

Chetwynd House Care Home Limited

Chetwynd House

Inspection report

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Date of inspection visit:

27 June 2019

28 June 2019

Date of publication:

10 September 2019

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

Chetwynd House is a residential care home providing personal and nursing care to 67 people aged 65 and over at the time of the inspection. The service can support up to 75 people.

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

Systems and processes were in place to ensure people were kept safe. Risks were monitored and managed with robust instructions to support staff to identify risk. Staffing levels were suffice for the number of people living in the home and consideration was given to ensure the right staff skill mix was in place. Medicines were managed in a safe way. People received their medicines as prescribed. Infection control was followed in line with legislation. Accidents and incidents were managed with corrective action taken and lessons learned.

People had their needs assessed, which was reflected in their care plan. Staff were fully supported and received training that provided them with the skills to do their job. People were kept nourished and hydrated as meals and snacks were of a high standard. The provider had connections with the community and had a positive working relationship with other agencies and healthcare professionals. Individual needs around people's mobility, stimulation and wellbeing was met. Chetwynd House was a lovely warm homely environment, which was calm and relaxing for people. There were clear systems and processes to support people to access healthcare services. The managements and staff understood the principles of the Mental Capacity Act 2005. They ensured best interest and decisions for people were met. 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 were cared for by staff that demonstrated a 'can do attitude.' People's diverse needs were respected. People were supported to make decisions about their care and treatment with the support of an advocate and representative, to ensure people's voices were heard. People were encouraged to lead an independent lifestyle.

Staff and the management team were passionate and dedicated to achieving positive outcomes for people. There was an open and transparent culture when dealing with complaints. End of life care was discussed with people and their wishes documented. The registered manager researched and developed ways to ensure people were supported when their life had ended.

People and family's comments of the management of the home were very positive. The provider was following their regulatory requirements. All managers and staff were fully aware of their roles and responsibilities. Care was person centred and people were at the heart of the service. The registered manager and staff worked exceptionally well with healthcare professionals and local authority teams. They used innovative ways to engage with people living in the home.

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

This service was registered with us on 27/11/2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration of the service.

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.

Chetwynd House

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

The inspection was conducted by one inspector, one assistant inspector and two Expert's 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

Chetwynd House is a 'care home;' providing residential and dementia care. The home consists of three floors. There were five separate care suites, each with its own decorated and furnished lounge, dining facilities and lifestyle kitchen. The ground floor was named 'Windsor', the middle floor was named 'Kensington' and 'Buckingham' the top floor was named 'Balmoral' and 'Highgrove.' Two of the wings specialised in providing care to people living with dementia. There were a small number of residents cared for in each suite, meaning they benefit from a more intimate care by being looked after by the same familiar faces. Residents were encouraged to live life as they choose with an extensive social calendar that was packed with activities, clubs, trips out and regular entertainment.

People in care homes receive accommodation and nursing or personal care as a 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 sought feedback from the local authority and professionals who work with the service. We reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We completed the inspection over two days. On the first day the inspection team consisted of two inspectors. On the second day the inspection team consisted of two inspectors and two experts by experience .

