Langdale House Limited

Everdale Grange

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Everdale Grange is a care home that was providing personal and nursing care to 57 people aged 65 and over at the time of the inspection.

People's experience of using this service:
● People told us they felt safe at the service and supported by staff who were trained in safeguarding procedures. The provider had effective safeguarding systems and policies in place.
● Potential risks to people's health, safety and welfare were assessed, managed and monitored on an ongoing basis.
● People were supported to take their medicines safely and their health care needs were met appropriately.
● Staff were recruited safely and there were enough staff to meet people's needs.
● People were supported by staff who had undertaken training and were knowledgeable about people's needs and had their competency assessed.
● People lived within a well-maintained environment, which took account of people's needs and provided signage to help them navigate around the service.
● People's rights and choices were promoted on an ongoing basis. We saw evidence of mental capacity assessments being carried out as required. People's family and relevant health care professionals were consulted as part of best interest decisions.
● People were supported to have maximum choice and control of their lives and caregivers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
● People spoke positively about the meals provided and they were supported to eat and drink as required.
● People's equality and diversity was respected, and their privacy and dignity maintained. Positive care relationships had been developed between people and the staff who cared for them.
● People's cultural and religious needs were identified and supported.
● People and relatives were fully involved in all aspects of care planning where appropriate.
●There were effective systems in place to support people when they reached the end of their lives to ensure their wishes and needs were planned for.
● People's care was personalised to their individual needs and staff worked flexible to accommodate this.
● People and where appropriate their relatives were encouraged to contribute in the review of their care regularly.
● The management and staff team were creative, committed and promoted supporting people with living with dementia. We saw national best practice guidance was used effectively which had had positive impact on the lives of people living with dementia. There were a variety of meaningful activities arranged that were of interest to people. Care provided was personalised in all aspects and monitored. This was essential for people receiving rehabilitation care and support.
● The service encouraged people to maintain links with family, friends and the local community. Inter-generation activities and links with schools was promoted and had benefited the lives of people living with dementia.

● An open and transparent culture enabled people and staff to speak up if they wished to. There was a system in place to respond to complaints and advocacy support was available.
● People, their relatives and staff had opportunities to give feedback and influence service development.
● There were robust quality monitoring systems and processes in place which were supported by policies. Action was taken where areas for improvement had been found and any lessons learnt from incidents were shared with the staff.
● The provider, registered managers and staff team worked well with professionals and external organisations and they effectively used good practice guidance to promote people's quality of life.

Rating at last inspection: This is the first comprehensive inspection carried out at Everdale Grange since they registered on 23 March 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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.

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?

Outstanding ☆

The service was exceptionally 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.

Everdale Grange

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 was undertaken by three inspectors, a specialist nurse advisor and an expert-by experience. The expert-by-experience had personal experience of caring for someone living with dementia.

Service and service type:
Everdale Grange is a care home. People in care homes receive accommodation and nursing or personal are as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Everdale Grange accommodates 67 people across three separate wings, each of which has separate adapted facilities. Sovereign facility specialises in providing reablement care, whilst Tudor and Windsor facilities specialise in caring for people living with dementia, physical disabilities, nursing care and palliative care. At the time of our visit there were 57 people using the service.

The service had two managers registered with CQC. 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 inspection was unannounced

What we did:
We reviewed the information we had about the service since it was registered. This included notifications the provider has sent us. A notification is information about important events the service is required to send us by law. We used the information in the provider sent to us in the Provider Information Return. This is

information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We received positive feedback from the health and local authority commissioners and involved in people's packages of care and Healthwatch; which is an independent champion for people who use social care services. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people using the service, six relatives and three health care professionals based at the service and two visiting health care professionals.

We observed people being supported in the lounges and in the dining areas at lunch time and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five nurses, two team leaders, seven care staff, the activity co-ordinator and the cook. We spoke with both registered managers, clinical lead, support manager, head of care, head of dementia care and the area activities manager.

