

Kent County Council

Gravesham Place Integrated Care Centre

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: Gravesham Place Integrated Care Centre is a care home providing short term care of up to three weeks for people leaving hospital to return to their own homes or move to an appropriate longer term care home setting.

- People told us they experienced an exceptional service. People and their relatives said of the service, "Very well run, staff are so obliging." "I couldn't have wished to be in a better place. I feel like a queen being waited on." "The level of care and attention I see people receiving from the staff team is first class." "Excellent care."
- The registered manager had worked innovatively to engage with people in their recovery pathway. For example, weekly multi-disciplinary meetings were led by Gravesham Place staff to review and adjust people's care pathway. People who had been very poorly on admission had received exceptional care to enable them to recover. One person said, "The service is excellent." Another person said, "Staff are very helpful and go over the top with their care and kindness."
- 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. People's safety was protected through a culture of incident analyses and responses. For example, the levels of falls in the service had reduced by half. People told us they felt safe with staff. One person said, "I feel very safe, staff are great I like them all." Another person said, "I feel safe here, I just don't want to go home now." People received their medicines as prescribed to protect their health and wellbeing. One person said, "I always have my medication at breakfast time." Another person said, "Staff always check with me if I am in pain and need some extra painkillers."
- We observed and people told us that staff met their needs with exceptional care and compassion. This happened because the registered manager recognised the value of having staff on site trained to mentor others in delivering consistent compassionate care. For example, dementia and dignity champions. One person said, "I feel they are my friends, I can have a joke with staff." A relative said, "Staff have a caring attitude, when staff come in for their shift they go round everyone saying hello using their first names, asking them how they are."
- The values of the organisation matched the high standards of care people experienced in the service to meet their needs. For example, the service was dependency driven rather than numbers led so that staffing levels were consistently matched to people's needs. One person said, "There are enough staff to help me, they always have time for you." Staff were deployed with the skills and training needed to meet people's needs and choices. People and their relatives told us that the staff were good at their jobs, that staff had the right skills and knowledge to meet their need. A relative said, "Staff appear skilled, they are proactive and very aware of who they are talking to."
- Staff at Gravesham place utilised planned and emergency specialised health and social care colleagues such as occupational therapy and community nursing exceptionally well. People and their relatives told us their health care needs were met and that health care staff were proactive at getting medical assistance. One person said, "I have regular district nurse visits to check my wounds are healing correctly." A relative said, "When (family member) was not too good recently they called the doctor straight away."
- People felt included in planning their care. A relative said, "We have been kept fully informed about the

assessment (care plan) by the staff." People's rights and their dignity and privacy were respected. One person said, "Staff always knock before they come in, when having a shower they leave me to do as much as I can, always there to give me my towel to dry myself." People told us they were listened to by the management of the service. One person said, "I would recommend this place to anyone, everyone treated the same, they treat you as a person."

- The care offered was inclusive and based on policies about Equality, Diversity and Human Rights. Equality champions offered support and advice to people and staff. Innovative ways were being used to encourage people to speak about their sexuality. For example, the rainbow flag, commonly known as the gay pride flag or LGBT pride flag, had been discreetly added to paperwork headings, information displayed on notice boards and placed around the service.
- People were often asked if they were happy with the care they received. People, their relatives and health care professionals had the opportunity to share their views about the service.
- Care plans had been developed to assist staff to meet people's needs. One person said, "There's a folder with my care plan in it, staff always record what I have eaten and been drinking along with what I have done for the day." The care plans were consistently reviewed and updated. Care plans told people's life story, recorded who the important relatives and friends were in people's lives and explained what lifestyle choices people had made. Care planning informed staff what people could do independently, what skills people wanted to develop and what staff needed to help people to do.
- Health and safety policies and management plans were implemented by staff to protect people from harm. The provider trained staff so that they understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns they may have.
- Complaints made by people or their relatives were taken seriously and thoroughly investigated.
- Safe recruitment practices had been followed before staff started working at the service.
- New staff and existing staff were given an induction and on-going training which included information specific to the people's needs in the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs.
- There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.
- Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health.
- Management systems were in use to minimise the risks from the spread of infection. One person said, "The home is well managed and kept spotlessly clean."
- The service could continue to run in the event of emergencies arising so that people's care would continue.

The registered manager and staff were working with a clear vision for the service.

Rating at last inspection: At our last inspection on 13 July 2016, (The last inspection report was published on 24 August 2016), we gave the service a Good rating. At this inspection we found the evidence of continued development which had moved the service to an Outstanding rating.

