarding how they received their medicines. One person said, "I get my pills on time," and, "They give me my pills and discuss any changes with me."
- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as prescribed..
- All staff who gave medicines had the relevant training and competency checks. Senior care staff who were medicine givers had received support and training to ensure confidence in their extended role.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines, which included recording the effectiveness of the medicine.
- People who received covert medicines (Covert administration is when medicines are administered in a disguised format) had clear directives in place that ensured staff offered medicines in a normal way before giving them covertly.

Preventing and controlling infection:

- Beechwood Grove was well- maintained, clean and free from odour. People and visitors commented, "Its lovely and clean, kept spotless," "I can't think of any complaints, it's very clean, comfortable and cheerful," and "Always very clean, the domestic staff are wonderful."
- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Care staff changed into a different uniform to assist with the meal service, which reduced any potential of cross infection.
- Staff confirmed they had received training in infection control measures. Staff could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that governed the service.

Learning lessons when things go wrong:



- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely. We also saw that for one person they had personalised their walking frame to prompt them to use it. This had reduced the risk of falls.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

# Is the service effective?

## Our findings

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

Good- 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

- People were assessed prior to admission to ensure their needs could be met. The registered manager was very clear that people were only admitted if their needs could be met by the staff and premises of Beechwood Grove.
- We observed that consent to care was sought before support was delivered. For example, staff asked people where they would like to take their meals and if they wanted assistance. One person told us, "Staff ask me every day where I want to take my meals, it's nice that I can choose." Another person said, "I have a choice about when to get up and whether I'd like a wash or shower. They always explain what they're going to do and ask if it's alright with me."
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "I really enjoy religious services. I'm glad they are available here." Another person said, "I was asked if I wanted a male or female care to do my personal care, they have always ensured that I get a female carer."

Staff support: induction, training, skills and experience:

- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "When I started here I had an induction, which I found very useful."
- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles.
- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is helpful and easy to access."
- Clinical staff had access to professional development. A registered nurse said, "We have access to a wide range of training, we also have competency assessments to ensure our practice is of a good standard." A relative said, "The staff here know what they are doing, so I think they have the right training."
- Staff from overseas told us how they were supported by the organisation to improve their English, both spoken and written. Staff told us the importance of acceptance, whether it was nationality, culture, illness or personal preferences. One staff member said, "We meet people from all different backgrounds and no-one is the same, we treat everybody with the same respect."

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

- People told us they enjoyed the food provided by the service. One person said, "Yes, the food is generally very good! a few poor meals but we give feedback and I know that it will be dealt with."
- People were offered and shown choices of food and drink. One person said, "Yes, they [staff] asked me to

make a list of what I wanted, and they do the best they can."

- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day and if someone is not eating or has lost weight we discuss actions."
- Staff were attentive to people's needs and knew people's preferences, which were recorded in care plans.
- Food and fluids offered and taken by people were recorded in their care records. The system highlighted those at risk from dehydration. Actions were taken if concerns arose. If people required assistance to eat or had their meals provided a certain way, this had been provided.
- Our observations of the meal service on the first day of inspection was that it was not effective for some people due to the length of time it took to serve meals. We discussed this with the RM who was already aware and took immediate action to improve the meal service. This included ensuring that people were not sat too early at dining tables whilst staff checked the temperatures of food.

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

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "The GP comes regularly so we can request for him to be put on the list or the staff will do it if they see he needs something, and they call the doctors to come if they need to."
- People were supported to attend hospital and dental appointments and access eye and foot care as required. One person said, "I have to have regular appointments at the outpatient department and staff organise everything and come with me." Another person said, "Staff help me make appointments for my glasses and hearing tests, very helpful."
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day and if someone is not eating or has lost weight we discuss actions."
- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Polite and knowledgeable, contact us for advice and do monitor people well." Another said, "They have the relevant information ready so that is really helpful for us."

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

- Beechwood Grove was purpose built in 2017. The environment had been thoughtfully considered in line with people's needs. For example, there was a bistro, cinema room, a hairdressing salon which people who used the service were able to use. All outside areas were safe and assessable, with raised herb and flower beds and areas. On the first floor there was a safe outside terrace that people who lived with dementia could safely spend outdoor time.
- People were able to access the internet and WIFI was available to access throughout the property. There was written and pictorial signs around the building.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments had been completed in specific areas of care, such as, the use of bedrails and sensor mats. We also saw that the use of covert medication was used as last resort and supported by a best interest decision. Best interest decisions had been made including relevant people in the process, such as the person, relatives and GP and pharmacist.
- Staff had clear knowledge of the MCA and how to apply the principles to their role.
- DoLS applications had been made where assessed as required. The manager monitored the progress of applications and dates when authorisations were made.