We reviewed a range of records which included 11 people's care records and other associated care records. We looked at seven staff recruitment files, training information and staff rotas. We looked at other records relating to the management of the home including a variety of policies and procedures, complaints and quality audits and quality assurance reports. Additional evidence we had requested after our inspection was received and used as part of our inspection.

Good

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:
- People told us they felt safe. They said, "I feel safe when I'm alone with staff and "I definitely feel safe here. Staff look after you." A relative said, "Yes [person] is safe."
- Safeguarding systems and processes were in place. Staff and people were given information about how to raise a safeguarding concern.
- Risk assessments and care plans referred to risks and how to protect and keep people safe.
- Staff were trained in safeguarding procedures and knew to report concerns to the management team. A staff member said, "I would report [concerns] to the senior or nurse. They would call the GP or social worker, or if nothing's happened then I would call CQC myself."
- Safeguarding concerns had been reported to relevant authorities such as the local safeguarding authority and when needed action had been taken to protect from avoidable harm.

Assessing risk, safety monitoring and management:
- People needs, and abilities had been assessed before they started to use the service. One person said, "I've got a buzzer and would use it if I needed help."
- Comprehensive risk assessments were in place and updated as and when people's needs changed. These covered all aspects of people's care, and included the risks of falling, mobility, behaviours which may challenge and environmental risks amongst others.
- Care plans had clear guidance for staff to follow on how to reduce risks to people. For example, a care plan stated 'Staff should let [name] have full access to areas of the unit always, please do not restrict [name's] movements.
- Regular checks were carried out to ensure avoidable risks were managed. For example, repositioning people nursed in bed regularly to prevent skin damage.
- The provider made best use of assistive technology to keep people safe. For example, a person had requested to have a bed movement sensor at night as it made them feel secure and sleep better.
- Staff were trained in delivering care. A staff member said, "One of the things we must do before using equipment is to check the service date; that it looks safe to use and having the right sling for them." This demonstrated a culture of 'doing it right every time' was promoted by the provider.
- Risks to people ongoing care and support needs were regularly assessed, reviewed and safely managed.
- Emergency evacuation plans were in place to ensure people and caregivers knew how to leave Everdale Grange safely in the event of a fire.
- Regular safety checks took place to ensure the premises and equipment were safe.

Staffing and recruitment:
- The provider had followed safe staff recruitment procedures. Staff recruitment files contained evidence of

Disclosure and Barring (DBS) checks, references obtained, and nursing staff's professional registrations were confirmed with the Nursing and Midwifery (NMC) was confirmed before they started work.

● There were enough staff to meet the needs of people. One person said, "Yes there is enough staff, somebody always turns up should you [need them]."

● Staff told us they had sufficient time to provide good quality care. Staff said, "There are enough staff and we deliver care without rushing or in a task orientated way" and "Our managers are extremely supportive, if we said we needed more staff, they would always respond positively."

● The staff rota confirmed staffing levels were maintained and any absences were covered.

● Staffing was monitored and determined by people's needs, the time required to support a person, their diverse needs and the support needed over 24hours.

Using medicines safely:

● The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.

● Staff were trained, and their competency was assessed before they administered medicines.

● People received their medicines when they should and as prescribed. One person said, "I have my tablets on time. I know I can ask for [pain relief medicine] if I've got any pain."

Protocols were in place for the administration of as required medicines such as pain relief. These provided enough detail for staff to know what medicines to give and when. Where required body maps identified the area of application of prescribed creams should be applied.

● We observed staff in all three units administered medicines correctly. For example, a nurse explained what the medication was; they encouraged the person to take the tablets with some juice and stayed with them until all had been taken before completing the medicine records.

● A system of regular checks and audits on the medicines records and storage helped to ensure any issues found were promptly addressed.

Preventing and controlling infection:

● The service has systems in place to manage the control and prevention of infection. There were posters and information about good hand hygiene practices to ensure staff, people using the service and visitors understood and followed them.

● People and relatives told us they felt the premises were cleaned to a good standard. A relative told us "Staff always wear gloves and aprons to give care."

● Staff were trained and had a good knowledge of infection control requirements. They had access to personal protective equipment such as gloves and aprons. A staff member said, "We've got (disposable) gloves and aprons. We have to use red bags for soiled clothes and pads." Staff meetings were used to share good practice regarding prevention of infection.

Learning lessons when things go wrong

● Accidents and incidents were regularly audited to check for trends or patterns.

● Lessons learnt were shared with the staff team in handovers, team meetings and supervisions. For example, medicines were now included in the handover meeting at the start of each shift.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:
- People and relatives were confident that staff were trained to provide care. One person said, "Staff have skills without a doubt. They're doing a damn good job." A relative told us, "The staff always seem to know what [person] is doing and [person] never seemed to be distressed."
- Staff received comprehensive induction and training for their role. Training was relevant to staff roles and responsibilities and delivered in various ways to support staff learning needs. Regular staff competency assessments ensured their skills and knowledge were up to date.
- Staff were provided with specialist training to support people with specific health issues or diagnosis. Staff applied their learning effectively in line with best practice, which lead to good outcomes for people. A specific toolkit used to help people living with dementia to be engaged for example, to keep their hands busy.
- Nurses were provided with regular clinical updates and training to meet people's nursing needs, such as urinary catheter and percutaneous endoscopic gastrostomy (PEG) care. (A PEG feed is a tube passed into the stomach to provide a means of feeding when oral intake is not adequate).
- Staff meetings and supervisions took place regularly where staff could discuss their work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs assessments were comprehensive and individualised. For people requiring reablement care, the expected outcomes were identified, and their progress was monitored.
- People's needs were detailed in their care plans. This included comprehensive information in relation to their background, history, experiences, likes, dislikes and preferences.
- People's communication needs, and understanding was clearly documented so to ensure staff supported them in the correct way. For example, a care plan stated 'I do get anxious and can be forceful. What I need at these times is reassurance and I can be easily diverted to doing something I enjoy such as going for a walk, having a cup of tea or staff reading to me'. This demonstrated best practice guidance was followed when caring for people living with dementia.
- Staff knew the level of support and encouragement people needed. A staff member said, "We are here to provide effective and person-centred care; our residents' are the main priority here."

Supporting people to eat and drink enough to maintain a balanced diet:
- People were provided with enough to eat and drink. One person said, "The meals are lovely, there is a choice of two options and if you don't like it they will make a jacket potato or something else." Another person said, "They definitely wouldn't let you go hungry."
- A range of suitable meals were prepared to meet people's dietary and cultural requirements. Meal times were relaxed, and staff supported people as required.

● People's nutritional needs had been assessed and the care plans reflected their choices.
● Staff and the chef were knowledgeable of people's dietary requirements. Meals provided were nutritious and met people's cultural and dietary preferences.
● People at risk of malnutrition were referred and assessed by a dietitian. The guidance from the dietitian and an initiative called 'food first' was implemented where people required fortified and high calorie food and drinks. We saw staff preparing thickened drinks to the correct consistency and served in suitable drinking cups.

Supporting people to live healthier lives, access healthcare services and support:
● People's health care needs were met, and they attended health appointments as needed. People's medical conditions, ongoing treatment and how best to support them if they required any medical treatment had been documented.
● There were regular visits from the GP, community nurses, podiatry, dentist and optician.
● People and relatives told us staff were quick to call the doctor should it be required. Care records confirmed referrals were made, and staff followed advice given to them by health care professionals.
● A team of health and social care professionals based in the reablement unit worked with the staff to support people to achieve their expected outcomes.

Staff working with other agencies to provide consistent, effective, timely care:
● The staff team worked closely with other health care professionals and specialist teams to ensure people received coordinated care.
● We received positive feedback from health care professionals before and during the inspection visit. They commented on the improved systems and processes and that staff were proactive and responsive when people's health was of concern.

Adapting service, design, decoration to meet people's needs:
● The home environment had been adapted to meet people's needs. There was a calming indoor garden area and bistro for people and their families and friends.
● People, relatives, staff and health care professionals were positive about the improvements made to the environment. Their comments included; "There have been so many improvements, this is constantly enhanced with more pictures, easier door handles and new flooring" and "The provider is so responsive to requests for upgraded equipment and fixtures and fittings."
● Initiatives to ensure a dementia friendly environment had been developed such as quiet spaces. Artwork displayed had different textures and colours to promote interest and sensory stimulation. We saw people were able to navigate around confidently as there were clear signage and points of interests.

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).
● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the MCA policies and systems in the service supported this practice.
● Where people lacked capacity best interests' decisions were made by the person's close relative and

relevant professionals. Any restrictions on people's liberty had been authorised and conditions were met.

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.

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 were looked after by caring staff. One person said, "I'm happy, they treat you very well; in fact, I can't fault it at all," and "The staff are very nice and caring and very helpful."
● Relatives said, "The staff are so friendly, and they'll go that extra mile to help [them]. You only have to ask them to do something and it's done" and "Staff here are so kind, I cannot speak highly enough of them."
● People's care records included a biography that described their life history and interests. Staff used this to get to know people and to build positive relationships with them.
● There was a warm, caring and relaxed atmosphere throughout the home. Staff approached people in a caring way and encouraged conversations that were of interest. People looked comfortable around staff.

Supporting people to express their views and be involved in making decisions about their care:
● People had consented to their care and were involved in developing their care plans. These were personalised and thoughtful. Care plans had information as to how staff should support them. For example, a care plan stated, 'Please greet me with a smile and a cuddle' and 'I love looking at my family photo.'
● Staff knew people well and upheld people's rights. Staff were kind, professional and skilled, and any agitated behaviour was recognised and managed confidently and with kindness.
● A relative said, "What a brilliant home, the staff are absolutely fantastic. Communication is outstanding, I am called for any issues and always fully involved."
● Where people were unable to communicate their needs and choices staff understood how they expressed their wishes. Staff observed body language, eye contact and simple gestures interpret what people needed. One person's care plan stated, 'Please show me pictures of my pets, this will really help us develop a positive relationship'.
● Staff comments included "Residents are like my family and I treat them as such, "I really enjoy helping those who can't do things for themselves; it's their home not our home."

Respecting and promoting people's privacy, dignity and independence:
● People told us staff always helped to maintain their privacy and dignity. Staff knocked on bedroom doors before entering and by closing bedroom doors before providing care. We saw a staff member offered to adjust someone's clothing to maintain their dignity.
● People's choices and control over their day to day lives was promoted by staff. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
● People were offered choice of gender specific staff for personal care delivery.
● We saw staff treated people with dignity and support was individualised. For example, a person was

provided with an apron to protect their clothing from spillages, and the staff member was seated beside them, at the same level, talking and encouraging them to eat what they could.

● Staff encouraged and promoted independence. For example, a person who was nursed in bed was made comfortable; the nurse call bell was within reach, so they could call for support if needed.

● Care plans provided staff guidance on how to support people with positive risks and encouraged independence. For example, a care plan stated '[Name] really likes to be given jobs, such as folding clean linen as this supports [name] in feeling valued and prevents boredom'. Another stated, 'I may become loud and agitated but that doesn't mean I shouldn't go out. Often getting out will be the best course of action to calm me'. Records confirmed the person would go into the garden or for a short walk.

● The provider, registered managers and staff team ensured people's personal information was kept confidential. All records were stored securely in line with the provider's confidentiality policy and electronic records were password protected.

Outstanding ☆

Is the service responsive?

Our findings

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

Outstanding: 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 needs were identified, they were involved, where possible to develop and review their care plans.
● The service understood the needs of different people and provided the care and support in a way that meets these needs and promoted equality. People's individual choices and preferences including those related to the protected characteristics to protect people against discrimination were documented.
● Staff understood people's likes, dislikes, preferences and how they liked to spend their time including their values and beliefs.
● People's care plans had personalised information, so staff could empower people. For example, a person's care plan stated, 'although I may walk with purpose and may be a bit intimidating, I'm actually just exploring my environment, which I love to do'. It was evident staff were aware of this as they enquired what the person had discovered.
● The activity coordinators involved people in activities. They included groups activities such as crafting, exercise, quiz and pet therapy. People were making paper pancake faces to celebrate Shrove Tuesday and had pancakes with a variety of toppings.
● Individual activities were provided to people who benefited from one-to-one activities which included reading to people, hand massage and using sensory bubbles. We saw a person was drawn to the colourful blanket on their lap which had different textures and patterns.
● Activity coordinator recognised the use of different sensory stimulation to encourage different memories, improves people's moods and helping them to feel safe and relaxed. For example, we saw people living with dementia looking out of the window in search of where the wind chimes sounds were coming from. A staff member was quick to engage with one person who was interested and supported them to look out of the window. There were solar lights and light reflective objects outdoors that provided a more sensory stimulation.
● Staff were proactive and encouraged people to maintain contact with family and friends. A person said, "Visitors are made very welcome and they seem to take an interest in your family."
● Links with family, friends and the local community was promoted. People's religious and spiritual needs were met. The integration of different generations was promoted. Children from a local nursery visited regularly to join activities and sing songs. Staff gave examples of visible improvements noted in people's physical and mental wellbeing. For example, a person's had better communication and word finding had improved. Another person's their ability to engage in activities had increased. Staff member told us the person would be smiling with the children and slept better at nights.
● The registered manager described the service as, "The best quality of life for people living with dementia. Family to embrace and love their family member; I believe people living with dementia are happy here."
● Staff had received training to support people living with dementia. Over half of the staff team were registered as 'Dementia Friends' and actively promoted better quality of lives for people living with

dementia and challenged discrimination.
● The 'twilight café club' provided people who struggle to sleep or wake up during the night, somewhere to go to where it is calm, relaxed and they could have a drink and conversation with staff. Staff worked flexibly so they were able to support people. This had had positive outcomes for people living with dementia whose concept of day and night differed to others. For example, a staff member told us some people often had their breakfast nearer to lunch time because they went to sleep when they were ready after spending some time in the twilight café.
● Staff had applied their learning effectively and used good practice and specific toolkits to engage people living with dementia. For example, people were provided with objects which kept people's hands busy. Staff member told us they gave a person a duster, as they liked to help staff keep their personal items in their room clean.
● People's individual requirements were catered for. A relative told us their family member was provided with their favourite finger food and as a result an improved appetite and overall health.
● Staff monitored people's wellbeing and any positive outcomes as a result of taking part in activities and social integration was documented and informed the review of people's care.
● People in receipt of reablement support spoke positively about the care and treatment they received. One person told us staff had helped them to regain their strength, mobility and confidence and were looking forward to returning to their own home. They told us, "I would recommended more people should try this."
● Information was available to all in a form of easy read styles so that people could understand, for example using pictures in care plans. One person had pictures of food choices written in Polish and English with the pronunciation. Some staff spoke the same language where people's first language was not English.
● People and their relatives were invited to all relevant meetings and support was provided as required. Residents meetings enabled people to make suggestions about the menus and activities planned and to raise concerns about living at the service. Independent advocacy service contact details and support was provided, when required.

