Southern Housing Group Limited

# Byrnhill Grove Registered Care Home

## Inspection report

Byrnhill Grove
Park Avenue
Ventnor
Isle of Wight
PO38 1LR

Tel: 01983852300
Website: www.shgroup.org.uk

Date of inspection visit:
05 September 2019
10 September 2019

Date of publication:
25 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
Byrnhill Grove is a care home situated in a sheltered accommodation complex.. Byrnhill Grove is registered to provide accommodation for up to 17 people who have needs associated with advanced age and early stage dementia. At the time of our inspection there were 14 people living in the home.

People's experience of using this service and what we found
People and relatives were positive about all aspects of the service and care provided. All the people we spoke with praised the staff for their caring, kind and respectful attitudes and confirmed their preferences were listened to and respected.

Staff were clear about their safeguarding responsibilities and knew how to recognise and report potential abuse. Staff carried out their roles and responsibilities effectively. They had a good understanding of managing risks and supported people to reach their full potential through consistent, personalised care.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. People received their medicines as prescribed and infection control risks were managed appropriately.

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 worked in partnership with external health and social care professionals to ensure they supported people well and effectively. People received enough to eat and drink and were happy with the food provided. Staff had received effective training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People and their relatives felt the management team were open, approachable and supportive. Everyone was confident the management team would take action to address any concerns promptly. The provider had effective governance systems in place to identify concerns in the service and drive improvement. There were robust systems in place to assess the quality of the service provided.

The service was committed to ensuring that there was equality and inclusion across the workforce and for the people who used the service. People were fully included in everything in relation to the service and encouraged and supported to be actively involved in the development of the service.

The provider and management team were fully committed to ensuring the service continually improved and was proactive in implementing change. There was a strong emphasis on continuous improvement and lessons learnt from incidents and people's feedback were used to improve the service further.

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 (25 February 2017 published).

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

Follow up
There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

## 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.

# Byrnhill Grove Registered Care 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
The inspection was completed by one inspector.

Service and service type
Byrnhill Grove Registered Care 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
Before the inspection we reviewed information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff, including the registered manager who was currently acting as the providers service manager, the acting manager, deputy manager, care staff and chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and additional written information provided at and following the inspection. We received written correspondence from two professionals who were involved with 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Byrnhill Grove. A relative said, "I know mum is safe here, I don't need to worry."
- There were appropriate policies and procedures in place, which had been developed in line with national and local guidance to protect people from abuse.
- Staff had received training in safeguarding and knew how to recognise and report abuse to protect people. One staff member said, "If I had any safeguarding concerns I would report them to the manager, I would also follow this up to check they have done something about it."
- There were robust processes in place for investigating any safeguarding incidents. Where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.

Assessing risk, safety monitoring and management

- Clear processes were in place to monitor risks to people which helped to ensure they received effective care to maintain their safety and wellbeing. Care plans contained risk assessment information, which provided staff with clear guidance on how to mitigate risks to people. For example, when people were at risk of malnutrition and dehydration there was clear and up to date information within their risk assessment of how this should be monitored and managed by staff. This included information about their likes and dislikes of certain food and the implementation of food and fluid charts, so that their intake could be closely monitored.
- Other risk assessments in place included areas such as, falls, moving and positioning, skin integrity, medicines management, specific health needs and self-neglect.
- Staff had a good knowledge of potential risks to people and how to mitigate these risks.
- Risk assessments were reviewed every three months or sooner if needs changed, to help ensure that information was up to date.
- Equipment such as, hoists and fire safety systems were serviced and checked regularly. Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where highlighted, to help ensure the safety of the environment.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency. These were updated in a timely way.

Staffing and recruitment

- The service had sufficient numbers of staff to meet people's needs. Staff were observed to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.

● Feedback from people, relatives and staff confirmed there were appropriate numbers of staff on duty to meet people's needs. A person said, "I don't need to wait long if I need help." Another person told us, "Staff are always very helpful and readily available." A staff member told us, "There is usually enough staff."
● Staffing levels were determined by the number of people using the service and the level of care they required. The management team regularly monitored the staffing levels by observing care and speaking with people, to ensure that staffing levels remained sufficient.
● Short term staff absences were managed through the use of overtime from existing care staff, as well as additional support provided by the management team. The service also had a pool of bank staff available when required.
● Safe recruitment practices had been followed. These included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
● Staff confirmed that all recruitment checks were completed before commencing work at the service.