Why we inspected: This was a comprehensive inspection scheduled based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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 Well-Led findings below

Gravesham Place Integrated Care Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Service and service type:

Gravesham Place Integrated Care Centre is run by Kent County Council. The service works closely with the Dartford and Gravesham NHS Primary Care Trust. The centre consists of four units that provide care for up to 80 people with different needs. There were 62 people using the service when we inspected.

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

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed eight people's care plans. We also looked at a variety of different sources of information relating to people, such as; activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs.

We gathered people's experiences of the service. We spoke with six people and four relative's. We observed care interactions in the communal lounge areas and the dining areas. We looked at feedback given by people through the providers quality audit processes. We also spoke with the registered manager and four members of staff. We asked for feedback from external health care professionals about the service. We contacted Healthwatch, who are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change.

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:

- All of the people and relatives we spoke with told us they felt safe. One person said, "The staff seem to be concerned that I don't fall over and remind me to use my frame, when I move about." Another person said, "I feel totally safe, staff are exceptionally helpful." Another person said, "Very safe here, staff very good and there is good security." A relative said, "Very safe, I have witnessed very attentive staff." Another relative said, "My relative is absolutely safe, lovely atmosphere, carers are always around to assist." Another relative said, "X had fallen in her bedroom, she pressed the call button and staff were with her straight away." Staff received consistent training about safety and preventing abuse.
- People could not be discharged from the service without a package of care and equipment in place at home to maintain people's safety.
- People had an information folder in their rooms this included details on who to speak to if they had concerns. This gave people information about safeguarding. The information given to people about safety and the principals of adult protection were available in different formats, such as pictorial, brail and in people's first language where this was not English.

Assessing risk, safety monitoring and management:

- The service had developed innovative new ways to monitor people's safety and reduce risks. For example, falls had been reduced as a result of a falls mapping monitoring system. This had been developed by staff. This system used the analysis of the frequency, locations and investigations of falls to implement changes to try and stop falls happening. Falls had reduced by more than half in the eight months since the new monitoring system had been used. Staff we spoke with were committed and enthusiastic about making sure every near miss or incident was recorded in detail. This assisted the exceptional levels of analysis and investigation taking place.
- Risks assessments were extremely thorough and gave detailed guidance, incorporating professional's advice. These were reviewed weekly as part of the multi disciplinary team approach (MDT). The MDT meetings are led by a team leader based at Gravesham Place and bring together NHS professionals, care management and the staff from Gravesham Place.
- General risks from the premises were exceptionally well managed. The building was maintained by the nearby NHS facilities team. The maintenance log showed that faults that posed a risk had been rectified quickly. Systematic checks took place on safety systems, like automated fire equipment, electrical safety and water safety (Legionella). Planned improvements were taking place, for example areas of the service were being decorated. Staff knew what to do in the event of an emergency. 'Personal Emergency Evacuation Plans' which were thorough and tailored to each person and fire drills took place regularly.

Staffing and recruitment:

- The amount of staff available was matched to people's needs. For example, there was a managed admissions process based on people's dependency levels. This created flexible availability between care needs and staff time.
- One person said, "Staff always come straight away (If I need them) or within a few minutes." Another person said, "There are enough staff to help me and they make time to sit and chat." Where people were admitted requiring higher levels of staff time to assist their recovery, the registered manager freed up staff numbers by lowering the bed occupancy levels.
- There were recruitment and disciplinary policies to protect people from unsuitable staff working with them. A relative said, "Staff are fantastic cannot fault them, if I had a concern I would speak to the (name) team leader and then the manager." Pre-employment checks were made, including obtaining a full employment history, references were sought. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that needed care and support. Staff had to meet the standards of conduct expected of them.

Learning lessons when things go wrong:

- There was an open, transparent and reflective culture within the service, where people and staff felt a duty to raise areas for improvement and incidents and accidents. When accidents and incidents occurred they were recorded, investigated and analysed thoroughly by the registered manager. Investigation outcomes were shared with staff and changes were made. The registered manager gave us lots of examples of changes they had made, for example, increasing staffing levels at night. This had been increased to cope with overnight admissions so that care routines were not disrupted.
- Assistive technology is used to prevent harm. For example, where people may fall or at risk of slipping from chairs, cushions that make a beeping sound are used to alert staff that the person has either stood up or moved out of position.

