Barchester Healthcare Homes Limited

Forest Hill

Inspection report

Forest Hill Park
Worksop
Nottinghamshire
S81 0NZ

Tel: 01909530531
Website: www.barchester.com

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 15 and 17 August 2017. The first day of our inspection visit was unannounced. Forest Hill was last inspected in March 2015 and was rated as Good. This service has a history of being compliant with regulations inspected by the Care Quality Commission.

Forest Hill provides personal and nursing care for up to 53 people. People are accommodated in two separate units within one building. The Portland Suite provides personal and nursing care for up to 21 adults with mental health needs. The Memory Lane community provides personal and nursing care for up to 32 older people living with dementia. At the time of our inspection, there were 53 people living at Forest Hill.

The service had a registered manager at the time of our inspection visit. 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.

The people who lived in the service told us that they felt safe and very well cared for. They believed that staff were committed to caring for them to a high standard and knew what support they needed to be well looked after. People felt safe, and were protected from the risk of abuse and avoidable harm. People's care needs were assessed and recorded, and risks identified. Risk assessments and care plans set out what staff should do to reduce the risk of avoidable harm. Staff demonstrated how to balance managing risks associated with people's health needs, with promoting people's independence. Accidents and incidents were monitored and reviewed, and action was taken to reduce the risk of harm reoccurring.

People were happy and had positive relationships with staff who provided their care. They were cared for by sufficient numbers of staff who were skilled, experienced and knowledgeable about people's individual needs. Staff had clear and consistent guidance about how to meet people's individual needs. Care plans were regularly reviewed with people who were fully involved; these were updated to meet their changing needs and preferences. People were also supported by staff in a caring way, which ensured they received support with dignity and respect. Staff promoted people's independence and people were active citizens of their local community and had grown in confidence and were proud of their achievements.

The provider took action to ensure that potential staff were suitable to work with people needing care. Staff received supervision and had checks of their knowledge and skills. They also received regular training in a range of skills the provider felt necessary to meet the needs of people at the service.

The systems for managing medicines were safe. People had medicines available when they needed them and in accordance with prescribing instructions. Staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

People and their relatives confirmed that staff sought permission before offering personal care. Appropriate

arrangements were in place to assess whether people were able to consent to their care. Where people lacked capacity to make decisions for themselves, the provider took appropriate steps to ensure decisions about care were in people's best interests, and their rights were upheld. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS).

People felt cared for by staff who treated them with kindness, dignity and respect. The support people received was tailored to meet their individual needs. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that issues with quality of care were addressed. The provider also sought views from people, relatives and staff in order to take action to improve the quality of the service.

We saw many examples of positive and caring interactions between people and staff. Staff went out of their way to make people feel that they mattered, and that they got the support they needed to maintain control of their lives. People were able to express their views openly and staff listened to what they said and took action to ensure their decisions were acted on.

The service was led by a passionate and committed registered manager. People, relatives and staff all said the registered manager was open, supportive and had excellent management skills. In turn the registered manager felt they were extremely well supported by the provider. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care. There was an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service was very caring.

People were very happy with the care they received, and relatives were consistently positive about the quality of care. People mattered and were at the heart of the service. Staff spoke about people with warmth and affection and demonstrated this through their actions. Staff always treated people with dignity and respected their right to privacy. Staff demonstrated their commitment to supporting people to maintain and regain their independence. People were encouraged to maintain relationships important to them.

Is the service responsive?

Outstanding ☆

The service was very responsive.

We received exceptional feedback which demonstrated the care people received was responsive to their needs. Staff looked for creative ways to support people's lifestyle choices and maintain interests which were important to them. People worked in partnership with staff to develop and review their care. People and relatives spoke positively about the varied social activities that were available, bit at Forest Hill and in the community. People maintained positive links with their local community that enhanced their lives. People's cultural, religious and spiritual needs were always recognised and supported. People felt listened to and had opportunities to put forward their ideas and suggestions to improve the service. People and relatives knew how to make a complaint.

Is the service well-led?

Good

The service remains Good.

Forest Hill

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 inspection took place on 15 and 17 August 2017. The first day of our inspection visit was unannounced and was carried out by one inspector, two specialist advisors, and two experts-by-experience. Both specialist advisors were nurses with experience in mental health nursing, and older adults and dementia nursing respectively. Experts-by-experience are people who have personal experience of using or caring for someone who use this type of care service. The second day of our inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned to us by the service.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We also sought the views of the local authority and health commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with eight people who used the service and eight relatives. We spoke with 10 staff, the registered manager, and the regional manager for Barchester Healthcare Homes Limited. We looked at a range of records related to how the service was managed. These included seven people's care records (including their medicine administration records), three staff recruitment and training files, and the provider's quality auditing system.