Using medicines safely
● People were supported to take their medicines safely.
● Medicine administration care plans provided clear information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
● Medicines were administered by suitably trained staff who had been assessed as competent to do so safely.
● Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed.
● There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
● There was a robust system in place to ensure that the management of medicines remained safe. This system included a full medicines audits completed monthly and daily checks. These checks helped to ensure that medicines were always available to people and given as prescribed.
● Controlled drugs were stored in accordance with legal requirements and safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection
● The home was visibly clean throughout. There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons was available throughout all areas of the home. Staff were seen using these when appropriate.
● Domestic staff were employed within the service and completed regular cleaning tasks in line with set schedules.
● Infection control audits were completed regularly by the management team and we saw that action had been taken where required.
● The staff were trained in infection control.
● There was an infection control policy in place, which was understood by staff.

Learning lessons when things go wrong
● An appropriate system was in place to assess and analyse accidents and incidents. We saw evidence that any accidents and incidents were investigated, and actions put in place to minimise future occurrences.
● Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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 Good. At this inspection this key question remained the same. 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

- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor their bowel movements.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life. Where appropriate, there was guidance for staff in people's files which reflected good practice guidance.
- Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met and our discussions with staff, who knew individuals well.
- We saw technology being/was used to support people to meet their care needs. For example, there was a call bell system in place and where appropriate some people had pressure activating mats to allow them to have privacy in their rooms whilst maintaining their safety.

Staff support: induction, training, skills and experience

- New staff were required to complete a comprehensive and detailed induction programme before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- People who used the service and their relatives described the staff as being well trained. A person told us, "Oh, I think staff know what they are doing."
- There was an electronic system to record the training that staff had completed and to identify when training needed to be repeated. The records viewed confirmed staff were trained to carry out their role effectively and that training had been updated in a timely way.
- The essential training staff received included: medicines management, safeguarding adults, moving and handling, first aid and infection control. Additional training was also available to staff to support people with specific needs. A staff member said, "The training is very good and we [staff] can always request additional training in specific areas if we want it." Another staff member told us, "The training is excellent."
- The management team completed staff observations of practice and held regular one to one supervision sessions with staff. These provided staff with an opportunity to gain feedback on their performance, identify any concerns, and agree learning opportunities to help them develop. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences, which

were detailed in their care plans.
● Throughout the morning people were offered breakfast when they got up. Meal times were calm and relaxed and provided people with social interaction. People could choose from a menu and alternative choices were provided if people did not like what was on offer that day.
● People told us they enjoyed the food offered and could request snacks throughout the day and night. A person said, "The food is good, I get a choice and they give me something different if I want." Another person told us their dinner was, "Excellent." A relative who had eaten with their loved one said, "The food is always lovely."
● People were involved in planning menus with the catering staff, to help ensure they were provided with meals they particularly enjoyed.
● Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively. Where required, people were provided with specialist diets to meet their health or cultural needs.
● Byrnhill Grove had a 'Hydration and Nutrition champion' whose role it was to ensure that people's dietary needs were met and all staff understood the importance of ensure people had enough to eat and drink.
● The kitchen staff were aware of people's likes and dislikes, allergies and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People confirmed that they were supported to access healthcare services when needed. A person said, "They always phone the doctor when I need them to and help me arrange appointments." A relative said, "They always get the doctor out when needed and will keep me updated about my relative's health."
● The staff were proactive in requesting support from health and social care professionals in a timely way to help achieve good outcomes for people, ensure people received good quality care and supported people to have a good quality of life.
● Care records confirmed people were regularly seen by doctors, specialist nurses, dentists and chiropodists.
● Peoples' care records contained clear and detailed information on their specific health needs and how these should be managed and monitored.
● The service used the 'Red Bag Pathway' to help ensure that people received consistent support when they moved between services. The Red Bag Pathway helps ensure that all standardised paperwork, medication and personal belongings are kept together throughout the people's hospital episode and is returned home with them. The standardised paperwork ensured that everyone involved in the care for the person had the necessary information about their general health, current concerns, social information, abilities and level of assistance required. This allowed person centred care to be provided consistently.

Adapting service, design, decoration to meet people's needs
● Byrnhill Grove was situated in a purpose built sheltered accommodation complex. There were three communal areas available to people, including a dining area, lounge and quiet lounge which allowed people the choice and freedom to choose where they wished to spend their time.
● People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions. Bedrooms had en-suite washing facilities.
● Some adaptations had been made to the home to meet the needs of people living there. For example, corridors had handrails fitted to provide extra support to people and toilet, bathroom and bedroom doors were sign posted, so that people could easily recognise them.
● The garden area was accessible and well maintained with a number of seating areas for people to enjoy.