We spoke with 17 people and eight relatives about their experience of the care provided. We spoke with four care staff, three senior care staff, the cook, the registered manager, the care manager, four senior managers and two visiting healthcare professionals. We looked at the relevant parts of the care records of nine people who used the service. We also looked at four staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were kept safe from avoidable harm.
- People told us they felt safe in the home and the environment they lived in. One person said, "I can honestly say I am safe, happy and very comfortable here." Another person said, "I feel very safe as the staff look after me really well." Relatives confirmed their family members were safe. One relative said, "This is the first time I've visited since my relative came in and I'm very impressed. It's reassuring to know that my relative is safe and well looked after. Before they came here, they were neglecting themselves. Now they are clean and tidy. They have also put on weight and are obviously happy."
- Measures were in place with secure access around the home and safety latches on windows.
- Safeguarding concerns were covered by an internal investigation and analysis report to make sure action was taken to keep people safe. Staff confirmed they understood how to raise safeguarding concerns and 97% of staff had completed safeguarding training.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored to reduce risks where needed. Risk assessments were robust and had good instruction for staff to ensure they managed any risk for people. However, we found concerns with a person on medicines that may be affected by certain foods they ate. Information was in the care plans to identify any risk, but the electronic hand-held devices that staff were using did not have this information for quick reference. We spoke with the manager and he put a highlighted alert on the 'persons electronic' care plan. We saw this was in place before we left the service.
- People at risk of falls were monitored and managed effectively. The registered manager gave an example of how they monitored and analysed people at risk of falls. They told us they worked closely with the nurse practitioner and analysed all falls that had taken place over a three-month period. The registered manager had increased the level of monitoring at night, this in turn showed a reduction in falls.
- Risks associated with the safety of the environment and equipment were identified and managed. Maintenance jobs were logged in the maintenance book, systems were in place to identify when issues had been completed or escalated to an outside contractor. We found some concerns and minor repairs required around the home, which the maintenance person addressed immediately. The maintenance person told us they were recruiting another member of staff to help support with the maintenance role. This was to ensure the home was kept to a good standard of repair.

Staffing and recruitment

- Systems were in place to make sure that the right staff were employed to support people to stay safe. Staff told us before they started work checks had been undertaken to ensure they were safe to work with people

at the service. People we spoke with told us that they felt that there were enough staff available and we saw sufficient staff on all floors of the home. Consideration was given for the right skill mix, experience and knowledge of people's needs. Staff rota's confirmed staffing levels and matched staff on duty.

- All staff we spoke with told us there were plenty of staff and morale was good.
- One relative said, "The staff are brilliant. They are very attentive, always accessible and very quick to respond to people's expressed needs." Another relative said, "There are at least more permanent staff than agency staff here now, which makes a big difference and they seem to have stabilised the staff on each floor so there isn't as much chopping and changing."

Using medicines safely

- People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. One person said, "They [staff] are good. They bring my tablets and a drink of water and wait until I've taken them." Another person said, "I think they bring tablets to me three times a day. I don't really know what the tablets are, but I trust them [staff] and I'm happy to take what they bring." A third person told us, "I can't remember what all my medication is for, but I trust them to only give me what is mine. There are checks and counterchecks and everything is written down. If I need a couple of paracetamol I only have to ask, but it's quite a process to actually get them from the special room where they are kept."
- Electronic medicines systems were organised and helped minimise errors. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. We saw that the staff responsible for administering medicines on each floor wore a tabard that said, "Do not disturb." This was to ensure they could concentrate on giving people their medicine correctly and safely. We saw the medicine trolley was locked when left unattended. Where people required their medicines covertly (disguised in food or drink) this was done with other professional involvement to ensure it was done safely and in line with legislation.

