The Gloucester Charities Trust

Magdalen House Nursing Home

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
Magdalen House Nursing Home is a residential care home providing personal and nursing care to 29 older people, who may be living with dementia, at the time of the inspection. The service is registered to support up to 30 people, one former bedroom is no longer used for accommodation.

Magdalen House accommodates 29 people in a purpose-built home, with accommodation over two floors. Stairs or a passenger lift were used to access the upper floor. The gardens were fully wheelchair accessible and the provider's day care service, which people could attend, was located next door.

People's experience of using this service and what we found
People felt safe and risks to them were managed. Nobody we spoke with had any concerns about people's safety and staff followed the systems in place to keep people safe. There were enough experienced staff to meet people's needs and staff had been recruited safely. Lessons were learned in response to any adverse events or outcomes, following which improved systems and checks were put in place to improve outcomes for people.

People's needs were supported by a stable, well trained and empowered staff team who knew and supported them as individuals. This included timely referral to health care professionals, preventative healthcare and emergency services. Staff worked in partnership with health professionals to maintain people's well-being and avoid unnecessary hospital admissions.

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. Staff were proactive in overcoming barriers related to people's disabilities. They used a variety of techniques to communicate with people and information about the service was available in a variety of formats. Staff worked in partnership with people, their relatives and health and social care professionals to ensure people's needs were met in accordance with their wishes (and/or best interests).

People were treated with kindness, respect and dignity. In feedback to the service, relatives thanked staff for, "compassionate, patient, kind, understanding and very professional care." People's feedback was sought regularly and acted upon. People and their relatives understood how to raise concerns but told us they were happy with the service they received.

People were cared for by a staff team who worked flexibly and creatively to meet their needs, to ensure people had a good quality of life and were able to follow their interests. Staff were happy to take a person-led approach, particularly when planning activities to meet people's social and emotional needs. Relatives were welcomed, and often joined people in meals, activities and social events.

People benefitted from a service with an open and inclusive culture, where they were enabled to maintain

control and were valued and respected as individuals. People were listened to and supported to maintain their independence as their needs changed. They had regular opportunities to go out, be part of their local community and pursue activities that were meaningful and relevant to them. This was made possible by a culture where staff felt valued and supported and where staff development and well-being were invested in by the provider.

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 was 'Good' (published 8 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

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.

Magdalen House Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
Our inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Magdalen House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection
We spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke with 11 staff members including the nominated individual (Chief Executive Officer (CEO)), registered manager, deputy manager, head of care, one nurse, two care workers, one domestic staff member, one maintenance person, the well-being coordinator and the head chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We looked at training data and quality assurance records. We received feedback from one professional who regularly visits the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● All of the people we spoke with said they felt safe. One person said, "At night when I have to frequently go to the toilet, it's only a matter of minutes before one of the staff pops in to check I'm alright. "Someone always notices". A relative of a person who had recently moved in said, "I'm gradually trusting them [staff] and getting some rest. I no longer feel I need to come in every day."

● The systems in place to protect people from the risk of abuse were robust. One nurse said, "The care staff are brilliant at spotting any little bruise and very good at completing the paperwork". An explanation was sought for all skin marking, where all possible causes were considered and acted upon as needed. Outside agencies were informed of all safeguarding concerns.

● All staff we spoke with had a good understanding of their role in safeguarding people and the roles of outside agencies. Staff knew how to identify possible signs of abuse and understood how to protect people from harassment and discrimination.

Assessing risk, safety monitoring and management

● Risk assessments had been completed and were reviewed regularly. Support plans were in place to manage risks to people, while taking their individual needs and preferences into account. Care records had recently been transferred to an electronic system, which all staff could access through pocket-sized tablet devices. One staff member said care was, "logged as it was done".

● Referrals to health care professionals were made promptly, and their advice was acted upon. Support plans referred staff to detailed advice from health professionals.

● Changes in people's support needs were communicated effectively within the staff team and shared with people's close relatives to keep people safe.

● Health and safety checks and cleaning schedules were completed regularly. The required environment and equipment safety checks were up to date and appropriate risk assessments were in place. Repairs or replacement had been carried out promptly when issues were identified.

