

The Royal Star & Garter Homes

The Royal Star & Garter Home - High Wycombe

Inspection report

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Date of inspection visit:
19 October 2022
26 October 2022

Date of publication:
12 January 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Royal Star & Garter (RSG) High Wycombe is a purpose-built residential care home providing personal and nursing care to up to 74 people. The home was divided into 6 separate units, each of which has separate adapted facilities spread across three floors. The units were named after significant local military personnel. Three of the units were for people living with dementia. The service provided support to veterans and their partners. It is part of The Royal Star and Garter Homes which was established in 1916 to provide care to military veterans. At the time of our inspection there were 56 people using the service.

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

People received excellent care from consistent knowledgeable staff that exceeded their expectations. The service embraced technology to promote effective risk management as well as people's freedom. The provider had an excellent overview of risk and safety to inform action and business plans.

The service had exceptional staffing levels that met people's needs and kept them safe. There was a significantly high ratio of staff and very low turnover, which helped ensure staff had an excellent understanding of people's needs and personalities. The service had an inclusive approach to promoting the safety of its staff and was seen as a good place to work by staff and external organisations.

The staff excelled in caring for people living with dementia. The service had achieved an accreditation as a 'Butterfly Care Home'. By fully embracing the Butterfly approach staff created a nurturing environment where people's feelings mattered most. This culture was well embedded in the day to day care delivery and ensured people had support that recognised their personalities and individuality beyond their diagnosed conditions. People enjoyed a range of activities and staff took every opportunity to engage people in the activities of daily living. There was a collaborative approach to activities which meant all staff were involved in ensuring people participated in activities of their choice.

The provider ensured their practices were in line with the current good practice, guidance and legislation. There was a focus on continuous development, for example, the environment had been developed and was being improved in line with standards set out in research around environments that improved the impact on people living with dementia. People and relatives felt lucky to have secured a place at the home and without exception told us they would recommend the home.

There was a warm, welcoming atmosphere that was promoted by caring, compassionate staff. People enjoyed worthwhile relationships with staff, who valued and respected them. There was a strong commitment to providing personalised care that appreciated people for who they were and recognised the value of their life experiences. Relatives were considered partners in care and their involvement was key to providing person centred care. Professionals were extremely impressed by the positive outcomes people had achieved through the support and encouragement provided at the service.

The provider's vision and values put people at the heart of the service. These were centred around provision of a high-quality service to people whilst allowing people to live their lives the way they chose. People benefitted from exceptional care delivered by a dedicated staff team who were committed to the vision and values of the service. Staff excelled in managing people's complex needs, including distressed behaviours by using effective distraction techniques that had a positive impact on people's well-being. We saw many examples where staff successfully contributed to people's quality of life.

There was strong emphasis on staff development and the provider had invested in specific and bespoke training based on people's needs. Staff had completed high quality training that ensured they were confident and competent at delivering person centred care. Staff were encouraged and supported to develop their skills and follow a streamlined career progression path within the service.

Arrangements for social activities highly met people's individual needs and followed best practice guidance so people could live as full a life as possible. The service had gone the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. The service had maintained close working relationships with healthcare professionals and provided commendable end of life care. The service had achieved an accreditation in gold standards framework for outstanding and innovation in providing person-centred end of life care based on best practice. People experienced a comfortable, dignified and pain-free death. People received exceptional personalised care and support specific to their needs, preferences and routines. Visiting professionals told us the service was focused on providing person-centred care and support and achieved exceptional results.

The registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service. Staff were motivated by, and proud of the service. They loved being part of dedicated team and vowed to provide excellent care. The registered manager was fully dedicated to providing high quality care that achieved the best possible outcomes for people. Without exception, feedback about the registered manager and the management team was exceedingly positive in relation to her exceptional leadership skills and her caring, empathetic approach to everyone. The registered manager and provider constantly looked for ways to improve the service and had effective systems in place to monitor the quality of the service.

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 supported to maintain good health and to meet their nutritional needs.

Rating at last inspection and update

This service was registered with us on 10 April 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

The Royal Star & Garter Home - High Wycombe

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of 2 inspectors and an 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

RSG High Wycombe is a 'care home' with nursing. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. However, they provided us with us a document that mimicked the PIR. 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 4 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 8 relatives. We also received feedback from 2 healthcare professionals. We looked at 7 people's care records and 6 medicine administration records (MAR). We spoke with 14 members of staff including the registered manager, the quality assurance manager, dementia manager, nursing manager, operations manager, learning and development manager, clinical lead, nurses, carers, the chef, domestic staff, maintenance person and activities coordinator. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There was a comprehensive 'safety management system', which took account of current best practice models. The provider had invested in a live electronic reporting system to assist the management team to identify real time patterns or trends in accidents and incidents. This had resulted in quicker action being taken to identify causes and then action to prevent reoccurrence and helped the service to sustain outstanding practice and improvements over time.
- The service actively sought out different solutions to make sure that people lived with as few restrictions as possible. For example, people's rooms were designed with ceiling manual handling equipment which was readily available but kept out of way therefore minimising risks of trips.
- The provider was in the process of changing their electronic care planning system to a more bespoke system that would be more structured and linked with most of their other systems. This would further reduce duplication and allow staff more time to provide high quality care.
- The service actively sought out new technology to make sure that people lived with as few restrictions and as safely as possible. For example, a nurse call system has been installed which had the capacity to monitor call response times in real time. Staff wore a bespoke device which enabled more accurate data and improved analysis of call responses. This information allowed the management team to adjust staff deployment based on people's changing needs.
- People were enabled to take positive risks to maximise their control over their care and support. For example, one person at very high risk of falls who had previously fractured their hip, was keen to continue mobilising independently. Staff, with input from the falls champion, risk assessed the person and involved the in-house physiotherapist employed by the provider. The physiotherapist sought more equipment to allow the person to transfer themselves from bed to chair as well as provide a sensor mat to alert staff and prevent further falls.
- People who still could, were risk assessed and supported to leave the home unaccompanied to maintain their connections within the local community. On the day on the inspection we saw several people going out independently to meet their friends and families at places of their choosing. These people's care records contained information to help the police if the person went missing. People told us they enjoyed being independent and knew staff had taken steps to ensure their safety. People were also actively involved in managing their own risks along with their relatives, friends and other carers.