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.

● Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic.
● MCA assessments and best interest decisions were completed and recorded appropriately, where required. The policies and systems in the service supported this practice.
● People told us they were asked for their consent before care was provided. Evidence of this was further supported within people's care records.
● People's right to decline care was respected. Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member told us, "If a person declined care, I would respect this but talk to my line manager for advice."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

● Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.

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 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

- We received exceptionally positive feedback from people and relatives regarding the overall caring and compassionate nature of staff and the management team. People's comments included, "I think the staff are really keen to please, I would recommend the home", "They are very good, really kind", "They are all very nice, I am indeed treated with dignity and respect" and "I am absolutely well looked after here." A relative said, "[Person] loves it here and settled really quickly. They have flourished and when I visit it's always clear that they are really happy; it's the happiest I have seen her." Another relative told us, "There is definitely a feeling a family, the staff treat my relative as if she was one of theirs, it's absolutely fabulous." A third relative said, "I can't fault the place, the staff are saints for what they do for [my loved one], I would give them five stars."
- People were made to feel that they mattered, and things important to them were respected. A relative told us how staff had arranged the repair of their loved one's bible as they understood how important this was to the person. Another person was taken to the park as they had told the staff they had not been to a park for a number of years and used to enjoy this as a child.
- Staff prioritised getting to know people and their family members which supported genuinely caring relationships to be formed. A relative said, "The staff really work hard to find out about people and their family." Throughout the inspection we saw visitors were greeted by staff in a welcoming and friendly way. Conversations demonstrated that staff knew people and those that were important to them well.
- We observed staff consistently treated people in a very kind and compassionate manner. We saw lots of laughter and individual caring banter between staff and people in the home. Staff frequently sat with people throughout the day making for an inclusive and positive atmosphere.
- We were told about a time when staff had given up their own time to support people to attend a local event they had a particular interest in and photos taken at this event showed that it was clearly enjoyed by people.
- The staff recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

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

- People's preferences were listened to and respected. For example, whether they would like male or female staff. People confirmed that they received care and support in line with their preferences.
- During the inspection, we observed people consistently making choices about how they wanted to spend

their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes.

● People's views were sought about the things they would like to do and of decisions about the home. People were involved in the interview process when new staff were recruited and decisions about the environment, activities, daytrips and food. One person told us, "We are always listened to." Another person said, "They always take notice of what is said in residents meetings."

● Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.

Respecting and promoting people's privacy, dignity and independence

● The ethos of the service was to promote dignity and respect in the delivery of care services. To promote this the service had 'dignity champions' in place to help ensure that this was embedded in practice. The care staff provided was monitored by competency checks completed by the management team.

● People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. A person said, "They always knock on my door." Another person told us, "They close my curtains and will cover me with a towel."

● Staff understood their responsibilities when respecting people's privacy and described how they supported people with personal care and retained people's privacy. A staff member said, "We will always close doors and curtains. I explain to people what I need to do and help them feel relaxed."

● The provider ensured people's confidentiality was respected. People's care records were kept confidential and electronic records were password protected.

● People were supported to be as independent as possible. A person said, "They help me as much as I need them to." The service worked hard to ensure that people remained as independent as possible and improved their independence. For example, one person was now able to manage their own medication. Another person, when they moved to Byrnhill Grove, required ongoing support and assistance following an illness. This person was now being supported to move to a more independent living setting as they had regained their skills and abilities.

● People's care records detailed the level of support they required and what they could do for themselves.

● Staff told us that they considered people's independence when providing care. One staff member said, "I encourage people to do things for themselves, but we all have good and bad days."

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 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

- Staff demonstrated they knew people well and had a good understanding of their family history, personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care. A relative said, "I can't fault the place, they really know mum, her likes and dislikes and how she like things done. They have built up a really good relationship with her."
- All people, and families where appropriate, were involved in developing a, 'my life, my story' book to reflect and record with words and pictures people's life histories. These enabled staff to have a better insight into people's lives and what was important to them. For example, we were told this had been particularly helpful to staff when supporting a person at the end of their life and enabled the staff member to make the person smile while talking about something that was important to them just before they passed away.
- Staff worked hard to ensure people's emotional needs were met. For example, one person often appeared anxious and lost and always seemed to be looking for something or someone. The management team completed research about these types of behaviours and discovered that having something to care for often had a positive effect on people with a cognitive impairment. Consequently, a life like baby doll was purchased and introduced to the person. The staff said the effect of this was almost immediate and the person is now more relaxed and happier in the home.
- Care and support records were personalised and included details about people's life history, their likes and dislikes and specific health and emotional needs. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, what time they liked to get up or go to bed, what they ate and where they spent their time in the home. This was observed throughout the inspection.
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed the handover on day one of the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.
- The provider and management term were passionate about ensuring that people's individual needs relating to their protected equality characteristics were maintained and understood. Staff had undertaken equality and diversity training and the service had just sourced additional training in this area called, 'Its ok to be you' which explores the principles of not judging people because they are different.