Preventing and controlling infection

- The service followed policy and procedures related to infection control legislation.
- The environment was clean and tidy. Dedicated housekeeping staff followed cleaning schedules which ensured the home was clean and odour free. We witnessed the housekeeping staff lock their trolley away when they had to leave the area they were working in. Personal Protective Equipment was well stocked in people's bedroom en-suites. We saw people's skin, fingernails and hair were well-kept.
- Staff had completed infection control and food hygiene training. This ensured people were protected from risks associated with the spread of infection and unsafe food hygiene practice. The home had a five-star food hygiene rating. This told us they were following hygiene standards.
- Staff attended an infection control awareness week held by the provider. The event provided information on hand hygiene, identified colour coded equipment and how to prevent infections from spreading.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accident and incidents were managed, and staff were informed of any incidents that had occurred. The registered manager analysed information for themes and trends. Corrective action was taken when incidents happened. The registered manager gave us an example when a person left the building without staff knowledge. They told us what action they had taken to mitigate further risk. This enabled the staff team to take a reflective approach and learn when things go wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Technology was used in areas of the service to support people to maintain their independence. For example, some people used a care pendent to call for assistance when mobilising around the home independently should they become unwell or feel at risk of falling. This gave people the confidence to move freely around the home when they wanted to.
- The provider used an advanced electronic care planning system to ensure peoples' needs were assessed and delivered using best practise guidance. One relative said. "Mum has been here since it opened, and they did a full assessment before she came." This enabled the staff to deliver care and treatment to people and improve their wellbeing. The information was accurate and up to date, based on best practise guidance to support staff to respond promptly to any changes in people's health.
- People were treated fairly, regardless of age, gender or disability and felt able to discuss their cultural and other needs freely with staff who were positive and proactive in supporting people equally.
- An acoustic monitoring system (a non-intrusive listening system for when people were sleeping) was used to monitor peoples sleeping patterns. The system triggered an alert when the sounds within the room exceeded the set threshold for an individual. This enabled a swift response for a person in need of care and had resulted in the service having no reports of falls resulting in injury since April 2019.
- The registered manager reviewed the systems in place to identify themes and trends for people who were at risk of falls. As a result, the registered manager had increased monitoring of people's safety and wellbeing at night and made the system more effective. The result was that falls had reduced and there had been no falls in the home since April 2019.

Staff support: induction, training, skills and experience

- People were involved in the recruitment process of new staff. The registered manager wanted to highlight how important it was for people to be involved and introduced the job title 'Employment consultant'. The Employment Consultant devised their own questions to make sure the staff interviewed met people's expectations and were suitable to be employed. This enabled the person to have a purpose and other people and family were reassured of the care teams' approach to recruiting staff who were trained and suitable for the role.

Training was delivered and developed around people's individual needs. The provider's management team demonstrated a strong commitment to staff training and development to ensure they met people's needs and requirements.

- Staff were supported through supervision and regular team meetings, which enabled staff to reflect on

practice and identify any further training needs. All staff stated that they had an induction and several days of shadowing before starting employment.

- Without exception people spoke positively about staff skills and knowledge. One person said, "They [staff] are very good. They help me to get dressed and they are very gentle." This was confirmed by relatives. Staff told us they had attended an induction and had sufficient skills to do their job.

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

- Meals and snacks were of a high standard and people were frequently offered a variety of drinks. Jugs of juice were in all rooms and showed the current day's date. People were offered alternative meals. One person said, "If I don't feel like having lunch at lunch time, then they will save it for me until later. Mealtimes are nice and we have a good old natter. There are generous portions and a good choice, so I don't go hungry." People told us they had a pleasant dining experience and family were invited to eat with them.
- There was a hospitality manager in place, it was their role to make a continuous effort to ensure the eating experience was meaningful for people. A taster session had been organised, so people were able to share their views about the quality of the food. Menus had also been developed that incorporated cultural needs of people and ensured that people participated in the process. The catering and management staff had ensured that everyone within the service had enhanced choices that met their needs.
- We observed a lunch time on all three floors. It was a social experience for people and people were not rushed, they were able to eat at their own pace. Support was available from staff where required. Specialist equipment was used, such as deep plastic plates and special cutlery.
- Peoples nutritional and hydration needs were being met by experienced and well-trained staff who involved them throughout.

Staff working with other agencies to provide consistent, effective, timely care

- The service had hosted a breakfast meeting for local authorities and healthcare professionals. This was an opportunity for people to meet the professionals that provided care and support for them.
- Two healthcare professionals told us they worked well with the home and that the breakfast meeting was a good experience for them to get to know people and the staff team.
- The service had developed strong relationships with outside organisations, such as, Dementia Outreach Team and Alzheimer's society. They had formed a good rapport and worked closely with them to provide support sessions, face to face and telephone support to family and friends of people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- There were clear systems and processes to refer people to external services. People were supported to see a GP, nurse or other healthcare professional. A district nurse told us staff were proactive and made referrals quickly when peoples needs changed. Other Family members told us there was good access to a doctor or healthcare professional when needed
- All the staff had roles within the service whereby they had been trained in a specific topic. For example, one member of staff was a Dementia Champion.
- The registered manager described in depth how they used a team approach and liaised with different professionals to support people with their healthcare needs.