Using medicines safely:

- People continued to receive their medicines safely and as prescribed to protect their health and wellbeing. One person said, "When I told one of the staff that I was in pain, they went straight to the team leader and they arranged for me to have a couple of pain killers." Another person said, "As soon as I wake up I have one tablet for my anxiety and then the rest at breakfast time and last thing at night."
- The policy on the administration of medicines followed published guidance and best practice. Senior staff were trained to administer medicines and their competence was checked by the registered manager to check safe practices were maintained. Medicines were stored safely in temperature controlled rooms within lockable storage containers. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. Medicines were audited and stocks tallied with administration records. Staff described how they kept people safe when administering medicines. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies.

Preventing and controlling infection:

- People continued to be protected from the spread of infection. People told us the service was kept very clean. Staff had regular training about infection control. Staff were wearing the right personal protective clothing and were washing their hands appropriately.

- Cleaning was ongoing and followed an auditable system of cleaning, for example staff signed to confirm they had cleaned areas of the service in line with the cleaning plans. Cleaning plans included deep cleans of rooms and carpets.

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

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:

- The registered manager undertook an assessment of people's rehabilitation care needs. The assessment checked the care and support needs of each person so the registered manager could make sure staff had the skills to care for the person appropriately.
- At the assessment stage people were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity. Records included information and guidance about the person's physical, mental health, communication, emotional, spiritual and sexual needs as well as their likes, dislikes, preferences.
- A multi-disciplinary team approach was taken when decisions were made about whether the service could meet a person's needs.
- A relative said, "We are involved with the assessment process discussing what care (family member) needs." To reduce stress and anxiety, when people move into the service they are monitored every four hours or more frequently if needed to assist them to settle in, become orientated with the environment and get to know staff.

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

- Nutrition and hydration assessments were in place which also took account of people's allergies, preferences and any risk people faced, for example diabetes, choking or weight management risk.
- People were very complimentary about the food they received, they told us the meals were in sufficient quantity and they had plenty of choices. We observed meals times were positive and sociable experience for people, with people chatting to each other or with the staff. Staff made the meals a social occasion. They joined people in having something to eat. One person said, "Plenty of food as much as I want, if I want a drink, I can help myself or one of the staff will bring it to me."
- People's health and welfare was supported through their nutritional and hydration needs being met. Another person said, "Kitchen staff makes sure I have had a good healthy meal. The food very good, generous helpings. I have put most of the weight back on I lost in hospital. We get biscuits or cake with our drink in the afternoon we have fresh fruit."

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

- Staff worked closely with various professionals to develop people's mobility, and to promote their health and wellbeing. This included the local GP, the community nursing teams, occupational therapist. Referrals

to other health professionals were done in a timely manner.

- People's health and wellbeing was promoted as they had full access to the following on site services; Dentist, community nursing and minor injuries unit.
- Staff managed pressure ulcers effectively. People who were at risk from pressure ulcers developing or from skin tears were identified. Documentation was kept up to date showing when people had been repositioned. Pressure area care plans showed frequent review.

At the time of this inspection, no one was suffering from pressure ulcers.

Staff support: induction, training, skills and experience:

- Staff completed training to improve their skills and understanding of people's needs and how to deliver care. This was reflected in people's experience of the service. One person said, "Staff are well trained, they have been getting me to raise my arm and use my hand again." Training records confirmed that staff had attended training courses or were booked onto training after these had been identified as part of their development. A member of staff said, "We get regular training using the NHS e-learning system for things like catheter care and get face to face training for training medicines and moving and handling and first aid."
- New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. New staff worked through the Care Certificate standards. 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 felt well supported by the management. All of the staff we spoke with confirmed they get face to face supervisions on a regular basis and an appraisal for their development needs.

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

- Areas in the service were adapted for wheelchair access, for example there were ramps to access the garden. People living on the upper floors could access a lift to move between floors. There were adapted bathrooms and people had a choice between bathing or showering. This provided people with comfortable living accommodation.

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 make 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 and they were.
- Staff had a good understanding of the MCA and DoLS and told us how any restrictions they put in for people, should be the least restrictive option. For example; one member of staff told us, "The registered manager has been doing lots of work with us, like with MCA awareness and about making sure people get their rights met and choices."