Staffing and recruitment

- Staffing levels were excellent. There was a high ratio of staff with a low turnover that kept people safe and met their needs. There was a monthly review of staffing levels to consider dependency levels and to ensure staff were deployed to utilise their skills, knowledge and experience. The registered manager told us they also rostered 'floating night staff' on top of the planned staff. These staff supported with eventualities such

as 1:1 supports and end of life care. As a result, the management team had seen a reduction in falls.

- In addition to this the provider had also created a new role for an emergency care nurse. This was aimed at promoting safety by leading the shift out of hours or in the absence of the registered manager or lead nurse. The role allowed for full support during emergencies and staff had embraced this change and reported positive outcomes such as improved safety and leadership skills, empowerment and autonomy.
- RGS High Wycombe was seen as a good place to work by staff and external organisations. Staff told us, "This is a wonderful place to work. I am lucky to be part of such an amazing team" and "Very proud to be working here. Very friendly, relaxing and stress-free culture."
- The provider had robust value-based staff recruitment processes which ensured staff would be a good fit with the team as well as their values. Staff reported that they had been provided with excellent training and ongoing support to support people to stay safe and empower them to take appropriate risks. For example, all staff had been trained in the 'Butterfly model of care'. This is a model which focuses on realities of people living with dementia. Throughout the inspection we saw how staff used their skills to respond effectively to people's anxiety. Staff stepped in, using distraction techniques when people showed signs of distress. Staff also engaged with people with activities and tasks in a meaningful way.
- The provider used an electronic rostering and holiday system which allowed staff to view their work pattern, swap shifts and book leave remotely. This allowed a fair and practical way of ensuring safe and adequate staffing whilst reducing the number unplanned absences and agency use. People benefited from the continuity of care from the same staff.
- The home used regular agency staff who were trained and supported just as regular staff. Agency staff were very complimentary of the support they were given and some of them had gone on to join the team as permanent staff.
- To further aid people's safety, the provider operated an inclusive role on call rota system which ensured staff in the home had access to the management 24/7. The rota included all heads of department managers as well as directors. Staff told us knowing that help was always available when needed, gave them such peace of mind.

Using medicines safely

- Management of medicines was safe. People received their medicines as prescribed and the service had safe medicine storage systems in place. The provider used a live, self-auditing electronic medicines system which allowed continuous real time monitoring of all aspects of medicines management.
- The team were meticulous at quality monitoring medicines management to ensure safety and continuous learning. They also completed extra medicines audits as part of monthly checklists on care. We spoke to staff and they joked that they did 'audits on audits of audits'. Medicines for two people were checked each day and a 'Daily management report' was completed to note any issues.
- Staff worked creatively with people to closely involve them in the management and administration of their medicines, including medicines that were not prescribed. For example, two people had been risk assessed and supported to manage their own medicines and aid their independence. The provider continually assessed this in partnership with these people. The GP and pharmacy input had been sought and there were robust reviews and safe protocols in place for people who wished to self-medicate.
- The service was also creative when administering medicines to people who may lack mental capacity to make decisions about medicines. One person's care plan stated '(Person is able to take medication but can be non-compliant. Sometimes will accept from a spoon'. This indicated that staff would initially offer medicines for the person to take with consent, rather than always administer covertly. We saw staff practising this.
- The provider continuously sought ways of managing medicines safely. They had purchased an electronic scale to weigh controlled medicines in liquid form. This had significantly improved accuracy of dispensing, recording and accounting of liquid medicines as well as reduced waste and the risk of contamination.

Preventing and controlling infection

- Staff at RGS High Wycombe promoted people's independence and autonomy by involving them in understanding and following good food hygiene practices. During the inspection we saw people were supported to complete small tasks such as cleaning dishes, clearing, cleaning and setting tables. They were provided with the right equipment and guidance which allowed them to fulfil a purpose.
- People and relatives told us the staff team had been meticulous during the Covid 19 Pandemic and ensured they were kept safe without compromising relationships. Despite the relaxation of the government guidance, staff at the service were still on high alert and enforcing good infection prevention and control practices such as hand washing, use of PPE and monitoring visitations. We saw the home was clean and smelt fresh. They had recently been awarded a 5-star rating in an environmental inspection.
- The provider continued to support people with safe visitation and went beyond current government guidance. Despite relaxation of the visitation guidance, staff still followed strict practices such as screening, use of PPE and home entrance procedures. People and relatives told us visits were facilitated and encouraged. Staff at RSG High Wycombe had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather. One relative commented, "The visiting arrangements during the pandemic were very well catered for, either outside in the good weather or in the visiting pod."
- Staff had gone an extra mile when the home had a small outbreak of Covid. One relative commented, "We know every other care home was affected in similar ways but the dedication and extraordinary lengths the staff and management of The Royal Star & Garter went to in order to protect their residents and friends was fantastic. Some examples are, the 'lock in' process whereby staff voluntarily actually lived in the care home for extended periods to prevent infection, the staff tracking system installed to see staff movement and restrict potential transmission of Covid and the building of the safe 'pod' visiting system."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- RSG High Wycombe had a genuinely open culture in which all safety concerns raised were highly valued as integral to learning and improvement. Learning was based on a thorough analysis and investigation of both things that go wrong or right. For example, one person went missing from the home. Following this the main entrance door was equipped with a failsafe in case of fault. Staff break procedures were also revised to allow adequate staff on units. No one had gone missing since.
- Learning was also drawn from positive feedback. For example, staff had received a lot of positive feedback following end of life care. A theme was drawn from these which showed how advance planning had been a key factor. As such, this was emphasised across the organisation through end of life champions and discussed with staff in meetings. It was also identified bereavement support could be better and the bereavement pack was improved.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. The provider's electronic incident management system allowed

the team to identify real time patterns or trends in accidents and incidents resulting in timely actions.

- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

Systems and processes to safeguard people from the risk of abuse

- People told us they were consistently safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. They said, "I am absolutely safe, safety is a very big feature for me living here. I am 100% happy with the staff and where I am, and they are really very good, and it is also good for me to feel very safe at night" and "I do feel safe living here. I have the call button, they (carers) always respond. You have got everything that you could wish for really."
- All staff had a comprehensive awareness and understanding of abuse and knew what to do to make sure that people who lacked voice were protected. Staff had received safeguarding training before they started working with people.
- The provider continuously sought of ways of improving people's safety. For example, they had established a staff neurodiversity group which met regularly to discuss opportunities of how best to meet the neurodivergent needs of people and staff so as to raise the profile of neurodiversity through their communication platforms.
- The home had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, using local safeguarding procedures whenever necessary. Where required, investigations were thorough. There was a consistent approach to safeguarding and matters were always dealt with in an open, transparent and objective way.

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 outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- A detailed assessment was completed prior to people moving into the service. A person-centred care plan was then developed using the assessment, which included information to meet current standards including oral health care plans, accessible information standard (AIS) and current best practice relating to dementia care. People's experience of the assessment process was extremely positive. One person said, "They (staff) asked me, and my niece lots of questions to make sure they knew me and what care they would need to provide before I came here." Another person echoed, "My first impressions were, and are, that it is wonderful here." One relative told us, "I felt the staff got to understand my parents needs very quickly which made the transition to the home much easier for us all."
- Healthcare professionals were equally complementary of the preadmission process and commented, "Staff ensure that residents' needs are assessed early on to achieve the best possible outcome and it's reflected in their care support and treatment."
- There was continuous assessment and review to ensure people's needs were met. This included reviews of people's medicines. There were many examples of people's medicines, that were prescribed to manage challenging behaviours being reduced as a result of the person-centred care they received.
- One member of staff commented, "Preadmission assessments are very thorough. We use the opportunity to emulate how that person lives to when they come into the home and see if they are the right fit. We then complete a six-week review with people and their families. We use the feedback to enhance their lives through improvement." One person took more time to settled in and as staff got to know that person better, they realised it was do with the person's room. As a result, with consultation with the person and their family, the person moved rooms. The familiarity of the room made it easier for the person to settle in.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around people's needs. People benefitted from highly skilled staff who had an in-depth understanding of dementia and managing distressed behaviours. Staff successfully managed people's anxiety with a personalised approach that recognised their individual needs. Throughout the inspection we saw how staff used their skills to respond effectively to people's anxiety. Staff stepped in, using distraction techniques when people showed signs of distress. For example, one person who used to be a senior military officer in their earlier life became agitated during lunch time. The member of staff was well aware that the best way to communicate and respond to this person was to respect their beliefs that they were still operational and needed to reply accordingly when they gave 'orders'. This calmed the person and showed a service that was able to manage complex behaviours that benefitted people's well-being.

- Relatives were extremely complimentary about the skills of staff. One relative told us, "The staff are really 'on the ball'. Nothing is too much trouble. They look after my father expertly and with care and compassion." One relative spoke of the improvement in the person after they moved to the service. They said, "We have great confidence in their ability and knowledge, and this has been recently demonstrated again by their intervention to diagnose and get treatment for a potentially serious condition for one of our friends. They clearly recruit high quality staff and then train them to an even higher degree."
- The provider had a proactive support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. Records showed, and staff told us there were several opportunities and pathways for staff to develop. The provider had made a commitment to invest in staff individuals and grow their own staff. For example, two members of staff had qualified as nurse associates and an additional two had started the programme. These staff spoke passionately about the support they were getting and were grateful the provider saw the potential in them. The provider had also planned care home assistant practitioner (CHAPS) training pathway for care staff.
- Staff felt extremely well supported to develop their skills and knowledge to meet people's individual needs. The provider had a learning and development manifesto which stated, 'We believe in learning and development and this starts from the moment you join us. Whatever your role we will work with you to ensure you reach your goals and enjoy a rewarding career.' Records and staff feedback showed they met this declaration.
- All staff, regardless of their roles, completed a bespoke comprehensive competency-based training to ensure they were well skilled to support people. This was followed by an in-depth induction programme for as long as each individual staff member needed as well as shadowing more experienced staff. Agency staff also completed a paid induction shift. Checks included medicines observations, recording electronic system training and general interactions with people and other members of staff.

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

- There was a strong emphasis on the importance of eating and drinking well and we saw people received excellent support. Staff had a good understanding of the impact dementia may have on a person's dietary intake and were skilled ensuring people had sufficient food intake. People were supported to have snacks and the excellent staffing levels at mealtimes enabled staff ample time to sit with people, creating a social atmosphere that encouraged people to eat. We saw people had access to a transparent visible fridge on the dementia units to encourage people to help themselves or request drinks and snacks. There were also bowls of fruit and bags of crisps available on displays around the home which we saw people helping themselves to.
- The service provided good quality food with a variety of different options to choose from each day. Relatives were complimentary of the food provisions and told us, "It is excellent! There is a real choice and variety and we think this is very important to keep residents interested and stimulated. The restaurant type of environment in the main eating area really does deliver a 'going out to eat' feel and this has been put to good use when celebrating anniversaries, birthdays etc" and "Excellent, drinks are always on offer to maintain hydration and the food is of restaurant quality. A balanced and nutritious menu which appeals to residents and constant availability of fruit/snacks. The special events such as Hawaiian themed barbeque, are an extra bonus."
- Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested. One relative told us, "They (staff) fully facilitate excellent food provisions in a flexible manner to suit him, dependent upon how he is feeling on any particular day." Staff followed innovative ways to aid food choices. For example, sample dishes were prepared prior to each meal and shown to people unable to read or understand the written menu. This enabled people to see and smell the food offered promoting visual choice and flavour preferences. During lunch on the dementia units, we

saw people were shown 'show plates' of the menu courses and staff explained what each option was, and people were able to make their choices. One person said when they were shown a sample dish, "I hope the portions are going to be bigger than that!" We saw the portions were bigger than the show plates.

