HC-One Oval Limited

Highclere Care Home

Inspection report

1 Chapman Avenue
Downs Barn
Milton Keynes
Buckinghamshire
MK14 7NH

Tel: 01908667568

Date of inspection visit:
26 January 2018

Date of publication:
07 March 2018

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

This inspection took place on 26 January 2018 and was unannounced.

Highclere 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.

Highclere care home provides accommodation and personal care including nursing care in a purpose built building. The location is registered to provide care for up to 40 people including older people and people living with dementia. At the time of our inspection 34 people were in residence at the home.

This is the first comprehensive inspection since the provider registered with the Care Quality Commission in January 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. Staff understood the importance of obtaining people's consent when supporting them with their daily living needs.

People experienced caring relationships with staff and good interaction was evident, as staff took time to listen and understand what people needed.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People or their representative had been involved in planning and reviewing their care and plans of care were in place to guide staff in delivering their care and support. Care plans and other documents were developed in people's preferred communication format in line with the Accessible Information Standard.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff had received training in infection control and followed the providers policies and procedures to minimise the spread of infection.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

Staff responded to complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored through the regular audits carried out by the management team and provider.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred care. The registered manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people.

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.

Staff had received training in safeguarding and knew how to report any concerns they may have.

There were robust recruitment procedures in place to check on the suitability of staff and sufficient numbers of staff to keep people safe.

People were supported to take their medication as prescribed.

Infection control procedures were in place and followed by the staff team.

Lessons were learnt after accidents, incidents or investigations.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular support, supervisions and appraisals.

People had access to healthcare services and received on-going healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People's needs were met by the design and adaptation of the building.

Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's privacy dignity.

People and where appropriate their families were involved in making decisions about their care and support.

There were measures in place to ensure that people's confidentiality was protected.

Is the service responsive?

Good

The service was responsive.

People's care records were personalised and outlined how they wanted staff to support them.

People were actively engaged in a range of activities.

People and their relatives told us they knew how to make a complaint. Where a complaint was received this was dealt with in a timely manner.

People were involved in discussions about end of life care and end of life care was delivered well.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who people and staff knew and liked. Everyone felt that the registered manager was approachable and staff
told us that they were supportive.

People had the opportunity to provide feedback regarding the service, and action was taken in response to this.

Audits which were carried out ensured that the quality of the service was maintained.

The service continuously learnt, improved and worked in partnership with other agencies to ensure a joined up approach.

Highclere Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection was unannounced and took place on 26 January 2018.

The inspection was undertaken by an adult social care inspector 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.

Before our inspection we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

We used 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 key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eleven people using the service and six relatives. We spoke with five care staff, one nurse, the chef manager, chef, ancillary staff, the registered manager and regional manager. We contacted health and social care professionals to gain their views of the service.

We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Yes, I feel safe living here. The staff look after me well." A relative said, "They [staff] keep [family member] safe."

Safeguarding policies and procedures were in place and were accessible to staff; staff had been provided with safeguarding training. One staff member said, "We get regular training about safeguarding and I know how to report any concerns." A second member of staff commented, "We are all well informed about safeguarding, procedures to follow and reporting any concerns. I am fully confident the manager would take appropriate action and if they didn't, I would report concerns directly myself." Procedures to follow for reporting safeguarding alerts to the local authority were clearly displayed in the home.

People's needs were regularly reviewed and risks to people were identified and steps taken to mitigate these risks whilst supporting people's independence. One relative told us, "[Family member has risk assessments in place, especially because they are at risk of falling, we all have to keep reminding [person] to use their walking frame." Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Person's name] is at risk of falls. We have a risk assessment in place to make sure the risks to [person's name] are reduced as much as possible. We also have a falls diary so any falls the person has are monitored and we can see if there is an increased amount of falls." Staff told us that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe.

People were protected from the prevention and control of infection. At the appropriate time staff were using personal protective equipment (PPE) such as gloves, hand gel and aprons. One person told us. "The place is spotlessly clean. The staff do a marvellous job." We viewed infection control audits which detailed how infection control was managed in the home and staff we spoke to were knowledgeable about infection control.

Safe recruitment practices were followed. One staff member said, "I was not allowed to start until they had both of my references back and all the other checks." Records demonstrated that checks completed included two reference checks, criminal records checks, visa checks and a full employment history review. There were up to date photographs, health declarations and proof of identification for each individual.

