Gracewell Operations (Ascot) Limited

Gracewell of Ascot

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Gracewell of Ascot provides accommodation for a maximum of 80 people with nursing care. It is situated in a residential area of Ascot where local shops and amenities are very close. It has large well-furnished lounges and dining areas. There is a bistro style café area in the reception area, as well as an Internet Café. A cinema, activities room and a hair and beauty salon are also on site. Each bedroom had ensuite. Pets are welcome to visit. At the time of our visit there were 29 people using the service.

People's experience of using this service and what we found:
People and relatives spoke positively about the caring nature of staff. Comments received included, "They (staff) make me feel comfortable and settled" and "You're not a bother but someone they'd like to help." We observed that care workers had positive relationships with the people they supported. They were warm and friendly, whilst respecting people's dignity.

People and relatives felt safe from abuse. Staff demonstrated good knowledge of what action to take if there were allegations of abuse. Risks to people's health and welfare were assessed and managed appropriately. The service ensured there was sufficient and suitable staff to care for people. There was safe management of medicines and appropriate action was taken to prevent and control infection.

The service used national guidance and best practice when carrying out pre-admission assessments. People received care from staff who were appropriately inducted, trained and supervised. The service promoted positive experiences for people living with dementia and the service identified people's needs in relation to their protected characteristics, as identified in the Equality Act 2010. Consent was sought from people before care was delivered.

People received good health outcomes because the service worked in collaboration with various health and social care professionals. The service made sure people had a positive dining experience. Meals were freshly cooked and nutritious. Catering staff had a good understanding of people's dietary requirements. Reasonable adjustments had been made when equipment was provided to meet the need s of people with disabilities.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; as the policies and systems in the service did support this practice. We found the service acted in accordance with the Mental Capacity Act 2015.

People's care and support needs were assessed to enable staff to meet their specific needs. The service met the requirements of the Accessible Information Standard (AIS). This meant supported people with disabilities or sensory impairment to be given information in ways that met their communication needs. The service took a pro-active stance to ensure people's social life experience was positive. People and relatives knew how to raise complaints and said they were satisfied with the actions taken by the provider.

People and relatives felt the service was well-led. A relative commented, "Extremely well-led and the (registered) manager values her staff who work extremely well together."

There was a culture of continuous learning and improvement in the service. Governance systems were robust which ensured people received safe, effective and good quality care.

Rating at last inspection and update: This service was registered with us on 12/10/2018 and this is the first inspection.

Why we inspected:
This was a planned inspection.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

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 responsive findings below.

Gracewell of Ascot

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
This inspection took place on 7, 9 and 10 February 2019. The inspection was carried out by two inspectors on day one of our visit and one inspector on the remaining days.

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

Notice of inspection
This was an unannounced inspection.

What we did before inspection
We reviewed information we had received about the service since it was registered with us. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection-

We used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a way of observing

care to help us understand the experience of people who could not talk with us.

We spoke with four people, four relatives, the maintenance manager, chef, activities co-ordinator, a registered nurse, a senior care worker, the deputy manager and the registered manager. We viewed two care plans, three staff files in relation to recruitment, induction and supervision, training data, medicine administration records, policies and procedures and a variety of records relating to the management of the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe from abuse. Staff demonstrated a good understanding of how to make sure people were protected from abuse. Training records confirmed they had attended the relevant training.
- A safeguarding policy was in place and easily accessible to all staff. This made sure staff followed local and national safeguarding guidelines when dealing with any allegations of abuse.
- Where safeguarding incidents happened, the registered manager had taken appropriate action and alerted the Care Quality Commission (CQC) and other relevant agencies.
- People received care from staff who knew how to deal with behaviours that challenged. Training records confirmed staff had attended the relevant training. Care records confirmed behaviours that challenged were assessed. We found appropriate strategies and techniques were put in place to help staff to manage or prevent further incidents, as well as understand triggers that caused such behaviours.

Assessing risk, safety monitoring and management.