# Is the service caring?

## Our findings

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

Good- People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity:

- People received kind and compassionate support from staff. People were treated with dignity and respect. Staff were unhurried and caring when people needed them. Staff responded to people promptly when people asked for help.
- People were observed to be treated with kindness and were positive about the staff's caring attitude. People told us, "Even when busy they are kind and helpful," and "They treat me well, always with respect and kindness."
- Throughout our inspection, families and visitors provided consistently positive feedback about staff and the service. Visitors told us, "Very kind and caring, I have never had any worries," and "Very nice staff here, a good feel to the place, it is always lively."
- Relatives confirmed how care workers would work to people's personal instructions and cared for them in the way they chose. One relative said, "I sat in on the review and I know they listen, some bits were changed as my relative has got frailer, but I was impressed with the staff."
- People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. People who lived with the beginnings of dementia were treated in the same way as people who were not living with dementia. They were offered the same opportunities to join activities, trips out and chose where they spent their time. One staff member said, "Everybody is treated the same way." One person told us, "I can choose what I do, staff help me a lot which I appreciate." Another person told us they liked to spend their time in their own room sometimes and stay in bed and staff respected this. We saw people going out with family and friends and there was a positive culture about enabling friendships to continue in the community.
- The registered manager told us that caring was at the heart of staffing decisions. They said, "Experience is good but we will provide training, we like to choose staff because of their caring natures and empathy."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence:

- People and their relatives were actively involved in both the initial care planning and in subsequent reviews as much as was able. One person told us, "I sat and spoke with the manager and discussed the reason I was moving in and what I would need from staff. I liked the way I could choose what I needed."
- Staff called people by their preferred name and ensured that this was noted so all staff knew.
- Staff offered people choices. For example, they could choose to have breakfast in their room or in the dining room. They could choose to spend time in communal areas or in the bistro, there were no restrictions to their choices.
- People had regular meetings with the registered manager and staff to discuss plans in the home. People said, "We had a meeting quite recently, we spoke about food, outings and special events." and "The

manager comes around and asks us how we are."

- People were supported to keep in touch with relatives. Relatives could visit the home at any time, family pets were welcomed, and this was appreciated by people .
- People were always included in the day to day activity of the home even if they were not in the communal areas. People who went to their rooms during the day were included when staff offered tea and coffee. Staff engaged with all people at the home and checked on people regularly, to ensure they were comfortable.
- People's privacy was respected. People could lock the doors to their rooms and staff always knocked before entering.

# Is the service responsive?

## Our findings

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

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

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

- People were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about what they do with their time.
- People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people. We were told conversations with people about their history and background reassured people, particularly if they had difficulty with their memory. A staff member said they had read people's care plans and it had helped her to understand people and care for them.
- Staff provided examples of how they supported people to choose their preferred care. Such as, choosing to have a wash, shower or bath, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
- Where people had specific health care needs, these were identified and showed how people should be supported. Staff could explain where and how this support should be provided. For example: people who lived with diabetes had a person specific care plan that identified clearly the persons' diabetic needs, the complications they might experience and how staff could recognise the symptoms for that person if their blood sugar dropped or was too high. There was clear information of how much insulin was required according to their blood sugar range. This ensured staff could manage their care responsively and effectively.
- Reviews took place to ensure people's needs were accurate and were being met to their satisfaction and involved of their family or legal representative. Where an advocate was needed, staff supported people to access this service.
- Resident of the day had been introduced to incorporate the review of the persons specific needs. The resident of the day included weighing the person and reviewing their health and social need care plans and risk assessments. It also gave the person a choice of a special meal and trip. One person told us, "It makes my day very special."
- People were kept engaged and active. Each day included a selection of activities that people could join in with. Activities were displayed in the communal areas on notice boards and each person received a newsletter which told them of planned trips and activities.
- People and relatives told us they were impressed with the range of activities provided and spoke highly of the activity co-ordinators and the work they did. One person said, "I really like some of the activities, I like the art and the flower arranging, I'm looking forward to going into the garden, watching the flowers grow." Other comments included, "I read, watch TV and listen to music, I have a lot of my own things in my room," Relatives told us, "The activities are excellent; she goes to the lounges and cinema and anything to do with music or animals," and "My wife loved seeing the chicks hatch, it was lovely."
- The bistro was very popular, there was a daily happy hour where people could have a drink and there was

always coffee tea, fruit and cakes available throughout the day. One person said, "I like to spend time in the bistro, my family are always made welcome at any time."