- Innovative methods and positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. For example, the provider had sought feedback through observation of staff interactions with people during mealtimes using a qualitative interactive schedule (QUIS) audit tool. The observation identified that staff sat with people during meals but kept standing up to do other things which disrupted people's concentration. People mirrored what staff did and as a result were not eating properly. As a result, staff were told to sit down and eat slowly as people mirrored what they were doing. This resulted in a significantly improved dining experience. These practices were adjusted during the Covid pandemic. One person refused to eat so a separate table with a member of staff was created to aid continuity.
- People were fully involved and helped to plan their meals with staff, taking nutritional advice into account. The provider employed a speech and language therapist who visited the home once every week to support people with swallowing and communication difficulties. The therapist also offered communication therapy which was delivered individually on a regular basis to support people with communication difficulties.

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

- The service empowered people to make informed choices about their health. They were supported to have access to information to help that decision in line with the accessible information standards.
- The service had purchased a de-choker to ensure staff and people had access to support should they experience a choking incident. The whole staff team had been trained on how to use the de-choker.
- The provider had invested in champion roles to cover all aspects of care within the service who actively supported staff to make sure people experienced excellent healthcare outcomes leading to an outstanding quality of life. The service sustained outstanding practice and improvements over time and worked towards and achieved recognised accreditation schemes. For example, end of life care (EOLC) champion had led the team in attaining a gold standards framework accreditation. Another champion in dementia care had led the team in attaining the highest level in meaningful care matters (MCM) accreditation which demonstrated exceptional person-centred dementia care.
- Where people have complex or continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice. Links with health and social care services are excellent. One healthcare professional said, "There is a culture of openness and working together to ensure patient safety and care. Staff have always put the residents first, in looking after them, making sure that they are involved in all decision making."
- The service worked collaboratively with health and social care professionals to ensure people were supported access other services. For example, onsite yearly eye tests were arranged for those who needed that. Dental visits were scheduled every 3 months for free routine checks and general maintenance. Staff were trained and competency checked to care for vision aids such as glasses and contact lenses as well as hearing aids. They understood the importance of completing such tasks so as to maintain people's independence.

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

- RSG High Wycombe was purpose designed around people's needs and wishes and used innovative ways to help people to be as independent as possible. It was designed to cope with most disabilities including lifts, chairlift, specialist baths, appropriate grab rails and handles, different height chairs and chair raisers. In order to maximise independence, personal alarms were available for residents who walked outside.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and

adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories.

- There were several highly decorated sitting areas around the home where people could spend their time. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- The home was well lit with dementia friendly effects which aided easy navigation around the home. There were a variety of themed corridors and destination points such as royal theme and wedding theme with people's wedding pictures which we saw staff using as talking points.
- All areas were maintained and decorated to a high standard and took into account people's personal needs for how the space is used. All rooms had access to secure balconies despite which floor they were. This allowed people ample space to spend their time.
- People had access to physiotherapy, bistro restaurant and a hairdressing/beauty salon. and spa rooms on each floor. The foyer boasted of a shop in a style-veterans would have experienced on a military base where military people used to buy sundries. People and their relatives bought sundries from the shop. There was also a spacious self-help bar in the foyer which was constantly used by people and relatives. We were told a lot of relationships had been formed in these social areas 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service has a very flexible approach to any restrictions it imposed on people; keeping them under constant review, making them in a time-limited way, and only when absolutely necessary. Where people had restrictions of covert medicines, we saw these were only enforced as the last resort and were legally authorised. Reviews of such restrictions were under constant review in line with the principles of the MCA.
- Staff had completed training in MCA and had a clear understanding of how to support people in line with the principles of the act. One member of staff told us, "We support residents in best interest and least restrictive way. Support them to make choices, even unwise ones."
- The inclusive culture within the service ensured people were involved in decisions wherever possible. Staff used their knowledge of people to maximise their ability to make decisions. Relatives told us their input was sought when restrictions were being considered. One relative told us, "The staff empower him to make choices for his meals and also provide snacks as required. It is clear from discussions with the staff that they are very familiar with his favourites."
- Care plans clearly documented where people had been assessed as lacking capacity to make decisions and there was clear evidence of decisions being made in people's best interest. Best interest decisions were always made in accordance with legislation and people's wishes.