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

- Chetwynd House had a lovely warm homely feel that was calm and relaxing. People and relatives were continuously involved in the decoration of the home and personalising their bedrooms with personal possessions and furnishings.
- Peoples individual needs around their mobility, stimulation and wellbeing were met. For example, each floor had access to an outside garden area, which was easily accessible for wheelchairs. People were

supported to take an interest in the garden and plant vegetables or flowers of their choice.

- Signage on bathrooms was clear and work was in progress on introducing colour onto the Dementia Unit to further assist residents in identification of their rooms. Personalised door plaques and the use of quotes and pictures specific to the person's hobbies and interests, such as a camera or bicycle were on the bedroom doors. Some people had items in a box on the wall outside for them to easily identify their bedroom.
- Staff used different methods to engage people in new ideas for their environment. For example, there was a small shop, which people were involved in running. There was a public house for people to have quiz nights, space for private time and where people can meet with family and friends. We saw the cinema and hairdressers was used throughout the day.
- People we spoke with were very complimentary about the facilities available to them and gave the feeling of socialising without leaving the safety of the home.

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). The service was working within the principles of the MCA, restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

- The registered manager was confident and understood the principles of MCA. We saw a clear audit trail of conversations between the person, relatives and external professionals to ensure the person's wishes were taken into consideration and appropriate consent obtained.
- Staff were knowledgeable about the action required if a person lacked capacity. The staff demonstrated and understand how this related to obtaining consent and decision-making requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated an excellent caring 'can do attitude'. People told us that staff were kind and friendly and they felt comfortable with the staff. We saw many warm interactions during the inspection. Staff were kind, sensitive and considerate in how they cared for people. One person said, "They [staff] are all very nice with us." One person told us someone [staff] took their shoes away the other day and they had come back the shiniest they had been for a long time!" Another person said, "I have made friends here and the staff encourage me to mix more as I am a bit of a loner." Relatives described when family first came to live at the home. "[Relation] was taken gently through everything that happens here, so they felt comfortable."
- People were supported by staff who knew them well and had a good knowledge about things that were important to them. Staff described people's likes and dislikes.
- The registered manager told us they were raising awareness to LGBT rights and needs. They were organising events to celebrate key themes. This showed us the provider respected people's diverse needs.

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

- People were fully supported to make decisions about their care and treatment. People told us they were involved in their care planning. One person said, "I tell them exactly what I want or don't want."
- One person was a 'resident's representative' who was the voice for the people living in the home and attended regular meetings to discuss and share people's views with the management and staff.
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence by encouraging people to do as much as possible for themselves. People moved at their own pace, with staff giving them clear instructions so they could walk independently. Staff gave good examples about how they treat people with independence, such as allowing them to wash themselves or help with the washing up in the kitchen. Without exception people told us they found the service supported them to lead independent lifestyles.
- One person said, "They [staff] show me respect when doing personal care and always ask if I am ok." Another person told us one of the care staff was to take them out on their day off. They said, "That's how kind they are here. I am really looking forward to it." The person also said, "They [staff] tell me when the

men's club is on down in the pub. I like going down for a pint and a game of dominoes. I am having fish & chips for lunch down there today."

- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being.
- People's records were stored securely to ensure their confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with regulations.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People received exceptional personalised care. Staff knew residents well and could tell us about individual people's care and preferences. One person told us they use to live at another home, they felt the two homes were like chalk and cheese. They said, "I have more independence here, better care, they are more thorough, respectful and caring than the other place. I am well happy. They go out of their way to help me." Another person said, "I can honestly say, the longer we live here, the more it appeals. "[Name] has had several episodes of illness and also has dementia, so speaks very little at times, but the staff are very caring and have found a way to get through to them. Relatives told us, "It's very good here."
- Staff and the management team worked with passion and dedication and went above and beyond to achieve excellent outcomes for people. The 'person's journey' started with a pre-assessment of needs. Care plans were developed through discussions of people's choices and preferences specific to the persons characteristics. Where people's life history had identified an interest, the service went out of their way to make things happen. Such as, a trip to the Rolls Royce museum because some people used to work at Rolls Royce and this recreated memories for them.
- Healthcare professionals told us there was a good working relationship with management and members of staff to ensure people received exceptional care. They said, "The service were very responsive and where issues were identified, for example, skin break down staff would request support from us immediately."

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.

- Activities were exceptionally person centred with a strong focus on improving people's wellbeing and reducing their isolation. We saw that people were engaged in various activities including ball games, stories and games with balloons during our visit. One person said, "They [staff] remind me about the activities I like, as I wouldn't like to miss those. That is how I have made friends." The activities were very diverse, and staff ensured people had a mix of group and one to one activities in the home or out in the community.
- The service made strong links with the community. The registered manager invited Chetwynd barracks to visit the home, as a number of people had been in the armed forces and it was a chance for them to share their stories of what service life was like for them. Visits from local infant schools were also arranged. We saw pictures of these events and people looked happy and interacted well. People told us they were looking forward to more visits.
- There was a clear ongoing plan to strengthen community links and creating relationships outside the home. Chetwynd House had established its own choir that people participated in and we saw they had received an award for best runner up choir. During our inspection we observed a local community choir

visiting the home to provide entertainment. The registered manager told us they also arranged social events to other homes and even a local night club where people were able to become pen pals and remain in contact with each other. On the second day of our visit the home was participating in a care home open day. There was a theme of 'the mad hatters tea party' organised by management and the staff. Family and friends were invited, and everyone was involved. People were laughing and happy enjoying the tea party.

- People had access to a range of daily activities, from hairdressing, manicures, visits to the purpose-built cinema and dinner in the purpose-built pub; all which were on site at the home.
- We saw relatives had provided 'five star' rating reviews on the providers website. One relative said, "I believe that it is about the caring for the person first and the quality of the staff employed of which Chetwynd House has an abundance of both. This is a beautiful home and a role model for other care homes to follow."

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 identified and included those relating to protected equality characteristics, such as dementia or sensory loss.
- Where required people had access to information in different formats, such as large print. Staff told us they spoke to people slowly and in a way that they would understand.

Improving care quality in response to complaints or concerns

- There was an open and transparent culture when dealing with complaints. Complaints were monitored and audited to ensure they were kept to a minimum. The complaints policy and procedure were available and on display around the home. People and their families told us they were aware how to raise a concern or complaint and who they should raise any issues with if the need arose. Where complaints had been raised these were dealt with in a timely manner. Complaints were comprehensively investigated, completed and responded to within 28 days.
- The provider gave an example of where people and relatives had raised concerns regarding the laundry process. Staff told us a new label product had been researched and purchased to make it easier for them to identify people's personal clothing and reduce lost property items.

End of life care and support

- Discussions had taken place where people and family made their wishes to be known regarding the person's end of life care, where this had not yet been discussed this was recorded in the person's care plan. One person said, "I went through everything with them [staff]. They know all my preferences and they know what I want when I come to the end."
- The registered manager told us they felt it was important to develop 'bereavement awareness'. They also told us they were in consultation with a funeral director to support people, their families and staff when a person's life had ended. We saw staff had received training in bereavement awareness. Staff were fully aware how to provide care and support for people at the end of their life. One staff said, "I believe we provide good end of life care. We keep people calm and relaxed." Staff also told us they provided one to one care throughout a person's last few days, so they are not on their own.
- There was no one on end of life care at the time of our inspection, however, records included people's preferences, culture and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was very well -led. We received overwhelming positive comments about the management of the service. Our own observations showed us that outstanding care was being delivered by a skilled management team, and their staff. The current manager was an experienced manager and was relocated from another of the providers locations. They had only been at the home for a short time, but staff told us that they felt very positive about him and thought they will make a lot of necessary improvements. One person said, "They seem like a happy team here, so I guess the management works." Another person said, "It really is well-managed because they learn from their difficulties and then improve things. They are open to suggestions from residents and it's nice to feel they listen to us." The management team were open and transparent. People told us they were kept informed in what was happening in the home.
- Relatives confirmed the home was very well run. One relative said, "The new management has made a real difference. Staff now feel supported and they have even started a 'support group' for those living with dementia and family can attend if they want. I have certainly picked up tips for myself. I have recommended the home to others."
- The home had been awarded 'Top 20 Care Home Award 2019' for one of the most recommended care homes in the region. Reviews on the provider website were all five stars. They also received the provider healthcare design award 2018.
- Staff received a recognition award 'employee of the month'; they told us this made staff feel appreciated.

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 registered provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements. The provider meeting their responsibility to report incidents to CQC.
- The registered provider had clear vision and a set of values that demonstrated good quality person centred care. This was also demonstrated by staff and the management team, as they worked in a transparent way following any incidents or concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care.

- The provider's philosophy of care was person-centred to make sure people were at the heart of the service. This was driven by the exceptional leadership of the provider management team and registered manager who continually strived for excellence and achieved this through hard work and commitment. They were committed to improving the lives of all the people living in the home. They led by example and demanded exceptional performance from their staff, to ensure they gave people the highest quality of life and supported them to live a full eventful life.
- The management team had an excellent oversight of the service. They demonstrated a thorough knowledge about the people who lived at the home and the service the home provided. They attended management forums to share best practice.
- There was a strong framework and accountability to monitor performance. Themes and trends were clearly identified. For example, there had been a high number of falls reported. The theme identified these occurred more at night. Governance was fully embedded and effective.
- Monthly and weekly audits were undertaken and contained detailed information. Issues highlighted with action taken and where needed changes made. For example, changes to moving and handling assessments. The registered manager constantly reviewed the home environment to ensure it was in good repair.
- The registered manager made a consistent effort to learn from mistakes. They undertook investigations and kept staff informed of any changes that could affect people's care. We had evidence of this from the action taken to minor issues found during the inspection. The registered manager took a proactive approach to address the issues identified. They led by example, staff felt the registered manager and the management team was visible and approachable.

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

- There was a full monthly activity programme that included participation in National Care Home open day. There were social clubs organised such as, gardening club and cooking club. Local papers and the weekly sparkle (weekly sparkle is a reminiscence newspaper specially developed to provide daily stimulation, interest, enjoyment and fun for older people and people living with dementia) were found throughout the home for people to enjoy.
- People were encouraged to be fully engaged with the service by attending resident meetings, appointing a resident representative to ensure people were supported to be heard. People were engaged in the recruitment process and the service had also involved people with the shop, as a person was responsible for ensuring people who were unable to get out and about has access to essential items should they need to purchase any. The service also appointed a garden representative to make sure people were encouraged and involved in caring for their surroundings.

Working in partnership with others

- The registered manager and staff worked exceptionally well with external healthcare professionals. Two healthcare professionals we spoke with confirmed they had a good working relationship with the home. One healthcare professional said, "They call us straight away and there is always a member of staff to support us with people."
- The registered manager organised a breakfast meeting for health care professionals and the local authority to meet people they support. The registered manager said, "It was a great opportunity for us all to meet." We saw photos of the meeting that had taken place and two healthcare professionals confirmed that it was a great idea.