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, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. In one person's care plan it stated, 'I can hear and understand what is being said, however, questions need to be kept simple and do not give me too many choices at once.' Throughout the inspection staff were heard to communicate effectively with people.
● The management team was aware of AIS. Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.
● The management team worked closely with outside agencies, such as, Action on Hearing Loss and the Royal National Institute of Blind People (RNIB). This had helped to ensure that people were provided with information in a way they could understand and also allowed people to become more actively involved in group activities and resident meetings through the use of transmitters, receivers and head phones.

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
● A variety of activities, events and outings were arranged for the people to help prevent social isolation. Activities provided included; visits from external entertainers, trips out in the local community, arts and crafts, music, quizzes, reminiscence, and exercises.
● People were provided with the opportunity to go on frequent outings to local places of interest, such as museums and local animal and wildlife centres. On day one of the inspection we heard a staff member ask a person if they would like to go to the local park and people were participating in an exercise class.
● The service has recently formed the 'Byrnhill Grove choir.' People, relatives, residents from the sheltered living facility and staff of all abilities were invited to attend. The choir aims to encourage friendships to be formed and promote people's confidence and self-worth.
● Staff were knowledgeable about people's right to choose the types of activities they liked to do and respected their choice. Activities were discussed during the residents' meetings to give people the opportunity to comment on past activities and share ideas about things that they could do in the future.
● People were supported to maintain friendships and important relationships. Care records included details of their circle of support. This identifies people who are important to the person. All the relatives we spoke with confirmed that the management team and staff supported their loved one to maintain their relationships. A relative commented, "They [staff] make us feel really welcome."
● People had access to WIFI to help maintain important relationships via the internet.
Improving care quality in response to complaints or concerns
● People and their relatives knew how to raise a complaint and were confident that action would be taken. Information on how to make a complaint had been provided to each person when the moved to the home and was displayed within the home.
● One formal complaint had been received by the service in the last 12 months. Records demonstrated there was a robust system in place for logging, recording and investigating complaints. Any complaints received would be acted upon immediately, investigated and action taken where required.

End of life care and support
● At the time of the inspection, no one living at Byrnhill Grove was receiving end of life care. However, individual end of life care plans had been developed for people, which gave clear information for staff about how to meet their end of life goals and outcomes.
● The management team and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free

death. Staff had received training in end of life care and demonstrated that they understood this.

● A member of the management team told us they worked in collaboration with healthcare professionals and families to help ensure that people's end of life wishes were met. Families were given the opportunity to stay with their loved one during their final days.

● A relative who continued to visit the home regularly as a volunteer said, "They were extremely good at getting in touch with professionals when required and keeping them pain free. I wouldn't have wanted them to be anywhere else and just want to give something back."

● We saw 'thank you' cards from relatives, which confirmed their loved ones had been treated with respect, compassion and support at the end of their lives. Comments included, 'Sincere thanks for the kindness and care given to [loved one] during the final weeks of their long life. You are a credit to your profession' and 'A big thank you for the love and care shown to [loved one], staff were so kind and considerate in the final weeks.'

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 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

- People and relatives were positive about all aspects of the service. Comments included, "I would recommend the home 100%, I can't speak highly enough", "It's as near as home as you can get" and "I couldn't ask for anything better, it's wonderful."
- The staff demonstrated they were committed to providing person-centred, safe and effective care to people.
- There was a strong recognition that people were treated as individuals by the management team and staff. An example of the management team's approach was training programmes related to equality, diversity and human rights. All staff spoken with demonstrated a clear understanding of treating people with dignity while ensuring their life choices were at the forefront of all care provided.
- There was a collaborative working relationship between the provider, management team and staff. Staff were proud to work in the service and were positive about the level of support they received from management and the provider. Staff comments included, "It's a very well led home", "We [staff] feel valued by the managers, without fail" and "The managers always listen to us." All staff spoken with said they would recommend the service as a good place to work.
- In the past 12 months, aspects of the service had been nominated for awards and received official recognition for the service they provide. For example, the cook for their presentation of pureed meals and varied diet provided and the staff team for their end of life care.