● A record of incidents and accidents was kept and these were reviewed for trends.

● Staff were trained in fire safety and first aid. Emergency medical help was sought appropriately.

● People's needs in the event of an emergency/unplanned event had been assessed. Business contingency plans and personal evacuation plans were in place to assist staff as needed.

Staffing and recruitment

● People were protected from those who may not be suitable to work with them. Required pre-employment and professional register checks were completed before new staff started work. We found some references had gaps in the information provided. The registered manager said they would follow these up in future, to

improve the robustness of recruitment checks.
● The provider's induction and six-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe. During probation, the suitability of new staff was monitored through feedback from people they supported and other staff members.
● People were supported by a stable and experienced staff team. Regular staff covered additional staffing needs, whenever possible, supported by a staff bank team and managers when needed.
● We received mixed feedback about staffing levels, three people said there was sometimes a "long wait", five people said they were, "never kept waiting". Call bell response times were routinely monitored by the registered manager. We observed staff were available all over the home. On the occasions when people used call bells, staff attended within a few minutes.

Using medicines safely
● People received appropriate support to take their medicines safely. When people wished to be independent with their medicines, checks were carried out to ensure their safety.
● Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' medicines had been followed.
● Staff who administered medicines had received training and their competency was checked regularly. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.

Preventing and controlling infection
● Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included use of the national colour coding scheme for care home cleaning materials and following a cleaning schedule.
● Personal protective equipment was available for use throughout the home and an infection control audit was carried out regularly. Any improvements needed had been completed.
● Staff completed food hygiene and infection control training and there had been no infection outbreaks at the service in recent years. The service was rated 'very good' (five stars) for food hygiene in January 2019. One relative said about the service, "It's always so clean."

Learning lessons when things go wrong
● Medicines audits identified a higher then acceptable number of errors happening at the service. While nobody had suffered any ill-effects as a result of these, the registered manager and provider met with staff to understand the reasons behind this. Short-term changes were made, to give practical support, reduce interruptions and introduce an additional stock check. Disciplinary action had been taken when indicated. An electronic medicines system, with built in checks to help reduce errors, was being introduced in October 2019. Senior care staff were also being trained to give medicines, to reduce time-related pressures on the nurse on shift.
● Lessons learned at the provider's other services were shared and improvements had been implemented at the service.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 support needs were reviewed regularly. Each person had a 'keyworker' [identified staff member] who they spoke with regularly, to discuss their needs and wishes. This approach assisted people to access information in a way they could understand.
- People's close relatives and a range of health and social care professionals were involved in reviews when people's needs changed. One relative said, "I feel involved. It's a partnership."
- The provider ensured policies included up to date national guidelines and legislation for staff to refer to. People's individual characteristics, under the Equality Act (2010), were recorded and consideration was given to their age, religion and any disability when planning their care.
- Technology was used to ensure people's needs were met in timely way and risks to them were reduced. For example, sensor alarms were used for people at risk of falls, who may be unable to use a call bell.

Staff support: induction, training, skills and experience

- Staff were supported through regular one to one meetings [supervision] and received an annual appraisal. They were positive about the training and support they received. Their comments included, "Everyone is very helpful and supportive. We work really well as a team" and "All the senior team are very approachable. I know they'll help me out".
- Staff completed the provider's basic training, which included, safeguarding, first aid and health and safety. Training specific to the needs of people who used the service included dementia awareness and end of life care. Nurses had access to additional healthcare related training and were supported through professional revalidation when this was due.
- The provider monitored the service's compliance with training requirements. Staff competency checks were carried out annually. Nurses were supervised by the deputy manager who was a registered nurse. The head of care ensured care staff with the right skills and experience were allocated appropriately on each shift.