People were supported by sufficient numbers of staff to keep them safe and to meet their care and support needs in a timely manner. There was a skill mix of staff which meant peoples diverse needs were met by a staff team who were knowledgeable and able to deliver care safely. People gave us mixed feedback about whether they thought there was enough staff. Comments included, "Always plenty of staff about and they always come quickly when I need them" and "They [staff] always have time for me to sit and chat." However, other comments included, "Sometimes the staff are really busy and don't have time to talk to me" and "They often looked rushed off their feet in the afternoon." Staff also had mixed feedback. Comments included, "It would always be nice to have extra staff but if we work together, it works" and "We are rarely short staffed;

sometimes it is staff's perception about how busy they are." Other comments included, "We definitely need more staff in the afternoon" and "I feel rushed a lot of time."

Throughout the day of the inspection our judgement was there was enough staff to meet people's needs. We also saw how different shift leaders could influence the care staff in their perception of how busy and rushed a shift was. We spoke to the registered manager about the concerns that had been raised. The registered manager acknowledged that additional staffing in the afternoons would enable staff to spend more quality time with people and this had already been recognised by listening to staff feedback. The area manager informed us that this request for additional staffing had been submitted and the additional staff were expected to be in place in the following four weeks.

People's medicines were managed safely and administered by a nurse at the prescribed times. One person told us, "They are very good, they sort all my pills out for me I don't have to think about it." A nurse told us that they received training in the safe administration of medicines and their competencies were regularly assessed. One nurse said, "No issues at all with the medication, we have plenty of time to administer medication and order prescriptions."

We reviewed the medicine procedures and found that people were given their medicines in a way that met their individual needs. Protocols were in place to manage how people received 'as needed' (PRN) medicines. Medicines were stored securely and Medication Administration Records (MAR) were completed accurately after each person had received their medication. We saw that people were able to administer their own medicines if they wished to and documents including risk assessments were in place to support this.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.

Good

Is the service effective?

Our findings

People received effective, safe and appropriate care, which was meeting their assessed needs and protected their rights. This was because they were supported by an established and trained staff team who had a good understanding of their needs. People told us, "The staff are like shining stars. They all know how to look after me." A relative told us, "I visit often and at different times of the day and I can't fault how well they look after the residents; not just my relative but everyone."

Staff told us the level and range of training they received kept them up to date with good practice. For example nurses regularly updated their clinical practice as required for their professional development. The service's training matrix showed a range of training as described by the staff team. It included, safeguarding, moving and handling, fire safety, first aid, pressure ulcer prevention and end of life care. The registered manager also sourced condition specific training to be delivered to the staff team from health professionals. For example, Parkinson's and Huntingdon's disease. The majority of the staff team had also completed 'virtual dementia tour' training which involves staff experiencing first-hand what living with dementia may feel like. For example, Staff wore headphones, gloves and glasses to take away their primary senses and recreate the real anxiety a person living with dementia might feel. This demonstrated the service was committed to developing the skills of all levels of the staff team.

Newly employed staff were required to complete an induction before starting work. This included, training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate, which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. One member of staff told us, "I had a really thorough induction, even though I have been a carer for years I was still required to complete all the training."

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

All members of staff met with the registered manager or senior staff regularly to discuss their performance and training needs. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff were also supported to gain qualifications and some staff had attained or were working towards a Diploma in Health and Social Care.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted to the local authority and the service was working within the principles of the MCA.

People had consented to their care where they had mental capacity to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that staff asked for people's consent before supporting them with any care or support. For example, one person was asked if they wanted support to cut their food into smaller pieces, another person was asked if they wanted to wear an apron at meal times. People were supported to make their own decisions about how they wanted to live their life and spend their time.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person told us, "The food is very nice. I have no complaints." Another person said, "The food is alright, it's adequate and there's plenty of it." Staff told us they supported some people with their meals. One staff member said, "Some people need a lot of support and we try to make sure meal times are a sociable occasion for them." Staff encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs.

We spoke with the chef manager and the chef on the day of the inspection who displayed a good understanding about people's therapeutic diets, such as diabetic foods and the consistency of food people required. They also knew people's dietary likes and dislikes. The chef manager said, "When someone first comes to the home I am given information about what people like to eat." They also explained, "I always talk with people on a regular basis to get feedback about the food." We saw that within the communal areas, hot drinks making facilities, a snacks vending machine, biscuits, and fresh fruit were available for people to help themselves. In addition a variety of drinks were available for people and visitors to the service. People told us they looked forward to the afternoon tea trolley. One person told us, "The cakes we have in the afternoon are lovely, we can have biscuits as well but I always choose the cakes."