- People's communication and sensory needs were assessed, recorded and shared with relevant others. The documents created to go with people go to hospital, had peoples' communication needs clearly documented.
- One person showed us how they used technology to remain independent. They had a virtual assistant (Alexa) which they used with a forehead sensor to change lighting, call staff and access the television and music channels. This allowed them choice and control of their life.
- Notice boards were covered with information about up and coming events or something interesting or attractive to look at. There was some pictorial signage around the home to help orientate people.

Improving care quality in response to complaints or concerns:

- There were processes, forms and policies for recording and investigating complaints.
- There was a clear complaints policy. It was provided in different People also had access to the service users guide which detailed how they could make a complaint.
- There has been one complaint received in the past year. This had been appropriately responded to within the policy time frame.

End of life care and support:

- Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- The organisation has committed to staff attaining the Gold Standards Framework (GSF). GSF is specific training to all those providing end of life care to ensure better lives for people and recognised standards of care.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish.
- Care plans contained information and guidance in respect of peoples' religious wishes.
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.



# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was supported by a deputy manager who was also the clinical lead. 'We focus on providing the best life possible for each of our residents and a positive culture within the home'. Both were proud of what they had achieved in the first year of being open.
- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a wide range of activities to keep them active. This ethos ran through everything that happened at the service and was fully supported by staff. People described the service as wonderful and distinctive and gave us lots of examples of how living at Beechwood Grove had improved their life. One person said, "I would be scared to go out if I was at home, but here I have regained my confidence, I go out but feel safe."
- Information provided the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. They had introduced unit managers', and this had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as NICE.
- The management structure allowed an open-door policy. Staff confirmed this and that they felt supported to bring in ideas, discuss what worked and what didn't work.
- Heads of Department and unit managers met daily to discuss what was happening in the service, for example, who wasn't drinking, who had a wound and who was going out for appointments. This meeting discussed the key issues and actions agreed. We attended a meeting which confirmed the openness of the meeting and that this was recorded.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism.
- Quality assurance processes had been developed to consistently drive improvement. These included

audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.

- Areas identified for improvement were immediately actioned. For example, one person's medicine administration record instructions had not been updated, this was immediately rectified, and an audit undertaken to ensure all medicine records were accurate.
- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.
- Staff were valued, and this had a positive effect on their ability and resilience in supporting people.
- Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge.
- Staff were highly motivated and felt appreciated by the provider. One staff member commented "I'm so happy working here, I love coming to work".

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

- People were fully involved in everything that happened at the service. The management team chatted to people and asked for their feedback and ideas every day, in addition to regular meetings. For example, when people were out they would often suggest things be purchased to improve the service, such as plants for the garden or garden benches.
- People's relatives told us they were asked for their views regularly. One person's loved one told us, "If a problem arises, we talk it through with staff and find a solution."
- There was to be a resident gateway system introduced, which will allow people and their loved ones (if appropriate) access to the care planning system. This would allow them to review certain aspects of care delivery.
- The service used carehome.co.uk and HowAreWeDoing 'apps' to gain important feedback from people, families and visitors.

Continuous learning and improving care:

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.
- The management team used an electronic care planning system at the service. This had reduced the amount of time staff spent completing records and make information about people more accessible to them, staff and professionals.
- Following the feedback in respect of the meal service, the registered manager asked their dementia training specialist to observe meal times and feedback to staff. Improvements had already been made to the timing of meals and the efficiency of service by the second day of the inspection. This demonstrated the commitment to continuous learning and improvement.
- The management team used an electronic care planning system at the service. This had reduced the amount of time staff spent completing records and make information about people more accessible to them, staff and professionals.

Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. This joint working ensured one person received the antibiotics they needed when a doctor was not available to sign a prescription.
- The service had developed links with the local community. We saw evidence of events over the past year that involved the community, such as Dementia Friends training, school concerts, volunteer days, choirs being invited in and fetes.