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

- People's dietary needs had been assessed and were met by staff. Key staff had been trained in IDDSI which is a tool to define food textures and drink consistencies (thickness), used to reduce the risk of choking, when people have swallowing difficulties. None of the people living at the service were identified as at risk of choking at the time of our inspection.
- People as 'at risk' of malnutrition or dehydration were assisted to eat and drink enough, through ongoing staff support and monitoring. People's weight was checked regularly and their food was fortified, to add

extra calories, when needed. When staff had concerns about a person's ability to swallow, or weight loss, they informed the person's GP.
● People benefitted from a healthy balanced diet, prepared from fresh ingredients. Their dietary needs and choices were included in their support plans and catered for by the cook. The cook routinely got feedback from people to ensure their preferences, including any cultural or religious needs, were met. People were positive about the food. One said, "Very good cooks, I'd never refuse good food".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were registered with a local GP and were supported to access preventative health care including a health checks and flu vaccination, dental and optical care. Dates when people's health checks were due were noted in their support plans. One relative said, "They [staff] have gone out of their way to help me with hospital appointments. I can't praise it enough".
● People received timely support in response to them becoming unwell. Handover demonstrated staff responded appropriately to changes in people's mobility, appetite, or any symptoms such as coughing. Recommendations made by healthcare professionals were relayed at staff handover, in the staff communication book and in updates to people's support plans.
● People had opportunities to maintain their health and well-being through regular exercise -based activities and healthy eating.

Adapting service, design, decoration to meet people's needs
● The building design and facilities were suitable for the needs of people living there. All communal areas could be accessed via wheelchair and had been designed or decorated with people's needs in mind, such as aide memoires for people with dementia; Corridors were named and decorated in line with well known streets and places within the city.
● People had access to comfortable communal areas including the dining room and a lounge/ activity room. The garden was fully accessible, with covered areas to screen people from the weather, a beach, pub garden area and raised beds for gardening. All bedrooms had en-suite facilities and adapted bathrooms, with a range of equipment, were located on each floor.
● People could be involved in choosing the décor for their rooms and were encouraged to bring personal items with them to make their room their own. One bedroom was large and suitable for two people to share. This was being used for people recognised as being at end of life, which provided ample space for relatives to stay with the person.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's consent was routinely sought by staff, before providing care or support to them. We observed

staff offering choices, using a variety of ways to communicate options to people.

● Staff understood the principles of the MCA and the MCA Code of Practice was followed. Assessments had been carried out when people's capacity to consent was in question. Mental capacity assessments and related best interest decisions informed risk assessments and support plans, to ensure people were supported in the least restrictive way. Support plans described decisions people could make for themselves, such as everyday choices.

● DoLS applications had been submitted as required, renewal dates were tracked to ensure applications were submitted in a timely manner. The DoLS authorisations in place had no conditions attached to them.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff developed positive relationships with people and their relatives. One relative said, "They [staff] treat people as you would want to be treated. I can't praise them enough. They do everything they can. I've heard them talk to people here, how they'd speak to their own mother."
- Staff had received training in equality, diversity and inclusion. They were inclusive in their approach with people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality.
- Staff were attentive and provided emotional support to people when needed. When one person coughed a lot, staff were kind and attentive. They comforted the person, offered them a drink and helped them to their room to lie down when requested. When a relative was tearful on arrival to view the home, one of the managers quietly reassured them until they felt better.
- Two people's relatives commented on the improvement in their relative's emotional well-being since moving to Magdalen house. They said, "Her mood has changed completely, she's very communicative" and "She's more engaged, she's come alive." One person gleefully told us about their trip out to the park the previous day, where they had "fancied fish and chips"; "We went and bought these and sat on the grass eating them. I loved it." Staff talked about people being "happy" and having a "good quality of life". Their professional, 'can-do' approach gave the service and bright and welcoming atmosphere which inspired confidence.
- Staff described a caring working environment, where their well-being was supported.

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

- People said they had freedom to choose" how to be cared for and how to spend their day. One person told us they, "fancied a day in bed" because they felt tired. They added, "If I like I can stay in bed or get up at five pm if I feel like it." One relative said, "My husband likes to be up early and quite often he's first up."
- People's relatives said they felt involved and described the service as having a "family atmosphere". One relative particularly liked the notices (events and information about the service) in the foyer, another remarked on the photographs of resident outings and activities. One relative said staff were, "Very welcoming, very caring. I'm always greeted with a smile."
- People's support plans described which decisions people were able to make for themselves and how staff could communicate with them effectively, to support them to make decisions.