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. Staff told us if a person's health deteriorated they would speak to the nurse on duty straight away. One staff member told us, "We know our residents very well. If someone was showing signs of being unwell we would ask the GP to visit them." The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required.

People had access to a range of healthcare services and referrals were made to specialist teams when required. For example, falls prevention teams. One person told us, "Well, we are lucky because we have these lovely nurses here all the time to look after us, but I can see a doctor if I need to as well."

All areas of the home were well lit and there was signage to enable people to find their way around. Bedrooms, toilets and bathroom doors were clearly labelled to enable people to find the right rooms. The sitting room areas of the home were cosy and decorated to a good standard. The grounds are accessible and a new summerhouse had just been built with a seating area for the summer. Several people commented very positively on the gardens, the wildlife and the birds. One person said "It's lovely sitting here I've been watching the birds and there's a cat too, I love sitting and watching"

Good

Is the service caring?

Our findings

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person said, "All the carers are lovely, they care a lot about me, you can tell." Throughout the day of the inspection we observed family and friends welcomed as they visited their loved one. One relative said, "It's always welcoming. It's the best home we saw in this area."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We found that staff worked hard to make people and their relatives feel cared for. Staff spoke positively about the people they supported,
one member of staff said, "The best thing about working here is the residents, I love to hear stories about their younger days." A second member of staff commented, "It feels like we are one big family. You get to know the resident and their family members." People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs.

People were actively involved in decisions about their care. If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate was sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. We spent time observing and listening to staff to see how they interacted with people they supported. We saw staff were attentive to people's needs and calls for assistance were answered promptly. The staff's approach was kind, caring and respectful.

People confirmed that staff treated them with dignity and respect. We observed staff knocking on people's doors prior to entering, and ensuring that doors were closed whilst personal care tasks were being completed. One person commented, "Staff are very caring and respectful" whilst another person said, "They (staff) tend to respect my privacy by using a towel to cover me when I'm having a wash." Staff were able to give appropriate examples regarding how they would maintain people's dignity during personal care tasks.

People looked clean and well-dressed showing staff took time to support them with personal care when they needed it. One person commented how good the laundry system in the home was. They said, "They take good care of my clothes, everything comes back fresh and lovely."

Each person who lived at the home had a single room, which they were able to personalise according to their tastes and preferences. Some people had bought their own furniture with them, which made their rooms very homely. People were able to see personal and professional visitors in their personal rooms or in communal areas.

Regular resident and relatives' meetings were held. Topics discussed at previous meetings included gathering people's views about menu choices and activities. People were encouraged to express their views and actively supported to give suggestions to the staff team regarding their care, treatment and support.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their relation and said they could visit and ring at any time. One relative told us, "If anything happens they always phone me straight away." This showed the service supported people to maintain key relationships.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to determine if the service could meet their needs effectively. During the inspection we saw records of preadmission assessments that had been carried out with people and their relatives. These covered areas such as medical history, communication and nutrition and hydration needs. The preadmission assessment was used to devise care plans that provided staff with detailed information about how people should be supported. One staff member told us, "We get as much information as we can about a person. The more information we get the better we get to know the person and the quicker we can deliver the right care."

Care plans were in place for people and were all accurate and up to date to reflect current nursing and care needs. The care plans were detailed and included current information about people's nursing care needs as well as their social support needs and wishes. Records included information about how nursing needs would be met. For example, end of life care, positioning charts, monitoring food and fluids and pressure care and dementia care.

The staff were responsive to people's needs and wishes. Most people were able to make their needs and wishes known on a daily basis. People said they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us, "I am quite independent, I am able to do what I want and I join in lots of the activities." Another person said, "I have my own little routine, I can come and go as I please."

Staff were made aware of any changes to people's care needs through regular handover of information meetings. Changes to people's care needs were discussed and staff updated. Staff used the information they received at handover and morning meetings to ensure that people received the care and support they required. We observed the morning meeting on the day of the inspection and heard discussions relating to changes in medicine, changes to health needs, planned activities for the day and ensuring there was appropriate staffing skill mix on duty.

We found that staff understood the need to meet people's social and cultural diversities, values and beliefs. One person said, "The activities here are good and the activities leaders are very good." The service had a programme of activities and staff told us there was usually something going on for people to do. There were activity co-ordinators who worked across all areas of the home. We saw different activities taking place during the inspection. Some people told us that they would like more activities; however we were able to see that a comprehensive programme of activities regularly took place. These included art sessions, crosswords, nail care, sensory activities, one to one sessions named 'time for you' for people who chose not to join group activities, reminiscence sessions, exercises, craft and baking. One person received visits from friends who read religious scriptures to them at their request. Religious services also took place in the home on regular basis.

Other activities which involved the local community included, summer fete's, professional speakers giving talks on popular subjects, animal ark which was sessions involving live animals brought to the home as part

of a pet therapy program and children from a local school visiting the home. Events throughout the year were also celebrated, for example Mothering Sunday. Cream teas were served to visiting relatives and to add the extra special touch the finest crockery was used. One member of staff told us, "It is lovely to be able to treat the residents and their families so a bit of an extra special day."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard. For example, there was easy read documents available and one person who was hearing impaired had access to talking books.

The home had a call bell system, which people could access by pulling emergency cords and by pressing a button on a pendant or call bell. To ensure that people living in the home were not disturbed by the sound of the call bell system; the provider had installed a not audible system, which instead alerted staff on pagers and by text on screens in communal areas. One relative told us that this system was one of the main reasons for choosing this home for their relative. They told us, "[Relative] did not want to be living somewhere with bells ringing all the time, the other homes we looked at before choosing to come here all had a loud call bell system and as soon as [relative] heard the bells it put them off. I think it is great, and gives the place a more homely feel."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and where possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the Palliative care nurses to support people with their final wishes. To enable relatives to spend as much time as they wanted with their loved one, they were offered to stay overnight in the home. There was also a quiet lounge available for families to be able to take a break. A nurse told us, "It is such a difficult time for most families and whatever we can do to make that period of time more comfortable for everyone involved then we try to do it." A member of care staff told us, "I feel honoured to be able to support people at the end of their life."

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I've had a word in the past with the manager, things were sorted." We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. When a complaint was raised the regional manager also had oversight to ensure the procedures were correctly followed and the outcome was fair and conversations were transparent.

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

There was a visible management team in place that had a clear vision for the development of the service. People told us that the home was well managed. One person's relative said "[Name of registered manager] is very accessible and responsive. I can always speak to them if needed and if I call in unannounced they always have time to see me."

We talked to the staff about the ethos of the home. Staff were positive about the culture being open, transparent and supportive. Staff told us they attended staff meetings and could share their views with the registered manager.

Staff were positive about the management at the service. They said that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in someone's condition, it is acted upon straight away." Staff told us the registered manager was supportive of the people in the service and the staff who worked there. One member of staff said, "[Registered manager] is really supportive, they speak to every person in the home every day and they know people's needs well." Another said, "They always have the best interests of the residents and staff at heart and are open to any suggestions we make." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. The provider had implemented a system of audits that were effective in assuring that any shortfalls in the service were identified and rectified in a timely manner. For example, mealtime experience audits had identified that on occasions the dining room would benefit from being a bit calmer and feedback was given to the staff to support them to improve the experience for people.

The registered manager, nurses and clinical lead regularly worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

We saw people and relatives were invited to meetings and also provided with satisfaction surveys to complete. The survey results were very positive. It was clear that service was developed with input from people receiving support, their relatives and staff. For example, a gardening club had been developed which involved relatives and people living at the service. Feedback from the satisfaction surveys and from

compliment cards and rating reviews included, "Thank you to the staff for the excellent care" and "You all do a fabulous job, I hope you feel proud of the impact you have on people at such a difficult time in their lives."

The registered manager worked in partnership with other organisations to make sure they were following current good practice, providing a quality service and that people in their care were safe. These included social services, district nurses and other healthcare professionals. There was also good links with the local university and the service mentored student nurses and offered placements at the home.

The provider valued the contribution of the staff team and the care they provided to people and offered many additional benefits. To show their appreciation and to continually build on the positive professional working relationship; the provider offered reward schemes which included discounts at various shopping and leisure outlets. The provider also offered a flexible working scheme, indemnity insurance for nurses and many other additional benefits, which staff told us they really valued. The provider had developed a 'kindness in care' award, which was awarded to staff who were nominated for going the 'extra mile'. Each individual home had an employee of the month scheme which involved people and staff nominating a member of staff for making a difference to people's lives.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Highclere Care Home. It is a legal requirement for providers to display their CQC rating. The rating from the previous inspection was displayed for people to see.