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:

- The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and included in people's initial assessments. People using the service and their relatives described the staff as having a 'Proactive attitude.' There were now ten staff trained as dignity champions and dementia champions. These staff help advise and mentor other staff and worked with people and their relatives to find out about dignity and issues that affect people living with dementia. The provider had also trained as a dementia champion and had taken part in the delivery of person centred care.
- The staff team had found innovative ways to encourage people to talk about their lifestyle choices and sexuality. For example, the rainbow flag, commonly known as the gay pride flag or LGBT pride flag formed part of the header on the services paperwork and this was also tactfully displayed throughout the service to prompt discussion.
- People could access translation services when their first language was not English and documentation could be produced in large print, for the visually impaired, or in brail or picture format. The service has a link to the Millan and Guru Nanak, Sikh faith centre. This enabled the service to meet people's needs from different communities for respite, assisted people to use the temple provide appropriate foods.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff were caring and respectful. One person said, "It is my decision on what I want help with, staff always listen to my requests." A relative said, "They [staff] show a genuine interest in people when they are helping them. They don't talk to people like kids, if someone is a bit hard of hearing they don't shout at them, they sit down at their level and lean towards them when they speak to them."
- We observed people who looked relaxed and comfortable. One person said, "The staff are lovely, ever so kind." We saw staff had built a good rapport observing people and staff chatting and smiling with each other. A relative said, "Staff are caring, always jovial, always pleasant." Staff initiated conversations with people as they carried out their tasks, asking if people were alright, and checking whether they would like a drink. We observed staff spoke with people using their preferred name in a friendly and caring way. A person watching the television asked one of the staff about an advert, the staff took to time out from they were doing to explain what the advert was offering and who it was for.
- The registered manager was mindful of the need to employ staff with a mix of cultural experience. For example, about a third of staff were from a non-white mixed cultural background. This reflected the community the service operated in.

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

- People told us they were involved in making day to day decisions about their care.
- People decided how they wanted to be supported. The registered manager assessed each person's ability to do things for themselves or the levels of staff care required. They involved people and their family members in the process when this was appropriate. This assisted staff to meet people's needs in a person-centred way. For example, knowing who people were before they came into care.
- People had care plans which described their individual communication needs and preferences. Guidance was given for staff on how people's communication needs should be supported and promoted. For example, a translator had been used to communicate in Turkish to a person.
- Individual communication needs are met using various appropriate resources. We observed this in practice. Staff had got a person with hearing issues a communication board so that they could communicate better together. We observed staff writing on the board to ask questions and the person used it to give their response. Later, we observed the person using the board with staff to play noughts and crosses.
- People were provided with information in ways that helped them to make decisions about their care. There was access to advocacy services. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.
- The registered manager used their links to the NHS hospital to seek assistance from staff with different language and cultural understanding if required to share information with people.

Respecting and promoting people's privacy, dignity and independence;

- People told us that staff continued to respect their privacy and that staff supported them to maintain their dignity. One person said, "Staff are absolutely brilliant they are all very understanding." A member of staff said, "We think about dignity, consent, we make people feel like they have choices, we do not want people thinking their rights are being taken away. We try to make people feel at home."
- Care plans included what people could do for themselves. One person said, "Staff always record what I have done for myself and what they have helped me with." Our conversations with staff confirmed this practice was embedded in the staff culture. One member of staff said, "We ask if it's okay to help people, if they are independent we let them do things for themselves. We encourage them to do what they can do, but help with things like wash their backs and helping with getting dressed."
- Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

- Using ESTHER ambassadors and training staff to become ESTHER champions enhanced involvement and the provision of person centred care. ESTHER is a person-centred assessment process that matches people's needs to the care they require on their journey from ill health to recovery. This practice starts from pre- assessment face to face meeting and cuts out issues with people being incorrectly placed in a service that cannot meet their recovery needs.
- One person who had lost contact with their family had been helped by staff to contact them again through social media. The person said, "Staff have helped me get back in contact with my family and (name) staff has been helping me set up my smart phone." Since then these family members had visited the person. As the person had no family photographs, staff had organised the printing and display them recent photographs for the person in their bedroom and had started building an album of photographs for the person to take with them when they moved on.

People's participation in person centred activities promoted their health and wellbeing:

- Throughout the day of the inspection people were engaged in meaningful activities across the four units. One person was observed playing the piano for people. Music was played in all the units and we observed staff singing along with people and encouraging people to get up and join them for a dance.
- The service runs a public coffee shop to raise money for themed monthly activities. This fund supports a mixture of themed entertainers, and weeks where areas of the service were decorated to look like a beach with candy floss machines, picnics and fun events.
- Staff developed positive activities strategies for people to flex their cognitive abilities. People took part in activities to limit isolation and memory loss and promote physical development. Occupational therapist were on site to treat injured, ill, or disabled people through the therapeutic use of everyday activities. They help people develop, recover, improve, as well as maintain the skills needed for daily living and working.