Respecting and promoting people's privacy, dignity and independence

● People were respected and their independence was encouraged. This was evident in care records, which demonstrated how people's wish to 'remain independent' should be met and descriptions of how staff did this on a day-to-day basis.

● People were well-presented and their privacy and dignity were maintained. When one person woke up, a staff member noticed they had dribbled while sleeping and helped them right away. One relative said, "I know mum is happy here because of the way she is with the staff. It's not beneath any staff to do anything. They all muck in."

● Personal care was provided in privacy and staff understood the need to maintain people's confidentially. One staff member said, "It's a bit like having lots of grandparents. You want to treat them with respect and dignity. You can build relationships with them and their relatives."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed before a service was offered. During their first two weeks at the service, people's life history, family support network, religious and/or cultural practices, routines and interests were documented in partnership with the person and/or their close relatives. People's support plans reflected this information and included their preferences for how their care was provided.
- People and relatives said they felt staff knew them personally, which was supported by our observations. During a 'donkey visit' activity, a staff member quietly told one person what was happening and lifted the person's hand to touch the donkey. During this, the person's eyes opened showing recognition, familiarity and comfort in being close to the animal.
- Support plans were reviewed when people's needs changed or at least every six months. Each person had a keyworker who was responsible for reviewing their needs with them.

Meeting people's communication needs

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

- People's communication needs were highlighted in their support plans. This included use of glasses and/or hearing aids and any support people needed and/or wanted with these.
- Staff helped people communicate their wishes by asking questions in a way they could understand and answer. Using simple closed sentences that could be answered with yes or no or physically showing people the options available to them. While helping people eat, we saw staff communicate effectively with people using these techniques.
- People were assisted by staff or relatives during hospital appointments and visits by health and social care professionals, to support them to understand the information they were given. Information about activities and events at the service was displayed in the entrance hall, (a high footfall area next to the dining room), using a variety of formats. Alongside this was information about staff, including the languages each staff member spoke, the provider's other services, relevant policies and service-led initiatives.

Supporting people to develop and maintain relationships to avoid social isolation

- People had opportunities to socialise and form new relationships through group activities and social events held at the service. The provider's day centre, for people with dementia (The Kimbrose Club), was located next door to the service. This also allowed continuity for some people who had previously used this service while living in their own home.

● People's relatives were welcomed and each person's room had a private telephone line. During the inspection, we saw one person enjoying lunch with their wife, during their visit and staff told us of times when people's relatives had stayed overnight. One bedroom was a large double size and could accommodate this. Relatives were able to make themselves drinks at any time and could join in with activities.
● Events that were important to people were celebrated, including birthdays, special anniversaries and family events. During the inspection one person was presented with a birthday cake and presents from staff. These were bought by the person's 'keyworker' who knew what they liked or needed and were funded by the provider. People had been able to visit the resting place of loved ones and one person had been supported to attend a family wedding.

Support to follow interests and to take part in activities that are socially and culturally relevant to them
● The service had an 'activity lead' and a 'well-being coordinator' who organised events and activities to meet people's social, cultural and well-being needs. A profile was built for each person, within weeks of their arrival, to allow a person-centred approach. One person told us they had been to garden centres, Cheltenham racecourse and to their own church.
● People could follow their interests and go out regularly, with weekly 'mystery trips' to local beauty spots, shopping trips, days out to popular places like 'Weston' and a wide variety of external visits and social activities. In feedback to the service, one person said about a trip, "This takes me back to my younger days." Magdalen House was well-equipped with two adapted minibuses and two cars. One person told us, "I don't have time to be fed up. People [staff] pop in to talk to me and I'm too busy to be lonely.
● The well-being coordinator used information about where one person spent most of their life, to source photos of the person's old home which they made into a book. The person enjoyed reminiscing with staff about their life there. Arrangements were being made with the current owners, to take the person back to their old home for a picnic in the garden. The service's 'make a wish' programme aimed to achieve something that a person really wanted to happen. For one person, this had been having their room decorated in a 'Superman' theme, which they were very pleased with.

Improving care quality in response to complaints or concerns
● Information about the complaints process was accessible to people and available in easy read format in the entrance hall. Two complaints had been received in 2018 and none in 2019, multiple compliments were received in this time period. On receipt of a complaint an apology was given, complaints were fully investigated in line with the provider's complaints policy. One person said, "The managers door is always open."
● People said they would be happy to speak with staff about any complaints or concerns. We saw relatives were very at ease when approaching the registered manager and discussing their relatives needs and progress. When asked if they would like to speak with us, as part of the inspection, one relative smiled, waved dismissively and replied, "I'm happy."
● In response to a significant complaint in 2018, the chief executive identified areas for improvement at the service and shared their action plan with us. This was a comprehensive response, which addressed the need to improve communication within the home and with relatives. A 'Head of Care' post was created to this effect and this staff member was in post.

End of life care and support
● Staff received training in end of life care and some staff had completed an additional qualification in this. Two staff had been signed up to the Gold Standards Framework (GSF) care home training programme, which would be rolled out across the service before seeking GSF accreditation. The registered manager told us the service already met "a lot" of GSF standards. One (relatively young) person, at end of life, was able to

spend as much time as they needed with their close family, who were also accommodated and supported by the service. One staff member told us 'the double room' was adapted to allow the person's partner to lie with them. Relatives were also given a vacant room, so they could rest when needed. They added, "They [family] were able to be here. It was nice to be in a position to offer that." A palliative care health professional said, "I am very impressed with them."

● End of life information was available to people who wanted to know more about what may happen as they reached the end of their life. Relatives who had attended the provider's training in this, found it useful in helping them understand terminology staff may use. The provider had a 'Coping with Death' leaflet, containing important information for people's family and friends.

● People's wishes for the end of their lives had been explored and recorded. When a do not attempt resuscitation decision had been made, these were kept under review and this information was readily available to staff in case of emergency.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 provider and registered manager had created an open and inclusive culture, where people, their relatives and staff were empowered and valued. The provider's commitment to and investment in staff, won them 'Care Home Employer 2019 - Great British Care Awards (GBCA) South West Region'. Their 'nurturing' and 'developing' approach gave staff the confidence, autonomy and skills to work in a flexible and creative way to provide a truly person-centred service.

● Staff worked as a team in partnership with people and their relatives. As a result, we saw people benefitting from personalised menus, person-led activities, spontaneous trips out and tailored approaches.

● Referrals to the service and staff recruitment came from 'word of mouth' recommendation and local reputation as a provider and employer. Magdalen House had no vacancies and was fully staffed. Every person we spoke with, said they had freedom to choose how to be cared for and to decide how they spent their time. People were empowered through access to good quality, relevant information about the service and their feedback being acted upon. People's comments included, "I love it living here", "It's like a five-star hotel" and "I've heard good reports about this care home and my daughter's very happy with it." One relative said, "The whole family feel the same, it's really good here, so caring."

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; Continuous learning and improving care

● The registered manager and provider understood and acted on the duty of candour. They worked openly with people, their relatives and relevant agencies. One person, whose relative we spoke with, fell and injured themselves on the day they moved into the service. Their relative told us staff had been, "very open to talk to" about what had gone wrong and "really good and so efficient" at getting appropriate medical treatment. Further to this, the person's lack of insight into needing help was recognised and their relative told us, "immediately a pressure mat was put there [by the person's bed/chair]", to alert staff the person was standing up or getting out of bed. After this incident the registered manager told us, "Based on the assessment and our observations on that day since arrival, we did not think it was necessary to put specific checks in place. However, on reflection this is a lesson learned and in future we will employ regular checks for residents on admission, with a history of falls, regardless of how they appear."

● All incidents and accidents were reviewed by a manager, supported by the provider's senior management team (and CEO) when indicated. In 2018 the home received a serious complaint about one person's care which was shared with us. The CEO shared their response to the complainant and subsequent action plan with us. During our inspection, we saw the service had improved far beyond this plan, especially in end of life

care. This was evidenced in compliments the service had since received which included, "We will never be able to adequately express our admiration and gratitude for the level of care and support you afforded [name] and the family, during his stay. We thank you all from the bottom of our hearts."

● Notifications to CQC demonstrated staff sought specialist advice from a Tissue Viability Nurse (TVN) on two occasions in 2018 and 2019 when actions to prevent pressure ulcers had failed. Investigations and specialist advice led to improvements in management of people's skin integrity at the service. This included full skin assessment on admission by a nurse, daily visual assessment by staff giving personal care, improved documentation for skin marking and use of dressings. These changes and improved staff knowledge, including 'pressure points' and awareness meant changes were identified and responded to quickly. Nobody at the service had pressure ulcers at the time of the inspection.

Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The provider was committed to improving the service people received and used a variety of approaches to achieve this. The management and executive teams attended relevant care forums and conferences and were active members of GPCA (a local care providers organisation). They were proactive in responding to guidelines issued by CQC, NICE, DoH and Skills for Care, such as meeting people's oral health needs.

● Audit and governance systems had been streamlined and strengthened, with clear lines of accountability and oversight. The registered manager told us a new Trustee with clinical and quality audit experience at 'Outstanding', (with another provider), was proving highly effective in providing clinical oversight at provider level. A monthly service report was sent to the provider and the electronic records system ensured information could be accessed as needed by the senior management and executive team. Improvements needed were logged and tracked in one service improvement plan.

● The service had worked with the Care Home Support Team and the Rapid Response Team (RRT) to reduce hospital admissions and improve outcomes for people in their care. Staff training included early recognition and response to deterioration, using the 'NEWS2' early warning system (for identifying acutely ill people, including those with sepsis). Once assessed as competent, staff made direct referrals to the RRT who attended to provide emergency medical treatment to the person at the service, when appropriate. This meant people were treated promptly, reducing risks to them, including those associated with hospital admission.

Further to this, one person living with dementia was being treated for low oxygen levels and a chest infection. The nurse said, "It's better for her to be here and her husband, who is elderly and frail himself. We have quite a few that fit into that category."

● A member of the provider's senior management team approached us for guidance on reporting unexplained bruising in 2017. Since this, the provider had introduced an 'unexplained bruising record' which we saw being used to excellent effect to identify and correct possible causes of bruising. This included reviewing daily records, accident records, moving and handling techniques and checking for indicators of infection, constipation or pain which may cause agitation. These focussed reviews had led to positive outcomes for people, as previously unidentified needs, had been addressed.

● The provider was recognised as winner of the 'GCPA provider of the year award 2019' and the CEO won 'GCPA Leadership of the year award 2019'.

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

● Feedback from people and their relatives was sought through 'resident meetings', an annual survey and 'memories' and 'niggles' books. We saw the registered manager doing informal walk-arounds, observing care and getting feedback. They said people, "are usually 'forthcoming. Some people wouldn't tell you if they had a problem, these are captured in the dignity and respect audit, which was 99% positive. We get

onto negative feedback straight away." We received positive feedback about the accessibly of the management team from people, relatives and staff. One staff member said, "Their knowledge of the residents is very good." We saw relatives regularly approached the registered manager to update and discuss any changes.

The registered manager had been promoted over time from starting as a support worker and understood this role, "can feel thankless". Both they and the provider understood the importance of "incentives and thank you's to staff." The CEO met with the staff representative group regularly, for example getting their feedback on changes affecting them, including how they wished their service to be rewarded. All staff, including the management and executive teams, worked flexibly as equals, in discussions with us they praised each other and recognised each other's essential contribution and commitment.

● The provider had a strong community presence and had developed their services to meet people's varying levels of care and support needs in Gloucester. Their model was to provide a complete service people could move within, with continuity, as their support needs changed. Services included sheltered housing, day care, residential and nursing care. We heard some people had attended day care while in sheltered housing and were able to maintain relationships there as they continued to attend when they moved to residential/nursing care.

● People were part of their local community and their contributions to others were recognised and encouraged. The service took part in intergenerational projects with local schools, both as hosts and visitors, which was always enjoyed by all. One person, who had previously worked as a cathedral tour guide, had been asked to give a talk to others about Gloucester. While out on a boat trip, we saw pictures of one person steering the boat down the river. People said, "You can't complain 'cause there's nothing to complain about" and "You'll not hear me grumble, I would recommend them." One staff member said, "We give it our all."