- Risks to people's health and welfare were assessed and managed appropriately. Thorough pre-admission assessments were completed to ensure staff took appropriate action to reduce or mitigate identified risks. These covered areas such as, risk of falls, pressure ulcers and poor nutrition and hydration.
- People had access to call bells in their bedrooms and bathrooms to alert staff if they required urgent attention. This was confirmed by a person who told us, "The call system works well. There are two (call bells) in my room, one near my bedside and one in the bathroom."
- Where people were not able to operate their call bells, staff carried out regular safety checks.
- When commenting on how the service ensured the safety of their family member, a relative commented, "They (management) got him a grip frame to enable him to get into bed safely and ensure there were no trip hazard."
- The provider had acted to ensure the premises was safe to use for their intended purposes. The maintenance manager carried out regular checks and completed health and safety risk assessments of the premises. This included amongst others, legionella tests, water sampling, portable appliance tests (PAT), tests of gas appliances, internal room checks, checks of furniture and mobility aids, fire checks and any recommended actions from the most recent annual fire risk assessment.
- Personal emergency evacuation plans (PEEPs) were in place to assist people to evacuate in an emergency.

Staffing and recruitment

- There were sufficient numbers of suitably qualified and skilled staff to meet peoples' care and treatment

needs. A view of staff rotas dated 13 January 2020 to 9 February 2020 confirmed this. A staff member commented, "Staffing levels are quite good. We make use of agency staff if we get short."

● The PIR completed by the provider stated people's needs were regularly reviewed to make sure there were appropriate staffing numbers and mixture of skills. Staffing levels were determined based on assessed residents care needs. Pre-admission assessments viewed, confirmed this.

● There were safe recruitment procedures in place. The registered manager was aware of the required checks prior to a new member of staff commencing work. We looked at the records of three staff members who had been recruited by the home in the last 12 months. We found completed job applications showed full employment histories, satisfactory references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. This meant the service only recruited staff who were suitable to meet peoples' care and support needs.

Using medicines safely

● There was safe administration of medicines. The service had a Medicines Policy which was comprehensive and referred to relevant legislation and best practice.

● Medicines were administered by registered nurses or senior carers who had been trained and assessed as competent to carry out this role. A view of training records confirmed this.

● The medicines fridge in the clinical room and the clinical room temperatures was recorded at the right temperatures. This made sure medicines that needed to be refrigerated were kept safely.

● We observed part of the lunchtime medicine round which was carried out by a registered nurse. The medicine round was carried out safely and in line with the service's medicine policy and procedures. We saw staff showed respect for people when obtaining their consent and preferences for the administration of medicines.

● Where people had their medicines administered in disguise (covertly), a registered nurse told us this was carried out in their best interest and with the involvement of the person's family member, GP and pharmacist. A view of the person's care records confirmed this. A relative told us, "No problems with medications they (staff) cut (family member's) tablets but they (staff) have checked this out with GP."

● Protocols were in place for the use of 'as and when required' (PRN)medicines. Information included the minimum interval between doses and maximum dosage in 24 hours. We also noted the service used homely remedies for example, non-prescription or over the counter medicines. Records showed the GP had approved their use.

Preventing and controlling infection

● The service was clean and tidy during our visit. We spoke with the infection control lead who showed us the cleaning schedule with specific cleaning tasks that needed to be carried out on a daily basis. They commented, "I make sure all staff's infection control training is up to date. The aim is to keep infections at bay. Every room has a deep clean."

● There was signage displayed in staffing areas showing the importance of good hand hygiene practice, what to use for hand hygiene, when to carry out hand hygiene and good practice when carrying out hand hygiene. There was sufficient personal protection equipment for staff to make sure people's health and welfare was protected when care and treatment was delivered.

Learning lessons when things go wrong

● Clinical governance meetings were held with the registered manager, deputy manager who was also the clinical lead, and departmental heads. These meetings focused on various audits such as, accidents and incidents, safeguarding incidents and infection control.

● We saw various trend analysis that was undertaken in response to these audits with the learning and required actions cascaded to all staff.