The service staff remained innovative in ensuring that records and care met people's most up to date care and safety needs:

- The care people received continued meeting their most up to date needs. Comprehensive weekly reviews of care plans continued and these were recorded and shared with care staff.
- Innovative working practices continued to be developed. For example, the service facilitated multi-disciplinary professional outreach meetings to link with GP's, pharmacies and the community nursing team. These promoted joint working and best practice to benefit people living in the service. One person said, "10 out of 10. Nothing seems too much for the staff to do." A relative said, "Getting superb respite care, staff spend time with (family member) teaching her the best way to get from the chair to the frame."
- People benefitted from high standards of care when the information about their conditions and needs

was shared between health care professional effectively.

Improving care quality in response to complaints or concerns:

- People and their families were aware of how to raise complaints and make compliments about their experiences. One person said, "No complaint whatsoever, if I had an issue I would speak with the Team Leader."
- People told us that the registered manager responded to anything they raised. One relative said, "We had a moan about the toilet and asked if (family member) could have a raised seat as she was used to one at home and if it was okay if we brought the frame we used at home. The team leader was very open to that suggestion."
- There continued to be a comprehensive policy about dealing with complaints. We checked this had been followed. There had been two complaints since September 2018 both had been thoroughly investigated resolved.
- Each person had been given information that set out the Gravesham Place Service statement of purpose and how to make a complaint. Large notice boards displayed the team leader's details and staff hierarchy so that people knew who they could speak to.

End of life care and support:

- No end of life care was being provided at the time of this inspection. However, staff received training in the key principals of end of life palliative care.
- The service has access to the rapid response team from a local hospice.

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; and how the provider understands and acts on duty of candour responsibility:

- The management led by example and their leadership skills were praised by people and staff. One person said; "I have received nothing but encouragement from the managers and staff to get my health back and get in touch with my family." A relative said, "I take my hat off to these people, this home is so well run." Another relative said, "At staff changeover you can see that there is really good staff morale here which reflects good management."
- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. Policies have been updated to highlight the service was inclusive for the Lesbian, Gay, Bisexual and Transgender communities, both for people living there and for staff. To support this staff champions were trained on how to sensitively support and advise people about sexuality and sexual relationships. Diversity days were now held which included staff dressing, or cooking foods, based on their cultural background.
- Three staff were data protection champions. They gave advice and checked the service met people's data rights. Staff carried pocket sized information reminding them of the duty of candour and the principals of the mental capacity act.
- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

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

- Every aspect of people's experiences in the service continued to be delivered in line with the providers advertised care philosophy. People's experience of the service was enhanced by proactive, innovative leadership, openness and communication.
- The registered manager consistently made people aware of the care standards they should expect. Staff we spoke with remained clear about the vision and aims and objectives of the service. Leaders in the service consistently promoted person centred values.

The registered manager learnt from and shared their skills and knowledge with other managers internally and externally at events and conferences. This kept them up to date with important social care

developments.

- The service used thorough and robust quality monitoring systems. Staff, the registered manager and provider carried out detailed 'self-assessment compliance audits' and mock inspections on all aspects of the service. People benefitted from a quality of service that was driven by the provider and staff's commitment monitor and improve their performance. Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.

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

- People using the service and their relatives told us that they were kept fully informed of the care they were getting.
- People and families were given comment cards to complete when they left the service. Monthly comments which were received were displayed on the notice boards. People gave the service a high satisfaction rating.
- The registered manager produced a newsletter. This gave people information about the service and how the service wanted to improve people's experiences. These new letters were displayed throughout the service.
- The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- Team meetings were held regularly for all staff. The provider attended often attended team meetings. At these meetings staff discussed ideas, improvements and reflected upon their work.

Continuous learning and improving care:

- Staff were passionate about learning and embraced the latest and best practices. Champions ensured that all aspects of care and support reflected the most current and approved methods and practices.
- We saw that the registered manager shared all feedback to staff, from lessons learnt to compliments. We saw changes had been made to the security of the building after a person had left the premises without staff knowing.

Working in partnership with others

- Staff worked closely with a range of different professionals, authorities and charities and were innovative in how they engaged with local organisations.
- The service works in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes.