

Oldercare (Haslemere) Limited

St Magnus Hospital and St Magnus Nursing

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

St Magnus and St Magnus Nursing is an independent mental health hospital and nursing service registered as a single location. This inspection was carried out in St Magnus Nursing service comprising of Rosemary Park nursing and Courtyard unit. The nursing service accommodates and provides personal and nursing care to up to 61 individuals across 3 units, East and West Wings of Rosemary Park and Courtyard unit. The nursing service is a part of a highly specialist, national service provided to older people, predominantly men with behavioural and psychological symptoms of dementia, cognitive impairment and/or enduring mental illness. At the time of our inspection there were 49 people using the nursing service of St Magnus.

People's experience of using this service and what we found

People received person-centred support around their individual risks. Staff knew people's individual physical, health-related and behavioural support needs. Staff effectively helped people to take positive risks, maintain their abilities and when they became distressed. People's care plans were comprehensive and tailored to individual needs and risks.

People and their relatives told us they felt the service was safe. Staff knew how to protect people from abuse and neglect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People, their relatives and representatives were involved in care reviews, asked for feedback and engaged in the service.

There were enough trained and skilled staff to support people. The provider regularly reviewed staffing levels and deployment of staff in the service to ensure staff were able to provide support to people in a timely and safe way. New staff were recruited safely. People received safe support with their medicines provided by trained staff. Staff adhered to good practice around infection prevention and control.

Staff treated people with dignity, respect and kindness. Staff supported people to access healthcare services when needed and communicated with people in a way they could understand. People and their representatives felt comfortable to express their views and told us management would act on their complaints when needed. People could host visitors and staff supported them to engage in a variety of daily activities.

The provider had clear governance and quality assurances systems. Managers completed regular audits of the service and shared key risks, improvement needs and findings within the provider's organisation. Improvements were made to the service when needed. For example, records, policies and procedures, guidance for staff or environment were reviewed and changed to minimise risks to people and to improve their experience of care.

Staff felt supported and valued by the management. Leaders were visible in the nursing service on a day-to-

day basis. People, their relatives and staff told us they were approachable and worked in a transparent way. The culture of the service was calm, welcoming and inclusive, treating each supported person as an individual.

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

Rating at last inspection

The last rating for this service when we inspected the nursing service and hospital jointly was outstanding (published 16 March 2020). There was no standalone rating awarded for the nursing service at that time.

Why we inspected

We received concerns in relation to safeguarding, staffing and quality of personal care provided to people in the nursing service of St Magnus. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Following that inspection site visit we decided to include the key questions of effective, caring and responsive in this inspection in order to ensure the overall rating for the nursing service only was up to date and reflective of this part of the service.

The overall rating for the nursing service of St Magnus is good based on the findings of this inspection. The overall rating of the hospital remains outstanding as we did not inspect this part of the service on this occasion.

We found no evidence during this inspection that people in the nursing service were at risk of harm from the concerns we received which prompted this inspection. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection of the St Magnus Hospital, by selecting the 'all reports' link for St Magnus Hospital and St Magnus Nursing on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

St Magnus Hospital and St Magnus Nursing

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place in the nursing service. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 5 inspectors.

Service and service type

St Magnus and St Magnus Nursing is an independent mental health hospital and nursing service registered as a single location. This inspection was carried out in St Magnus Nursing service. People in nursing services receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection of the nursing service of St Magnus.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post overseeing the nursing service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 November 2023 and ended on 12 December 2023. We visited the service on 9 November 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 9 relatives and representatives of people about their experience of the care provided. We observed staff supporting people in the communal areas of the service. We spoke with 20 members of staff including support workers and senior support workers, housekeeping staff, head of housekeeping, nurses, managers, the registered manager, the nominated individual and the director of governance. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 3 visiting professionals.

We reviewed a range of records. This included 14 people's care plans, care records and multiple medicines records. We looked at recruitment checks for 3 staff members. A variety of records relating to the management of the service, including governance reports, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we did not award a standalone rating for the nursing service. At this inspection we rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and neglect. People and their relatives told us they felt safe in the service. Relatives commented, "Such a comfort for me to know [family member] is safe here."; "The home is very, very secure."
- Staff knew how to recognise and report any safeguarding concerns. Staff told us they would be confident in escalating any concerns to the management as the managers would act to protect people. One staff member said, "If I see something, I will report it straight away. It is most important to do this because the person cannot do it for themselves." Staff received regular face to face safeguarding training.
- The provider had robust safeguarding and whistleblowing policies in place and worked with the local safeguarding team when investigating any concerns. Safeguarding was discussed in staff meetings and included in the provider's governance framework to ensure senior management's oversight and learning was shared to prevent recurrence.

Assessing risk, safety monitoring and management

- People received safe and personalised care as their individual risks were assessed, monitored and mitigated by the support in place. One relative told us, "[Staff] are caring very well for [family member]." They explained to us the person had gained weight because of the care provided by staff, which was a positive outcome for them.
- Staff knew people's individual needs and supported them safely. A visiting professional commented, "I get the sense that staff understand the importance of keeping people moving – even just to walk, getting them up and down. I know staff support people with the exercises because the person has maintained their progress when I next come, there is always some slight improvement." We observed people being safely supported with their mobility, eating and drinking, or when they became distressed.
- Staff knew how to support people to manage their risk of falls, skin breakdown, choking risk or specific health risks. Staff provided care to people in line with their individual care plans which included information on how to encourage positive risk taking and what people's desired outcomes were. These care plans were regularly reviewed.
- Staff knew how to support people who could become distressed or very confused due to dementia or mental health needs. One staff member said, "It is important to know the person's risks so that we can anticipate how to reduce the risk for the person and others – thinking one step ahead! It is about being proactive." Another staff member told us, "Every behaviour means something; our job is to understand that and offer tailored support." Staff followed individual positive behaviour support plans which were detailed, person-centred and provided clear guidance on how to support people in situations which could be difficult for them and others.

Staffing and recruitment

- There were enough appropriately skilled and experienced staff to support people safely. People's relatives told us staff were always around and happy to help when they needed assistance during their visits. Support and care were offered to people in a timely way and without rushing people on the day of the inspection.
- Staff told us they had no concerns around staffing levels in the service. One staff member said, "The staff group is very experienced and a long time here, so they know everything. I feel we are supported with the current level of staffing. The managers will always jump in. We are supporting each other throughout the service. When this unit gets full, I know that there will be an extra carer added to the rota. That is how it always is." Staffing was regularly reviewed by the management team considering multiple factors influencing people's care needs and staff's feedback. The provider also had clear contingency plans around staffing.
- New staff were recruited safely. The provider completed pre-recruitment checks and interviews prior to employing staff. These checks included verification of identity, right to work in UK, reference checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received safe support with their medicines which were well managed in the nursing service. There were clear systems in place for ordering, storage, auditing and administration of medicines by trained staff. Staff completed appropriate records to ensure people received their medicines as prescribed.
- Staff had clear guidance on how to support people with their medicines, possible side effects people may experience, and which medicines could pose specific risks to people in certain situations. Staff reported any medicines errors. Managers ensured people were not adversely affected, remedial action was taken and wider lessons learnt were addressed to prevent recurrence of similar errors.
- Staff ensured people's medicines were regularly reviewed with the prescriber. One relative said, "The GP and the home work together to ensure they get [person's] meds right. For example, once [person] became more drowsy and [staff] immediately reviewed the medication and changed it." Another person's medicine was also reviewed to ensure the dosage was no more than what was therapeutically necessary. This had a positive effect on the person, reducing the risk of falls and other side effects.

Preventing and controlling infection

- Staff followed good infection prevention and control practice. The service was clean, hygienic and free of any malodours. People and their relatives confirmed the environment was consistently well-maintained. One relative said, "It is spotless, I can't fault it."
- Staff wore appropriate personal protective equipment (PPE) when needed. There were adequate handwashing facilities available around the service. A dedicated housekeeping team ensured ongoing day-to-day and deep cleaning and disinfection of the environment as required. Clinical equipment was well-maintained.
- The provider had an infection prevention and control policy and manual in place which were under review at the time of the inspection. Staff had regular training in safe infection prevention and control practice and any outbreaks of infections were reported to senior management. Actions were taken to prevent spread of infections when needed.

Learning lessons when things go wrong

- The provider had clear systems in place to report, analyse and action any incidents, accidents and concerns. Service level and organisational learning was discussed in regular meetings. The governance reports shared with senior management did not always clearly specify trends and themes which were

addressed on a service level and what specific actions were taken to minimise risks to people. The provider told us they were reviewing their internal guidance to improve the quality of those reports. However, we saw evidence confirming any required actions were shared with staff during service meetings and individual supervisions and implemented. This was overseen by service management.

- The managers regularly reviewed incidents, accidents and actions taken to minimise risks to people. As a result of those reviews, a specific falls task group looked at how people's risk of falls was managed. Policies, procedures and care recording systems were reviewed. Staff received additional training in falls prevention. There were now falls champions and reminders for staff in place on what could increase risk of falls.
- For example, yellow stickers were put on people's medicines records if they were taking certain medicines increasing their risk of falls, so staff were aware to provide increased support when needed. This improved and strengthened the overall approach to falls management and reduced risks to people, while supporting them to keep mobilising independently.

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.

At our last inspection we did not award a standalone rating for the nursing service. At this inspection we rated this key question 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

- People's needs and risks were assessed by staff before people moved into the service. The nursing staff completed initial care plans and risk assessments which were under review within the first 72 hours of the person's stay. People's care plans included information around their identity, life story, physical and mental health support needs.
- People's relatives were involved in preparing people's admission into the service. One relative told us how they were enabled to look around before the person moved in and were shown the room they would live in. They also told us staff talked them through all the processes when the person first came in.
- The service followed national best practice guidance. For example, the service used the Non-Abusive Psychological and Physical Intervention (NAPPI) model of support and all staff received appropriate accredited training which protected people from use of unlawful restraint and restrictive practices.
- The provider also engaged with a person who had experience of using mental health services in their past to review and improve policies, procedures and to train staff to understand how people experienced this type of a care service. This supported the staff team to provide more person-centred, compassionate support. One relative commented, "[Staff] keep stretching their high standard."

Staff support: induction, training, skills and experience

- Staff received initial and refresher training appropriate to their roles. One relative said, "[Staff] are trained well." Training included courses in a range of topics, such as moving and handling, mental health, physical security, choking, first aid, food hygiene and information governance. Training was provided face to face with staff having an opportunity to discuss relevant practice areas with the trainers.
- Staff received induction training and support from more experienced staff members and management when they started working in the service. One staff member said, "Induction and training is great. The management support staff to go up the ladder. They really care about us." The induction included a detailed employee handbook which described the provider's policies and procedures.
- Staff felt supported in their roles and had regular opportunities to discuss their work with managers during staff meetings, reflective practice and supervisions. Staff could also access a range of resources available within the provider's employee assistance programme. Staff were offered career progression opportunities and additional training, for example to achieve nationally recognised social care qualifications diplomas. One staff member told us, "I feel supported in my role. [The manager] is supporting and encouraging staff a lot."

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

- People's nutrition and hydration needs were met and staff supported people to eat and drink well when needed. Individual care plans were detailed and clearly guided staff what support people needed to have a good, balanced diet and maintain good hydration. People's individual risks around eating and drinking, including choking, or how their health conditions affected their nutrition were assessed.
- People were offered wide choices of meals and drinks and their views were listened to by staff. People were asked what they wanted before meals were served. When they changed their minds, a different meal was served. For some people, staff made several attempts to offer different foods and when people chose not to have it, other options were provided. One staff member said, "People receive meals in various ways depending on their needs and wishes", and we observed this during the inspection.
- All staff providing support with meals were aware when people required modified texture diet. People received meals which they could eat safely and staff supported them when needed. People who were at risk of malnutrition received appropriate support, higher calorie diet and their weight was monitored. Relatives and staff told us of some people who gained weight since moving into the service which had a positive effect on their overall health and wellbeing.

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

- People were supported to access a range of healthcare and social care services as per their individual needs. People were referred to external services but could also access employed by the provider occupational therapy, physiotherapy or speech and language therapy specialists when required. We saw assessments being carried out on the day of the inspection.
- The local GP visited the service weekly, and people were supported to attend outpatient appointments or to access emergency care in the local general hospital when needed. The service worked with tissue viability nurses, mental health services, pharmacies, social care teams and community nurses to meet individual people's needs.
- The provider ensured the nursing service could also ask for support and advice of hospital-based specialist healthcare staff when needed. One professional working with the service shared their feedback with provider to inform the inspection. They commented, "I have always been impressed with all the care which has been exemplary... [I] have nothing but respect for [the provider] and efforts to help very vulnerable patients."

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

- The premises had been adapted to help promote independence and accessibility for people with a range of physical and mental health support needs. Communal areas, the garden and facilities were made accessible for people to use safely. People, including those with mobility needs, could freely move around without hindrance.
- The environment was spacious but also offered privacy, where this was required, more so for people who at times expressed emotional distress. Quiet spaces were available to people and decorations included reminiscence pictures.
- There was dementia-friendly pictorial and easy to read signage in communal areas. Some facilities were in specific colours to help people to recognise them. People could personalise their rooms.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff followed the MCA Code of Practice. People were asked for consent and their choices and where they could lack capacity to make specific decisions, appropriate mental capacity assessments were undertaken. When people were found to lack capacity, best interests decisions were made involving relevant representatives and healthcare and social care professionals. Assessments and decisions were appropriately recorded and applications for DoLS were made when necessary.
- People's care plans described how to support them to make different decisions and any cognitive needs they had. They also included information around their legal representatives or any advanced decisions they made. People's care plans described how to support people in least restrictive ways. For example, it specified when use of personal care support techniques which could be restrictive was necessary for the person's own health and wellbeing and when it wasn't.
- Staff received training in mental capacity and knew how to recognise restrictive practices. We observed people's rights being respected by staff. Their choices were respected; being it for food, where they wanted to sit, activity participation, and walking around.

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.

At our last inspection we did not award a standalone rating for the nursing service. At this inspection we rated this key question 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with kindness. All relatives and people's representatives we spoke with responded with 'care' when we asked what the service did well. One relative told us, "If I had any shortcomings, I would not have my [family member] here. Staff treat them really well. Staff never "get short" with anyone." Another relative said, "Nobody is rude or unkind."
- Staff knew how to treat people with dignity and compassion when they found certain situations difficult to deal with and became distressed. One relative complimented a member of staff, "[Staff] is brilliant and such a sensitive, kind person. He never makes you feel he has no time."; and added staff were "always kind and calm about it" when their loved one became distressed. We saw a staff member actively checking if a person was coping well when the environment got louder which was a recognised stress trigger for this person.
- Staff we spoke with talked about people in a caring and understanding way. One staff member said, "I am aware of triggers to [emotional distress] relating to [a person receiving care]." Staff were able to explain how they supported people to maintain their dignity and safety in difficult situations. Another staff member told us, "I think we are a very trained staff, we have an education department. We discuss and train staff about quality of care, gentleness; kindness."
- Staff responded to people in a timely way, attending to their calls and requests. When one person had called out for a staff member, they were reassured by other staff and the called staff member approached them shortly, speaking words of praise and encouragement.
- People's privacy was respected and promoted. People's rooms were kept private with a use of key fobs which, those who could, held on their person. When people could not maintain their privacy, there was clear guidance in their care plans on how to support them.
- People's equality characteristics were protected. People's care plans included information around how staff needed to support people to be able to express their identity, religion or to ensure appropriate adjustments around their physical needs. Where people could do things for themselves, this was also explained with clear guidance for staff how to encourage them to maintain their abilities.

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

- People were engaged in their care. Staff explained what support they wanted to provide and sought people's agreement to do so. People's representatives were involved in care reviews.
- Staff listened to the views of people, which was evidenced in meetings records and day-to-day interactions we observed. Staff could explain how they ensured they did not disregard people's opinions and questions, especially if people lived with dementia and required repeating the answers or engaging in

discussion around one topic multiple times throughout the day.

- Staff involved people in their care and reassured them. We observed a staff member who discreetly explained to a person sitting in a chair about the need to reposition them to eat lunch. The staff member said, "Don't worry, it is going to be nice and easy; I am going to keep you safe." The other staff involved in supporting this person also explained what they were doing step by step. This supported the person to feel in control.

Is the service responsive?

Our findings

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

At our last inspection we did not award a standalone rating for the nursing service. At this inspection we rated this key question 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; End of life care and support

- People received person-centred support tailored to their preferences, and staff recognised them as valued individuals. People's care plans included information around their life story, preferred name, individual interests and likes, people important to them.
- Staff supported people in personalised ways when they became distressed. One staff member said, "Every behaviour means something; our job is to understand that and offer tailored support." Another staff member told us, "We try very hard to give residents a good quality of life."
- People's care plans included detailed positive behaviour support plans which described triggers which could upset the person and how staff was to react to reassure them and help them to calm down. We saw staff followed those guidelines when supporting people and were mindful of any possible triggers, redirecting and supporting people to avoid them becoming distressed.
- People's care plans included information around their choices and preferences for future care, and any existing end of life clinical guidelines. At the time of the inspection, there were no people receiving end of life care in the nursing service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to communicate with people effectively and they followed people's individual care plans around communication. Staff we spoke with demonstrated good understanding on how dementia or mental health support needs could affect people's communication and we saw them responding appropriately to support people to express their needs and wishes.
- Care plans included details on how to support people to communicate and how to facilitate their social interactions with others. For example, by appropriate listening position so that facial expressions of the person can be seen. Use of communication aids was encouraged by managers during staff meetings. Where people's first language was not English, we saw staff learnt basic phrases in their native language and used them to better communicate with the person.
- The provider had processes in place to assess and address people's individual communication needs. Initial needs assessment and care plans included clear descriptions of how people's communication and

understanding were affected by their preferred language, sensory impairments, behavioural needs, health conditions and any other factors. These care plans also included information on what people needed from staff to ensure they could communicate effectively.

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.

- People were supported to maintain relationships important to them. People and their relatives told us they could see their loved ones when they wanted to. Multiple visitors were present in the nursing service on the day of the inspection.
- Staff supported people to do what they liked and to engage with others. However, staff could also recognise when people needed a walk, quiet time or one to one support as they got distressed. Staff discussed this in team meetings and were regularly reminded how to reduce sensory stimuli in people's environment when they needed a calm space.
- There was dedicated staff in the service who supported people to engage in a variety of activities. This included opportunities for people to exercise, to go out, to take part in arts and craft or pet therapy sessions, as well as reminiscence or individually supported activities. For example, one relative told us their loved one was supported to go out to have a meal in a place they really liked. People could attend a church service held in the home. One person was supported to sing in the local choir.

Improving care quality in response to complaints or concerns

- People's representatives told us they knew how to raise any complaints and were offered solutions when they had raised issues. People had opportunities to discuss any complaints and suggestions during the hospitality meetings where their views were actively sought by staff.
- The provider had a clear complaints policy in place. The management team monitored complaints and compliments. Where people living with mental health needs raised complaints, these were appropriately addressed and looked into.
- There was a log in place detailing any issues raised by people and their representatives as formal complaints and what action was taken to respond to those. For example, individual support measures were reviewed.

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.

At our last inspection we did not award a standalone rating for the nursing service. At this inspection we rated this key question 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

- The service had a positive culture and offered specialised, person-centred support to people with complex needs. One relative said, "Care and consideration for patients is very good." A visiting professional told us, "Staff work to the best of their ability. [People] are treated as individuals no matter what mood they are in. Staff are very calm, which is what stands out. It is obvious staff know [people] in the way they respond to them." This meant people living with dementia and mental health support needs received the care they needed in a safe and respectful way.
- Staff told us there was a positive culture of collaboration and inclusion in the team. The staff survey in 2022/2023 included overall positive feedback about the management support and team work. One staff member told us, "There is a strong team spirit, we need to have this as we work long days and the work is hard. The management is very approachable and open. It is a very open culture. We have handovers where we can discuss people and staff meetings which are very active and engaging everyone. Ideas are shared about how ways of working can be improved."
- The staff team was consistent and received appropriate regular training and support to enable them to provide person-centred support to people. One staff member said, "I like this company because they retain the same staff. This means that residents build trust in us. It is all about building a relationship. It is like a family here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had robust governance, quality monitoring and management oversight structures. Staff carried out regular audits of key areas of the service. For example, around health and safety, care records, incidents and accidents, infection prevention and control or staff training. Feedback from the service was shared within the wider hospital and nursing service governance meetings and in the provider's organisation.
- Leaders were visible in the service and supported by the provider. People and their relatives, as well as visiting professionals told us managers were approachable and there were clear accountability structures across the service. The provider supported the service to continuously improve and to manage risks. There were clear risk registers in place detailing mitigations implemented to protect people and to ensure the service could run smoothly.
- Staff were clear on their roles and responsibilities, had opportunities to develop their skills and felt

supported by the managers. One staff member said, "Induction and training is great. The management support staff to go up the ladder. They really care about us. They are always there for staff. We can go and speak with our manager at any time, even if you have a personal matter. They do listen to us."

- The provider adhered to their duty to work in an open and transparent way. People's relatives told us they were informed of incidents and accidents affecting their loved ones and offered an explanation on what the service was doing to mitigate any risks. Staff told us they were encouraged and supported to work in a transparent way even when things went wrong. One staff member said, "Transparency is encouraged, we are told not to hide anything. We are offered the support to learn from that mistake. We discuss incidents immediately. The manager calls us together and we reflect on the matter."

Continuous learning and improving care

- Staff continuously evaluated how they supported people which led to improvements being implemented when needed. For example, additional pharmacy support was organised by the provider to prevent medicines errors. Service environment was improved by organising it in a way which reduced risk of confrontation and enabled people to have quiet spaces when needed. We observed staff were mindful of people's needs when supporting them. Required improvements were also discussed during staff meetings. This approach reduced the risk of people becoming distressed and reacting towards others.

- Staffing was reviewed and as result staff deployment was improved to better support staff who provided care on a one-to-one basis. Staff were allocated to support people directly for 1 hour instead of 2 and encouraged in staff meetings to ensure they raised with managers any additional support needs, for example if they needed a break. The expectations of what was required from staff were clearly explained by managers. This meant people had staff's undivided attention and more effective interactions during the time staff supported them.

- The management team identified the need for improvements of the daily care records and handover documentation. As a result, 12-hour handover reporting structure was implemented so the senior managers were well aware of what was happening in the service and any changes to people's individual needs. Additional guidance on care notes was produced and shared with staff to better equip them in reporting any changes, risks and needs of people and the service. people's records were clear and contemporaneous. This was praised by one person's representative who told us it made it easier for them to know what was happening in the person's life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in the service. Staff actively asked them for their feedback and opinions. People attended hospitality meetings and 'you said, we did' posters were in place to inform them what was done in response to their suggestions. People were regularly asked if there were any restrictions they may have experienced in their care and how it impacted on them. This ensured people could clearly advocate for themselves and their rights were respected. People's care plans fully considered their equality characteristics.

- People's relatives were asked for feedback during individual care reviews, in surveys and via carers' forum meetings. The provider also organised different sessions for people's relatives to inform them of their rights and support available from different sources. Topics for discussion were driven by relatives' feedback. The provider was preparing a carers' portal, so people's relatives could access all information in one place.

- Staff felt supported, listened to and able to voice any suggestions. One staff member said, "We all support each other, otherwise we would not be a good team. I feel comfortable to share with the whole management team. I feel valued and appreciated in the work I do. I get positive feedback on the work I do and also by the general staff team." Another staff member told us, "Regular staff meetings are an open and honest forum. We are one team. I know I am valued and respected for the work I do. Managers will ask for

my opinion and encourage me to take on and learn new tasks."

- The nursing service worked well with local partners, including the hospital clinical staff team which supported it, and visiting healthcare and social care professionals. One visiting professional told us, "[Staff] are really good at following advice. No doubt about it, they do a good job here."