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- We found that RSG High Wycombe's values and philosophy of 'as a family living positively with love, standing in their shoes and take courage' left no barriers between residents and staff. Staff did not wear uniforms and used the same facilities as those for people. Staff took pride in promoting and enhancing people's lives and always looked for ways of empowering them. Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. The provider's excellent staffing levels with many long service staff meant these values and the culture was passed on to new staff. One relative commented, "They go above and beyond anything we could expect, they recognise and meet all the needs of our friends as well as ourselves and they take a very great deal of the burden off our shoulders."
- There was a sense of community and belonging which underpinned the care and attention provided and the high ratio of staff to people allowed staff the time to build deep and trusting relationships with people. One relative told us, "The staff are committed to finding what makes each person feel safe and relaxed. With dad they were extremely patient in working with him to allow them to assist him with personal care. The carers understand that dad benefits greatly from outdoor exercise and regularly try to take him to the garden. They have a great ability to live in the same world as the resident, I have seen a carer help organise a meeting for dad and the nurses regularly sit with him fulfilling his need to feel useful."
- There was a strong person-centred culture that ensured everyone was valued, loved and respected. Everyone, without exception, spoke of the incredible kindness, compassion and understanding shown by staff. Relatives said, "The fact that my father is so content and happy speaks for itself. All the staff know him by name and are aware of his every need. I have no hesitation in recommending this home to anyone who is eligible. The care and compassion given to him in a loving environment is second to none" and "The demeanour and attitude of all staff continually demonstrates the amazing level of actual care and genuine affection they have for residents. They understand their needs, even when they cannot articulate them for themselves, and nothing seems to be too much trouble for them even when under extreme pressure as in the Covid pandemic."
- Staff at all levels were passionate about their roles and showed an overwhelming commitment to ensuring people were at the heart of the service. They referred to people as family. The idea of treating people as if they were actual family members was embedded. We received a significant amount of feedback from staff displaying their dedication to improving the lives of everyone at the service. One member of staff said, "It's amazing to see how we can have the same vision for the same home. We lived here for 6 days continuously in early 2021 after the first vaccinations for Covid-19 were administered in order to enhance people's safety."
- Healthcare professionals were equally highly complementary of the staff caring nature and commented, "Staff have been excellent in always maintaining people's dignity and respect. They treat them with

kindness, empathy, and compassion. People and relatives have always been very complimentary about the care that have been provided by all the nursing and ancillary staff."

- Throughout the inspection there was an exceptionally caring, relaxed, happy atmosphere. Everyone enjoyed each other's company and interactions showed how people and staff valued each other. Without exception the interactions between people and staff at all levels were kind and compassionate. Staff never passed by people and took time to have meaningful conversations with them, using their knowledge and understanding of people to engage with them on a personal level. One person walked constantly, staff walked alongside them chatting and laughing, talking with them about their family and their past.
- The service promoted an inclusivity that ensured diverse needs were respected. The service supported both staff and people from a range of ethnic backgrounds and ensured everyone was treated equally. The registered manager told us, "We are an equal opportunities employer with a diverse workforce. It's amazing how we gel in to and challenge each other for the best outcomes for our residents." The provider had created a quiet space for staff and people to pray or meditate regardless of their religion, beliefs and cultures.

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

- There was an exceptional, inclusive approach to care that valued people and relatives and made them partners in care provision. All relatives we spoke with gave examples of how they were as involved as they wished to be in decisions about people's care that resulted in the best outcomes for people. One relative told us, "Yes, there are regular conversations regarding his care plan and any changes, such as recommended medication. This is only prescribed as a last resort but has been useful to reduce anxiety caused by my father's condition." Care records for this person showed how the collaboration of staff and relatives allowed for better assessment of behaviour resulting in better management.
- The collaboration with relatives meant staff had detailed knowledge of people's and their relatives' background and knew how they wished to be supported. Staff used this information to support people and their relatives in a way that valued them as unique individuals and respected them for who they were. Staff went to great lengths to ensure they knew people well and spent time with people when they first moved to the service to get to know them. For example, one relative had been a full and long-time carer for one person and was very nervous and felt guilty when they accepted that it was better for the person to live in the home. Staff were fully aware of those feelings and tried not to exacerbate the relative's nervousness when liaising with her. The person and their relative were now more settled and said, "When they phoned me about falls at first they always said that they are worried about whether they should, and how I would react when they did, but they always rang and they did the right thing".
- There were many examples of staff using their exceptional caring approach to achieve significantly improved outcomes. Relatives were extremely positive and told us how living at the home positively affected their loved ones. One relative commented, "I believe the care given here is wonderful. After an extremely difficult and worrying time last year in his own home, my dad is now safe and well looked after. As a person living with dementia, he still has the same worries on his mind 'what's the plan going forward? where are the family? I need to get to the bank,' but now he has the constant support of the team at the home who are patient and understanding and help settle him during these moments of high anxiety. For myself and my sister, this reassurance that he is safe, and that fulltime care is in place is invaluable. We believe he now has the best opportunity to enjoy some happy times in the months and years ahead."
- Comments we received about the service described the family atmosphere we saw, and the important impact involvement and relationships had on people's well-being. One relative told us, "This home is truly a home where everyone is family. People do what they want, when they want, just like it should be."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity is at the heart of the service's culture and values. It was embedded in

everything that the service and its staff did. Relatives told us their loved ones were treated with utmost respect. They said, "The commitment of all staff to the care and support of the residents is clear. The residents are treated with the utmost respect and dignity by everyone there" and "I was impressed with the commitment of the staff to resident centred care and their clear respect for residents as ex-military personnel."

- The provider employed an inhouse physiotherapist who supported people with personalised physical activity plans to allow people maintain their independence. One person told us, "We have a gym here (Physio room) the chap who runs it is arranging some exercises for my leg, he says he can do something for me and I have said I will have a try".
- Reasonable adjustments were made in innovative ways to encourage independence from the initial contact with each person. For example, one person came to live in the home following a fall and they were determined to regain their independence. Staff discussed possible options with the person and their family and enrolled the person into a personalised rehabilitation program with the inhouse physiotherapist. The person improved and regained most of their independence. Following this success, rehabilitation is now part of the main focus of the home and a bespoke exercise programme for people has been created. This allows people to exercise outside of the time spent with the physiotherapist and allows staff to continue supporting with the exercises. As such people maintain, or even improve their level of fitness and promote their independence.
- People were continuously encouraged to be independent. One day of the inspection we saw during lunch on the dementia units, soup was delivered in dementia friendly large bowls coloured brightly in orange and lemon colours. We saw people ate their soup unaided and enjoyed doing this unsupported. One relative commented, "Staff do get to know residents and what their preferences are in terms of support. My father likes to be independent at times but also needs support, so they seem to get the balance right."
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. Where people required support, we saw staff offered support in a sensitive and respectful way. Throughout the inspection we observed some lovely practice by staff who emotionally supported people with compassion. Staff were skilled at pre-empting confrontation by being vigilant and reading changes in peoples' body language. Staff knew how to use strategies that prevented any escalation of behaviours that could be described as challenging in line with the Butterfly model approach. For example, when people were anxious, and discussions could have led to altercations between people. We saw staff calmly and sensitively intervening using individualised distraction tactics. It was clear staff knowledge of people's needs was key and they used it effectively.
- Staff knew people well and people were relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. We saw staff offered sensitive and respectful support and care. On the day of the inspection, one person who had recently moved into the service, was being supported by a member of staff. The person was anxious and unfamiliar with their surroundings. Staff repeatedly reassured the person and supported them well at various points during the day. They repeatedly introduced the person to staff, other people and the surroundings. It was clear staff were aware of this person's needs and had developed effective strategies.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so that they felt consulted, empowered, listened to and valued. People were fully consulted about decisions that impacted on their care. For example, there were married couples living in the home. Following discussions with them and their relatives it became clear none of them wished to share bedrooms. As such the provider accommodated them in rooms near to one another to allow them to easily continue with spending quality time together in privacy if they want to whilst respecting their choices.
- Visiting professionals said that the service was focused on providing person-centred care and support and achieves exceptional results. Comments included, "Staff are very responsive to the people's needs. They respond to people's pain, distress and discomfort and make sure that they sit with them to listen and keep them involved in their care" and "Nurses make every effort to respect patient's wishes and choices to achieve the best possible outcome."
- Staff had outstanding skills and an excellent understanding of people's social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. For example, despite that the home cared for people from military backgrounds, not everyone wanted to talk about their past military experiences. Staff respected these people's choices and supported them in the way they chose.
- The home had adopted the 'Meaningful Care Matters (MCM) Butterfly' model approach to care, which encompasses a 'feelings-based' approach to people living with dementia. This approach has a focus on dignity, choice, and positive behaviour support. The home had recently achieved the MCM level 1 accreditation which is the highest accolade and demonstrated exceptional person-centred dementia care. The registered manager credited this to the ambitious dementia care manager who had championed the cause and led the team through this achievement. The project was aimed at promoting a respectful, loving, family environment so as to further improve the lived experience for people in the home as well as those living with dementia at all stages of their journey. During the inspection it was very clear to see this aim had been achieved. All staff had attended the butterfly model training and found it invaluable. One member of staff said, "When I started, I hadn't done butterfly training. This training included how to talk, listen and how to accept residents as a family member. It was a week's training and a real eye-opener."
- The dementia units were designed to only accommodate up to a maximum of ten people. This house style model broke the care home up into domestic scale, recognizable houses well within the aspects of the butterfly care approach. In addition to this, staff including volunteers and relatives were offered 'a virtual dementia experience' training opportunity once a year. This provided a glimpse of what life may be like for a person living with dementia. All dementia units had sensory rooms which were used by people, staff and

relatives allowing them a form of calm downtime when they felt they needed it.

- Staff followed other aspects of providing person centred care using the butterfly model of care. For example, night staff wore pyjamas, and this had a positive impact on people as they had better orientation with time. Another example was staff supporting people to do simple tasks such as washing dishes and setting tables. This gave people a purpose and by using this model of care allowed them to live their lives to the fullest. A keen gardener was supported to grow vegetables on raised beds.
- The service kept routines to a minimum. People chose when and how to have support. For example, when they needed personal care and where they wanted to have their meals. Staff knew people's preferences and respected their choices. On the day of the inspection we saw people having lunch at the time of their choosing. They were served food in a timely non rushed manner whatever time they chose to come for meals. One person told us, "Yes they ask me when I want to be woken up and I am at that certain time. Some carers come in and help me get washed, they always come at a civil time and it all seems to work very well." One member of staff commended, "It's nice to see changes in care. Residents get up when you want, it's non-regimented care."

Meeting people's communication needs

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

- RSG took proactive steps to meet people's information and communication needs above complying with the Accessible Information Standard. For example, one relative told us, "The home's email communications with relatives all use Word application documents. I had an iPad but did not have a Word application. The staff knew this and were wonderful and printed all the documents off for me when I visited. They have helped me to install the App and now I can use it."
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to allow people enough time to respond to any questions. Some people who were unable to communicate verbally, or for those who required prompts to communicate, had been assessed to use picture cards, word boards and electronic equipment to aid effective communication. One person told us, "I am really short sighted, but I am very well looked after. When I have my meals, they (staff) tell me what is on my plate and where roughly each bit is, so that helps me."
- People's meeting minutes were produced in large print and people were assisted to read them if required. Minutes were also recorded onto electronic tablets or mobile phones at people's request. The residents' guide, statement of purpose, complaints procedure, letters and contracts were also available in large print and could be read with assistance or recorded if required. During the Covid pandemic, staff wore transparent masks to aid communication with people who relied on facial expressions and lip reading for effective communication. Staff told us; people definitely found this better than normal masks. The home was readily equipped with hearing loop to aid people to hear with more clarity.
- The home had a well-equipped library which offered a wide range of audio books and newspapers. People had access to several computers which we saw them using during the inspection. People had also access to electronic tablets which had apps to maintain cognition and promote communication

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

- Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. For example, one person told staff she used to enjoy playing golf.

Staff took her to a golf course, but the person realised they couldn't play anymore but could teach staff. The provider created an indoor golf where this person taught staff and others. It was their golf school and the person adored it.