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

- There was an open and transparent culture within the home. People, relatives and staff were confident about raising any issues or concerns with the management team. A relative said, "They always act on concerns and I am kept well informed if there are any issues."
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the management team who was able to demonstrate that this was followed when required.

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

● Performance management processes were effective, reviewed regularly, and reflected best practice. All learning was shared with staff to enable continuous improvement.
● The management team were all actively involved in the service and demonstrated a clear passion for delivering high quality care to people. They had effective oversight of what was happening in the service.
● Governance was well-embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. For example, quality assurance and service manager inspections were regularly completed to highlight areas for service improvement. Following these action plans were developed and completed actions recorded when changes or best practice had been implemented. Spot checks and competency monitoring of care staff enabled the management team to review staff performance.
● There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify themes or trends, timely investigations, potential learning and continual improvements in safety.
● There was a collaborative approach to quality assurance to support continual improvement of the service. Audits were regularly completed by other management staff who did not work directly for the service, but within the organisation. This helped to ensure that audits were fair and effective.
● Members of the management team attended a collaborative robot demonstration to understand how this technology could assist in the care environment. They then took part in discussions to share ideas about how this technology could be used to potentially prevent injuries sustained during physical care tasks. The service had volunteered to take part in any controlled trials for research and development of this type of technology.
● A CQC bi-monthly newsletter had been set up by the management team which staff and people contributed to. The aim of this newsletter was to support all the provider's staff teams to learn more about CQC, to learn from good practices and where things didn't go so well. This newsletter was used to update all staff on news, changes to legislation and statutory guidance. It also aimed to encourage staff to voice their opinions on how the service could be developed.
● Members of the management team attended bi-monthly Isle of Wight Care Partnership meetings and quarterly Home Care Forums. These provided the management team the opportunity to learn from and discuss good practice, new or changing legislation and guidance and difficulties within the social care setting.
● The management team was aware of the need to report to CQC, any event which affected the running of the service, such as deaths or specific incidents as they are legally required to do.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was constructive engagement with staff and people who used the service. For example, the service had embraced the role of 'Champions.' The role of 'Champion' is when a staff member or person shares their knowledge in a particular area, such as; infection control, dignity, end of life and dignity and shares this knowledge with staff members, other people using the service and professionals. The service had opened the champion role up to people living at the home and this was currently under development. Additionally, people were invited to complete the monthly home audit to identify areas for improvement with a member of the management team.
● The management team promoted a culture of listening which was open and invited feedback from people, staff and the public. The views of people using the service were the core of quality monitoring and assurance arrangements. The provider and management team were fully committed to ensuring the service continually improved through seeking feedback from people, family members and professionals. Feedback was gained through one to one meetings, group meetings, surveys and individual reviews of people's care.

People and their families were given the opportunity to give feedback about the culture, quality and development of the service. People said that they felt listened to by the management team and their views were considered.

● Regular staff meetings were organised to update staff and support their continuous learning. Subjects such as safeguarding, health and safety, medicines and quality were discussed. For those staff that could not attend, the information was shared via a newsletter and on the provider's website. This ensured all staff were kept well informed.

● Staff achievements were recognised and celebrated. Staff were made to feel they mattered. There was an annual staff recognition award, awarded to teams and individuals and long service awards. There was an open-door policy and staff, people and relatives were encouraged to talk to the management team about any concerns they may have. The service also had wellbeing benefits packages available to staff.

Working in partnership with others and community involvement

● The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision and build seamless experiences for people based on good practice and people's specific needs and preferences. The manager said, "Good communication between everyone is paramount as it is at the heart of improving and achieving positive outcomes for people."

● The service worked in partnership with a number of organisations. Members of the management team were active members of the safeguarding adults board, participated in local provider meetings and liaised with the local authority and the Clinical Commissioning Group (CCG). Their active involvement with these organisations provided them with the opportunity to share knowledge and ideas with others to aid the delivery of effective care, following up to date guidance and legislation.

● The management team had developed links with charity and other organisations to help people to live fulfilled lives, prevent social isolation and have positive experiences and outcomes. For example, strong links had been developed with a local school/play group who visited the home regularly. The people living at the home had sponsored a donkey from the local donkey sanctuary and people were provided the opportunity to visit the donkey or it would be brought to the home. People were often taken out in a mini bus to local attractions and any spare spaces would be offered to people living at another local care home. The local church provided Holy Communion on a weekly basis and regular fetes were arranged which were open the local community.