Improving care quality in response to complaints or concerns:
● People and relatives told us they would be happy to raise a concern but had never needed to. One person said, "I've not had one complaint. If there was anything wrong, I would tell the staff and they would sort it all out for you." A relative said, "I would feel confident to raise any concerns with management or staff, and we wouldn't be worried about complaining to the manager, but there's nothing to complain about."
● Staff told us people were encouraged by the management to raise concerns. A staff member said, "[Management] are always open to feedback and will listen and act."
● The provider's complaint policy was displayed prominently and included details of local advocacy services.
● Complaints received were investigated quickly and where required, action was taken.

End of life care and support:
● There was a policy in place about how people would be supported at the end of their lives. Staff understood people's needs; religious beliefs and preferences. Staff were aware of good practice and guidance in end of life care.
● People had the opportunity to express how they wished to be cared for at the end of life and records viewed confirmed their preferences.
● A member of the management team had expertise in providing quality end of life care. Records viewed confirmed decisions made were documented in the advance care and treatment plans.
● Specialist equipment was in place to ensure people remained as comfortable and practicable. Where prescribed end of life medicines were stored securely, and staff worked with health care professionals.

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.

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:

- People's care was planned, monitored and reviewed. Care plans were comprehensively detailed about how the support people needed, managing the risks and fears and promoting their day to day preferences and routines.
- People, relatives, staff and health and social care professionals told us the provider and registered managers were approachable; open and transparent in relation to the care and treatment people received.
- Staff told us they enjoyed working for the service and felt staff morale was high. Their comments included, "We are doing brilliantly as a team" and "This is 100% the best and most supportive environment I have ever worked in."

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

- People told us the service was well managed. A person said, "The management are very good."
- The two registered managers fulfilled their roles in overseeing the management of the service and delivery of good quality care. Both understood the regulatory requirements and submitted notifications to the Care Quality Commission (CQC) as required. The provider information return (PIR) reflected what we found on the inspection.
- The provider was aware of their responsibility to display the rating on the publication of the inspection report.
- The provider, registered managers and all staff had consistently strong values centred around providing high quality tailored care. These were supported with policies, procedures and a business continuity plan to ensure service delivery was not interrupted by unforeseen events.
- The provider had reviewed and restructured the management team. They took time to employ members of the management team to enhance the management and clinical care to provide high quality care. Their expertise included mental health, dementia and end of life care.
- Robust quality assurance systems to check all aspects of the service were in place including internal and external audits. These enabled the provider to monitor performance and identify areas requiring improvements. The management team carried out unannounced night visits to ensure people's needs were met throughout the night, security and good practices were being followed.
- Staff felt valued and well supported by the management team. Staff had clear lines of responsibilities. Staff training needs and their performance was monitored through regular meetings, supervisions and having their competency regularly reviewed.

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

● Systems were in place to ensure people using the service, relatives and staff engaged and given opportunities to influence the development of the service. Suggestions made at the 'residents' meetings had been acted on, for example, a notice board with staff name and their roles had been displayed on the notice board so staff could be easily identified and ongoing decoration of the service.

● Staff felt valued and involved in how the service developed. They told us "Our views are always sought and encouraged, our managers want to know our ideas" and "The nurses and our managers seek out the views of care staff, we feel very much valued members of staff, at all times."

Continuous learning and improving care:

● The provider and management team promoted continuous learning to improve care.

● People's relatives had opportunities to take part in learning events and training such as the virtual dementia experience, which gives people and experience of what living with dementia might feel like.

● Any learning from external inspections, incidents and complaints was shared with the staff team through meetings and where required individual supervisions.

Working in partnership with others:

● We received positive feedback from health care professionals about partnership working and initiatives to promote better health for people living in care home, for example, food first to promote better health and twilight café to support people living with dementia.

● The provider took part in a number of accreditation schemes that demonstrated they reached out to other organisations. The service had been awarded a 'Dignity National Champion' certificate of commitment and promoted the dementia friends initiative.

● The service participated in research study and shared good practice guidance with the staff team. For example, end of life care and screening tools for sepsis. The provider was also a member of the 'My Home Life', an international initiative that promotes quality of life and the delivery of positive changes in care homes.