- There were many examples where people were supported to follow their hobbies. For example, one person who was fond of gardening had raised beds made for them where they grew vegetables that were often cooked and consumed in the home. Another person was supported to sew again and sewed a tote bag which they loved and showed to others with pride. A person who was football player had a trip arranged down memory lane to their previous football club. They were accompanied by a group of football fans from the home and they all had the best day out. During the inspection they still talked about the experience. A person who used to be a nurse was supported to be part of Nurses day celebrations events where they handed out achievements dressed in Florence Nightingale uniform. They now look forward to this event every year and feel they have a purpose.
- Activities were different for each unit and never one size fits all. For example, on the day of the inspection we observed a morning darts group and a movement to music session on a dementia unit which was fully attended. Everyone who attended enjoyed the sessions. On another unit people engaged in arts and craft and individual activities. Throughout the inspection we saw people continuously engaged with staff and enjoying the activities of their choosing. The registered manager told us they had reintroduced pet therapy and it was a hit.
- Activities were run by an enthusiastic team of 3 wellness coordinators. This were planned and discussed with people. People had opportunities to go out often using the provider's 2 adapted buses. One person told us, "Two buses went out last Friday. We went to a pub and had a lovely meal and we didn't have to pay a penny. We are going to some gardens the other side of Windsor next week." Other people commented on activities, "We have music of all different sorts and entertainers are all coming back in" and "This place was packed, there was singing and dancing and karaoke and yesterday it was another chap's birthday and they made a cake for him and we all had a slice."
- RSG High Wycombe had a vibrant atmosphere designed to support people with getting the most out of their lives. People were encouraged to form lasting relationships through socialising within the home and as part of a community. The home operated a day care service 3 times a week where the community were invited to join in with activities and gardening whilst having access to physio and meals. People visiting were provided with transport and this allowed more people to visit.
- People and staff had opportunities to complete fundraising projects for good causes. For example, people had participated in a virtual cycling fundraising where they virtually cycled 874miles from Lands' End to John O'Groats in 14 days and raised funds to support the Covid pandemic costs challenges the home faced. People enjoyed being part of something useful.
- Staff took part in the wider waterway project by Chiltern Rangers and Thames Water River Wye Restoration Project to return local waterways to a suitable condition where they cleared a skip full of rubbish. Chiltern Rangers' mission is to enhance local habitats through conservation, education and community engagement. One member of staff commented, "It was great to work with Chiltern Rangers and our neighbours to tidy up this beautiful stretch of water, for our residents and the whole community to enjoy."

End of life care and support

- RSG High Wycombe strove to be outstanding and innovative in providing person-centred end of life care based on best practice. They had been awarded the national Gold Standard Framework (GSF) for its outstanding end-of-life care. GSF is a practical systematic, evidence-based approach to optimizing care for all people nearing the end of life, given by generalist front-line care providers. This had been led by the home's passionate end of life champion who told us the impact on people's care had been invaluable.
- The service had explored people's preferences and choices in relation to end of life care through advanced care planning. These were recorded and included spiritual needs, funeral arrangements and preferences

relating to support. One relative told us, "We were asked to complete an advanced care plan for dad once he became a permanent resident, so our wishes for the future are known and recorded."

- The management team were passionate about end of life care and they vowed no person would be admitted to hospital from the home for end of life care. They had invested in a lot of staff training, guidance and team working which included the GP and healthcare professionals. This had resulted in people receiving a comfortable and dignified death.
- There were members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. The end of life champion was highly motivated, driven, clinically and professionally skilled. They led the team, providing them with support, guidance and training and identified areas for improvement. This was done through team, relatives and external professionals' feedback and aimed at ensuring each person experienced a compassionate, dignified and individualised end-of-life journey. They cascaded information to the team and led on the development of advanced end-of-life care plans. They delivered bespoke advanced care planning training to senior staff, monitored and audited the developed care plan. This allowed them to identify areas for further development and celebrated successes along the way.
- We saw some really moving feedback from people's relatives following end of life support. Some comments included, "I was so grateful to the staff of the home for the care they gave him and made his death so calm and peaceful. They went beyond the call of duty. Also, they treated me so kindly, putting a bed in his room so that I was with him when he died. His exit from the home was truly moving", "We, and all the family are very grateful to you and your trusted staff in providing such attentive, skilled, and loving care. What comforts us the most was that during the last few days, he was surrounded by those that cared and clearly loved him. He was not alone. It means so much to us all to know that" and "Thank you just isn't enough. Your care, friendship, love, compassion, professionalism and understanding towards both me and dad has been immense since the very beginning to the end."
- The home had established a send-off routine following a person passing. A ceremony was held in the reception, and the person left through the front door past a guard of honour, with the coffin draped with the Union Jack and a wreath of poppies, exiting a song of their choice. Families and friends were made to feel welcome to return to the home as they were considered part of the family even after the person had passed.
- In appreciation of excellent care, we saw relatives often donated any financial refunds owed to them back to the home following a loved one passing. Such donations were used to support initiatives such as staff activities and wellbeing initiatives. For example, wellbeing spa days, staff social events and items bought in recognition significant celebratory days. As a result of these initiatives, staff morale was uplifted. There was also a significant positive culture within and across RSG as people and relatives recognise the provider's commitment to staff. Staff felt this increased their sense of loyalty and commitment.

Improving care quality in response to complaints or concerns

- The provider had effective systems to encourage people and staff to make complaints and we saw the complaints procedure displayed all over the home and were available in accessible format. The registered manager told us they used complaints as a learning process to improve care. The provider had not received any formal complaints but any form of dissatisfaction, they used their process to learn.
- All people and their relatives we spoke to told us they knew how to make a complaint but had not had the need to do so. One relative said, "I would speak to the home manager or the nurse in charge, depending on my concerns. However, I have had no cause to contact either." Another relative told us, "I've only had one or two questions, certainly nothing I would raise as a complaint. These have always been answered in a timely fashion."
- Learning was also derived from compliments and suggestions. For example, following highly positive feedback on care received during end of life, it became clear regular communication with relatives was essential to build a trusting relationship. Also involving people in meaningful interactions gave more positive

impact on both people and relatives. As such this was emphasised to staff to ensure relatives were partners in care from the first contact with the home.

- There were many compliments and cards of appreciation regarding excellent care. These echoed the highly positive feedback we received during the inspection.