● This showed changes to care practice was due to lessons learnt. For example, a wider more spacious chair was ordered for a person who had suffered a fall after mis-judging where the seat was.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service used national guidance and best practice when carrying out pre-admission assessments.
- Pre-admission assessments were very thorough. Information gathered documented peoples' health, physical, cultural, social needs and preferences for daily living. This enabled the service to establish if they could effectively meet those needs.
- Pre-admission assessments also documented people's protected characteristics such as their gender, race and sexuality as outlined under the Equality Act 2010. We noted staff had completed the relevant training. This meant people would be protected from discrimination and their human rights upheld.
- The service promoted positive experiences for people living with dementia and applied learning from current dementia care practices. For example, a 'magic table' was situated on the first floor in the activities room. This provided sensory and cognitive stimulation via a number of interactive programmes, for example 'coral' (a seascape with tropical fish, with a 'splash' effect when a person touched the table) and 'baking day'.
- People had 'memory boxes' outside their rooms, with photographs and objects that reflected their interests. Communication was facilitated through the use of photographs and 'Daily Sparkle' newspapers used to provide daily stimulation, enjoyment and reminiscence. A person commented, "The Daily Sparkle was interesting, it keeps you alive." We noted all care staff had completed the service's memory pathway training. This showed the service made sure needs of people living with dementia were effectively met.

Staff support: induction, training, skills and experience

- People received care and support from staff who were appropriately inducted, trained and supervised.
- Staff spoke positively about their induction experience. For instance, a staff member commented, "We had a thorough induction training before the home opened up, that was good. This encompassed the Care Certificate." The Care Certificate is an identified set of standards health and social care workers should follow in their daily working life. We noted the service incorporated the Care Certification into staffs' induction programme. Completed Care Certificate workbooks showed staffs' competencies were assessed.
- In addition to the Care Certificate the registered manager ensured staff received essential training. This covered topics such as, practical manual handling, falls prevention, practical fire safety, practical basic life support, manual handling, Mental Capacity Act 2005 (MCA) and Deprivation of Safeguard Liberty (DoLS), fluid and nutrition, food safety level 2 and pressure care.
- Training records confirmed staff were up to date with their training. A staff member when discussing the benefits of training commented, "The training has really improved my written work and I have gained so much confidence. I have more understanding on how to complete care plans and carry out assessments, such as falls risk assessments."

● Staff said they felt supported and received regular one to one meetings with their line managers. A staff member commented, "Its (supervision) good because it gives me more understanding. I have to talk about my challenges and how I work with my colleagues. We use it (supervision) to problem solve. We discuss our goals and where we want to be in six months or a year. Staff records confirmed staff were appropriately supported. Annual appraisals had not been undertaken as yet as most staff had been working for the service for less than a year.

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

● People were supported to have adequate nutrition and hydration in order for them to sustain life and good health. People and relatives were positive about the food and drinks provided. A relative told us there was a choice of meals and there was flexibility with meals. For instance, their family member could have an omelette instead of a main meal. Another relative commented, "(Family member) has put on a stone and a half. Staff will bring a little piece of fish and offer more if the they enjoy it."

● We observed the lunch time period. People seated in dining areas were able to enjoy their meals in a relaxed environment. The meals offered were well presented, appetising and comprised of a starter, main meal and desert. We noted all meals were cooked from fresh to make sure people received all the important nutrients. People appeared to enjoy their meals and were able to engage in conversation and eat their meals at their own pace.

● The service had a Bistro which provided people and their visitors with access to hot and soft drinks, fruits and snacks were also available throughout the day.

● The chef demonstrated a good knowledge of peoples' dietary requirements. They had devised and implemented a system to enable catering staff to know peoples' food preferences, allergies and intolerances and identify any risks such as, malnutrition. The chef knew how to determine whether specialist nutritional advice was required and how to access and follow it. They told us the provider had recognised their work on preparing fortified foods and as a result of this they were now the provider's regional trainer for fortified foods.

● Nutritional assessments documented whether people had any food preferences which related to their cultural and religious needs. Peoples' nutritional and hydration intake was monitored and recorded to prevent unnecessary dehydration, weight loss or weight gain.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

● The service acted in accordance with the MCA and its code of practice. Staff demonstrated a good understanding of MCA. A staff member commented, "It's about peoples' ability to make their own decisions. We make sure we encourage people to make their own decisions and where this is not possible we have to act in their best interest."

● People and relatives told us staff explained what they were going to do and gained their consent before care was delivered.

● Mental capacity assessments were completed to establish what specific decisions people were unable to

make. We noted best interest decisions were documented where people's relatives had no legal powers to act on their behalf. Where relatives or people's representatives had legal powers, it was clearly documented what those powers were.

● The deputy manager had ensured DoLS applications were completed and authorised. Where there were specific conditions placed on DoLS, staff understood and ensured they were followed. The deputy manager regularly monitored the progress of DoLS applications that had been referred to the supervisory body or were awaiting approval. This enabled the service to make sure they were not illegally restricting peoples' freedom.

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

● The service worked in collaboration with various health and social care professionals. For instance, care records showed dietitians and speech and language therapist (SALT), district nurses, amongst others supported people with complex health needs. A relative when describing how the service ensured their family member's health care needs were met. They commented, "My dad is diabetic, and they (staff) monitor him, his blood sugar is very good."

● Oral health assessment and oral care plans made sure staff were aware of how to support people with oral hygiene.

● Staff told us the GP visited the service weekly as a routine for clinics and home visits when required. We were able to speak with the GP during one of their visits. The GP told us registered nurses had a good knowledge of people's care needs and sent them a list of people for them to see prior to their arrival, this contained relevant health concerns. The GP said the system used by nursing staff to inform of concerns relating to people's health was very effective. An example given was when they needed to speak to a relative whose family member's health was deteriorating. The GP stated with the information provided by nursing staff, enabled them to relay important information in a way that met the relative's communication needs.

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

● The premises took people's needs into account. Reasonable adjustments had been made when equipment was provided to meet the needs of people with disabilities. There was disabled access to the building and communal areas provided people with seating areas. We saw adaptive handrails and accessible spa bathrooms. Equipment such as hoists, sensory aids, profiling beds and air mattresses were also available.

● People had access to the garden and outside area. This had been designed to encourage people to take walks and had seating areas for people whose mobility was restricted.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

● People provided positive feedback about the caring nature of staff. Comments included, "Staff are very friendly, very nice, very helpful", "They (staff) make me feel comfortable and settled" and "You're not a bother but someone they'd like to help." Relatives comments included, "They (staff) have a lovely understanding of how to do it (provide care). They've got (family member) to talk", "Nobody walks past (family member) without acknowledgement" and "Staff are great. Staff were so kind with (family member), not just the nursing staff." The relative referred to the care shown by maintenance and housekeeping staff.

●People and relatives described the environment as 'homely'. We observed care staff had developed good relationships with the people they supported. Their interactions with people were warm and friendly. We saw a person whose spoken communication was limited recognised care staff and responded positively to them, smiling and reaching out their hand towards them.

● People and relatives said they were given choices. For instance, a person commented, "I like to have showers which, I have. You have a carer with you, to wash your back and so on. I've never been rushed."

● People and relatives said staff had good knowledge of their care and support needs and who knew them individually. A person commented, "They (staff) get to know how bad you are and how good you are" and a relative told us, "Staff developed a good relationship with (family member). They (staff) have made an effort to get to know them." This was confirmed by our discussions with staff. Staff spoke to us about people's life histories which enabled them to provide care that was person-centred and meaningful. Information documented in people's care records relating to people's care and support needs and life stories confirmed what staff had told us.

● People and relatives were involved in decisions about their care. A relative commented, "I have been given the care plan to read so that I can give my input. I feel very involved." This was seen in care records which documented meetings held with people and their relatives to review the delivery of care.

Respecting and promoting people's privacy, dignity and independence

● People and relatives told us they were treated with respect. A person commented, "They (staff) are very friendly and not bossy. I was going to use the word respect" and a relative commented, "Office staff treat (family member) with respect, they don't talk over her or down to her."

● People told us their privacy was maintained and their independence promoted. A person told us staff were aware and "Sensed when people wanted to be on their own." A staff member commented, "We encourage people to do what they can more regularly, for example, if they are able to feed themselves, we will only prompt and encourage them to eat." Care records showed what people were able to do independently. We noted in one person's care record stated, "I am independent with dining. I need step by

step prompting for dining as I forget sometimes how to use cutlery."

● We observed doors were closed when personal care was carried out. A staff member commented, "We have to make sure doors are closed and conversations are held privately." Care records gave staff clear instructions on how to make sure people's dignity and privacy was respected at all times.

Good

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care that focused on their specific needs and preferences. Pre-admission assessment were comprehensive and provided detailed information in regard to people's care and support needs and their views in regard to this.
- A relative when describing their experience commented, "Dad had a fall in August and asked me to investigate care homes. I visited five included this one. They (staff) invited my dad in for lunch and then he decided to do a trial. They (staff) carried out an assessment in his house, where they observed him and carried out an assessment of his mobility. In week three of the trial my dad was admitted to hospital. All the relevant paperwork was there. The reassurance we got as a family was immense." A person told us, "They (staff) assess you. They're very good at it."
- Care plans were developed from the information gathered from pre-admission assessments. These focused-on people's specific care and support needs. For instance, we only saw diabetic care plans for people who had this health condition.
- People's bedrooms were furnished to their own tastes. A person told us they had a "nice room" and invited us to view it. The room was spacious with a view and access to the garden. Their room was personalised with photographs, pictures and objects of the person's choice.
- Care records captured people's wishes and preferences. This ranged from how they liked care to be delivered to, their hobbies and interests and, to their cultural and spiritual practices. People told us they were given the opportunity to choose the gender of the care worker assigned to care for them.
- Staff attended training to enable them to understand how to treat people fairly and equally. A staff member commented, "We treat people equally regardless of their race, gender or sexuality."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communications needs were met. Communication service plans documented whether people had disabilities or sensory impairment, in what ways staff should support them. This was documented from the people's perspective. For instance, a person's communication service plan stated, "I am able to make my basic needs known, ask 'yes' and 'no' questions appropriate and use brief, consistent word and cues. Do not rush me. Be patient. I may need encouragement when I am trying to express my feelings."

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

● We found the service took was pro-active stance in meeting the social needs of people.

● People and relatives spoke positively about the social life experience within the service. A person told us "I like singing and there are some good shows. Today people will be knitting to make it into a blanket and later, some school kids are coming in" and a relative commented, "There are lots and lots of activities. The activity co-ordinator works so hard. They have quizzes and a wonderful art class so there is a lot of stimulation." The service had a cinema that showed age appropriate movies.

● The activities co-ordinator confirmed what the relative had told us and we saw a range of activities was offered to people during our visit. The activity co-ordinator told us people showed interest in different cultures and this was promoted through a French club led by a French speaking activity worker. We saw the Chinese New Year had been celebrated recently and a care staff carer had taught people to write their names in Chinese characters. One person had a French tutor who visited to give lessons. Technology was used to encourage people to make choices about the music they would like to listen to. We heard people making such choices. For example, a person was heard saying, "Alexa, play Nat King Cole." Care records documented people's social preferences.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to complain. Comments included, "I would tell them (staff) politely, I've not had to (make a complaint)." Another person told us "I would report any concerns to the (registered) nurse. They are the only one who can really do anything." A relative told us a complaint was answered "very, very quickly." The went on to say they was satisfied with the action taken by management.

● We viewed the provider's Complaints Policy. This referred to verbal and written complaints and response timescales. We noted the policy acknowledged the importance of transparency and it stated, 'willingness to apologise if necessary and expressions of concern and regret are important'. We found complaints were responded to appropriately.

End of life care and support

● At the time of our visit there were no one receiving end of life care. We spoke with two relatives who had experienced bereavement recently. A relative told us the care to their family member had been "wonderful". Another relative told us how happy they were with the care that had been provided and expressed how appreciative they were of staff.

● People had end of life care plans in place which expressed their wishes for when they were at the end stages of life. Care records indicated whether there was a 'do not attempt cardiopulmonary resuscitation' (DNACPR/DNR) order in place. This is where people or those acting on their behalf had made a decision for their heart not to be resuscitated if it stopped. Staff had completed the relevant training. A staff member commented. "I have received training, I like to look after resident until their last minute. It has motivated me and given me strength to ensure people and their relatives are cared for at that sensitive time."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had clear visions and values, these were kindness, integrity, trust, empathy and respect. All staff had received Equality Act and human rights training to ensure people were protected from discrimination.
- There was a positive culture within the service. Management made themselves easily accessible and relatives told us they could visit without any restrictions. People described the service as very homely, relatives said they found all staff and the management team very friendly and staff spoke positively about the team morale. A relative told us the service was, "Extremely well-led and the (registered) manager values her staff who work extremely well together." A staff member commented, "We (staff) get a lot of support."
- Staff's personal development and learning was encouraged and supported. A senior care worker commented, "I am currently doing leadership and supervision training to improve my management skills."
- People received good outcomes as a result of the care and support received. A relative commented, "I come in most days. They (staff) have made a difference to (family member). They (staff) have improved her quality of life. She looks good and has put on weight."
- The service had a duty of candour policy (DoC) in place.
- The registered manager and deputy manager were familiar with the requirements of the DoC and how it should be applied. At the time of our visit there were no DoC incidents.

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

- The management team consisted of the registered manager, deputy manager and departmental heads. Accountability, roles and responsibilities were understood and there was clear leadership.
- Providers are legally required to notify the Care Quality Commission (CQC) of incidents that happen in their service that affected people. We found all notifications were submitted to us in a timely manner as well as other relevant agencies.
- There were robust quality assurance systems in place. Monthly clinical governance audits were undertaken to ensure the quality of services provided and to ensure people's safety. For example, we viewed the 'quality indicator and clinical governance meeting minutes dated 5 February 2020. This was attended by the registered manager, deputy manager and all departmental heads. The purpose of the meetings was, amongst others, to review the results of various audits, and to identify, analyse any emerging trends and take appropriate action to address them.

● Areas reviewed covered accidents where injuries happened and accidents where no injuries were sustained; analysis of falls, the use of anti-psychotic medicines; DoLS (applied for and approved); hospital transfers; infections (including any outbreaks; safeguarding; weight loss and medicine management. We found appropriate action was taken and the learning cascaded to all staff through various staff team meetings.
● The registered manager received support from their regional director who carried out quarterly audit of the service's care and operations. This ensured people received safe, effective and good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were encouraged to be involved and actively provide feedback about the quality of the service. Residents and family members were invited to monthly meetings and told us they attended. We saw scheduled meeting dates displayed in the main reception area. Feedback received was responded to and used to further improve the service.
● The service engaged with staff through staff surveys, Long Service Recognition, Staff Appreciation Programme, and Heart and Soul Awards. This recognised staff who went 'above and beyond' their day to day responsibilities and had demonstrated outstanding work. The 'residents board' displayed the names of staff who people had nominated to receive the award with 'thank you' notes such as, "Thank you [name of staff] for all your acts of kindness."

Continuous learning and improving care
● The service had a culture of continuous learning and improvement in the service. Staff we spoke with regardless of their job roles, told us the people they cared for was unique and therefore, their sole aim was to ensure the care and support provided made a positive difference in their lives. We found governance systems and the service's bespoke training programme enabled staff to achieve this.

Working in partnership with others
● The registered facilitated a wide variety of events to enable people's engagement with the wider community. This included hosting a Dementia Friends Forum, educational events, concerts, fetes, Open Days for example.
● Good partnership work was established with health and social care professionals. This was confirmed by the GP who stated his weekly visits and clinic held at the service worked very well because staff had a good understanding of people's health needs.