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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- RSG High Wycombe was exceptionally well led. Its vision and values of 'as a family living positively with love, standing in their shoes and take courage' put people at the heart of the service and these were demonstrated by all staff. All the people we spoke with told us without exception they knew the registered manager and complimented, "The management here are on top of everything all times" and "[Registered manager] is very efficient and super pleasant."
- Relatives told us that the way the service was led was exceptional and distinctive. They commented, "The RSG is managed efficiently. I have no hesitation in recommending it to anyone who is eligible", "I think that RSG is managed to a very high standard. Clearly, the manager sets an excellent standard and that permeates through the entire team" and "I am extremely grateful to the managers and all the team for providing my relative (person) with such wonderful care. It means the world to our family that he is so well looked after." Healthcare professionals were equally complimentary of the management of the home and said, "[Registered manager] has been instrumental in maintaining and incorporating an inclusive, shared, and positive culture of learning and improvement. There is a culture of openness and working together to ensure patient safety and care. She has supported their staff in learning and training."
- The registered manager and provider provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service. Staff commented, "Manager is very passionate, professional and lets her hair down with the residents and staff. She stepped up when it was needed", "The leadership style here is empowering. Provider support is brilliant. I started four months ago. and their support has been gold dust" and "Manager is very kind, considerate, supportive and competent." We reported on outstanding results achieved by the team as a result of excellent leadership in the caring and responsive sections of this report.
- There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. There were high levels of satisfaction across a strongly collaborative staff team. Staff told us, "This is a wonderful place to work. Great charity to work for. I really enjoy working here, great teamwork" and "We are a multicultural team and that makes us stronger. Here we can all be who we want or aim to be, the support is endless."
- Staff were motivated by and proud to work at the service. They spoke passionately about their commitment to the people and staff team. They referred to anyone in the home as family. One member of staff said, "Very happy working here. Staff are fantastic. Environment is very clean."

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

regulatory requirements

- There had been changes in managers since the provider commissioned the home. The registered manager had stepped up to the challenge following the departure of the last manager 2 years ago. They had held the deputy manager role in the home but had worked for the provider for the past 13 years. They were curious and determined to achieve the best outcomes for people. They had created an unusually exceptional and effective management and staff structure in the home where staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team. They were supported by the provider and a quality manager above and had firm support under them from knowledgeable clinical and dementia managers as well as a clinical lead nurse. One member of staff commented, "Management structure is key in our delivery of care. When you are happy and not stressed with time, you can give the best care." The registered manager sought ways of continuously developing staff and ensuring they took ownership of their development. The emphasis of champion roles had allowed staff more insight and driven them to achieve beyond their predictions.
- Governance was well-embedded into the running of the RSG High Wycombe. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. The provider, quality assurance manager and the registered manager saw this as a key responsibility. They had a remarkable oversight of care provision and service quality. The provider's live quality assurance systems allowed real time alerts to any mishaps and ensured speedy solutions and learning. Staff understood the quality assurance processes and their rationales. We heard them saying, "Here we do audit of audits and when we are doing anything, we think of how we could quality assure that process." Quality assurance systems included audits and constant reviews of care plans, medicines management, risk management processes as well as staff training and skills.
- The registered manager and team often completed qualitative Interaction Schedule Audits (QUIS). This was a tool used to observe targeted staff interactions with people and observations were recorded, scored and fed back to staff, highlighting positive social interactions and areas for development. Observations were completed during any point of care including during meals, were the outcome of this had been used to change practice and significant impact of this as reported under the effective section of this report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service understood the needs of different people and groups of people and delivered care and support in a way that met those needs and promoted equality. For example, the service facilitated a monthly Dementia 'Drop-in Café'. This was aimed at raising awareness in dementia and supporting people and families living with dementia in the community. The provider saw this as a way to give back to the community after welcoming them. Physiotherapy was available on the day to support as well as an information desk, interactive touch table, board games and music therapy. These sessions were well attended, and the community found them invaluable.
- The registered manager and provider had worked tirelessly to ensure everyone was involved in the running and development of the service. They put collaborations with families at the front of their aim of achieving high sustainable quality care for people. For example, people and relatives had been enabled and encouraged to change different areas of the home according to what they liked such as; turning a living room into a men's sports room where they could watch sports whilst enjoying a drink of their choice including small amounts of alcoholic beverages. People enjoyed being part of such changes.
- There was ample evidence of consistently high levels of constructive engagement with staff and people at the service. For example, a meeting had resulted in people helping to plant vegetables of their choice. A visit from a music therapist had been arranged and people enjoyed the experience. Following staff feedback, fresh bread had been made every day which really helped stimulate people's appetites in line with the Butterfly model of care. One person said, "We do have residents' meetings from time to time but most of our

age group are not complainers."

- We saw learning from incidents was a key contributor to continuous improvement. For example, following death, the management team completed reviews to assess if anything could have been done differently throughout the person's stay in the home. Staff learning had been drawn from these outcomes which further built into innovative ideas and ways of providing excellent care through improved practices.
- The home took pride in providing staff with endless development opportunities. One healthcare professional told us, "The manager has been instrumental in maintaining and incorporating an inclusive, shared, and positive culture of learning and improvement. She has supported their staff in learning and training. She has been proactively involved in supporting staff with their ongoing continuous learning and training. She has made sure that there are effective systems in place to improve performance, service and reduce risks, to improve patient experience and care."
- The home had recently won the top care home category of the care home awards making them one of the top care homes in the Southeast. The home also attained the Alzheimer's Society's Dementia Hero Awards of professional excellence. The achievements had been widely celebrated across the organisation by all staff.

Working in partnership with others

- RSG High Wycombe was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service has a systematic approach to working with other organisations to improve care outcomes. For example, they had correlated policies and procedures with their local GP to ensure continuity of excellent care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of 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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager promoted a culture that was open and transparent in everything the service did. They recognised the importance of learning when things went wrong and sharing that learning with others.