Not all of the people living at the service were able to fully express their views about their care. We used the

Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt safe living at Forest Hill. One person said they felt safe because, "Staff check on me quite frequently." Relatives also felt their family members were cared for safely. Staff had good knowledge of risks and demonstrated they understood how to keep people safe from the risk of avoidable harm. Risk assessments were tailored to people's individual needs. They detailed what people and staff needed to do to ensure people received safe care. People were involved in the risk assessment process where they were able to. Risk assessments (and associated care plans) were reviewed with people regularly and updated to ensure staff knew how to support people safely. People were protected from the risk of avoidable harm.

People were kept safe from the risk of potential abuse. They felt safe, and people and their relatives felt able to tell staff about any concerns. Relatives were confident in the staff team's ability to ensure their family members were safe. One relative said, "Staff support [my family member] to keep safe. The registered manager has a clear understanding of my family member's needs." Staff knew how to identify people at risk and were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission (CQC) with concerns if this was needed. The provider had clear policies on safeguarding people from the risk of abuse, and staff knew how to follow these. Staff received training in safeguarding people from the risk of avoidable harm and this was supported by training records. Records at the service and held by CQC confirmed steps were taken to address concerns about care that may put people at risk. This ensured people were kept safe from the risks associated with unsafe care.

Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents. For example, one person who was at risk of falls had been assessed for and agreed to the use of monitoring technology to reduce the likelihood of falling. The registered manager had monitored and reviewed this. The use of the sensor equipment had reduced the number of falls the person experienced. This meant risks were identified and appropriately managed to reduce the risk of harm to people.

People, relatives, and staff felt there were enough staff and our observations on inspection supported this. Staff responded to people's need for care in a timely manner throughout our inspection. The provider regularly reviewed people's care and adjusted staffing levels to ensure people received the support they needed. There were enough staff to provide the personal and nursing care people needed.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people they were supporting. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. This helped reassure people and their relatives that staff were of good character and were fit to carry out their work.

People felt staff supported them to manage their medicines safely. Relatives were confident their family members received medicines as prescribed. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result. The provider had up to date guidance which was accessible for staff who dealt with medicines. Staff took time to explain to people what their medicines were for, and checked that people were happy to take their medicines. All medicines were stored, documented, administered and disposed of in accordance with current guidance and legislation. This meant people received their medicines as prescribed.

The provider ensured risks associated with the service's environment were assessed and steps taken to minimise risks. Staff and records confirmed this was the case. People's files contained emergency information and contact details for key people in their lives. Each person had a personal emergency evacuation plan (PEEP) which contained information on how to support them to remain safe in the event of an emergency. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. This meant people would be reassured and supported safely in ways that suited them if there was an emergency.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and experienced to provide their personal and nursing care. Relatives spoke positively about the quality of care staff provided for their family members. One relative described how their family members' health and well-being had improved since moving to Forest Hill. They said, "[My family member] couldn't walk when they came here. They just used to close their eyes and not speak. Now look – they're dancing." Staff described and records showed how the person's health and well-being had improved since moving to the service. For example, in March 2017 the person was unable to walk by themselves, and their communication was limited. Now, the person was able to communicate with staff and other people. We saw the person taking part in several activities with staff and they were clearly enjoying themselves.

All staff had a probationary period before being employed permanently. Staff told us they felt their induction gave them the skills to be able to meet people's needs. New staff undertook the Care Certificate as part of their induction, and all staff were working towards or had achieved this. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. The provider had an induction for new staff which included training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks.

Staff undertook training in a range of areas the provider considered essential, including safeguarding, medicines, nutrition and supporting people with dementia. Staff told us, and records showed that they received refresher training in areas of care the provider felt necessary to meet the needs of people at the service. Staff also confirmed they could ask for additional training. Nursing staff had access to revalidation with the Nursing and Midwifery Council (NMC). This process ensures nurses maintain their nursing practice up to date. They must undertake a specified number of hours of training in relation to their role, including reflection and feedback from people to ensure they are safe to practise as a nurse. Staff were supported to undertake nationally recognised qualifications in health and social care. The provider and registered manager had robust recording in place to ensure they monitored what training staff needed, and ensured they attended training the provider deemed essential. This meant people were supported by staff who had the appropriate skills and experience to provide them with the individual support they needed, at the times when they needed.

Staff told us and evidence showed they kept daily records of key events relating to people's care. Information about people's care was recorded and staff shared key information with colleagues throughout the day and at shift handover. The provider held meetings for staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor to discuss their work performance, training and development. This was in accordance with the provider's policy, and records confirmed supervision meetings took place. This meant that staff knew what action was needed to ensure people received care they needed.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA). The 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 be as least restrictive as possible. People can only be deprived of their liberty so that they can 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.

People and their relatives confirmed that staff sought permission before offering care. Staff understood the principles of the MCA, including how to support people to make their own decisions. Staff understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. Where people had capacity to consent to their personal care, this was documented. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA to ensure best interest decisions were made lawfully. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to provide restrictive care that amounts to a deprivation of liberty. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately for a number of people. People who were deprived of their liberty had access to Independent Mental Capacity Advocates (IMCAs). People deprived of their liberty also had a Relevant Persons Representative (RPR). IMCAs and RPRs ensure people have support to exercise their rights in relation to the MCA and DoLS. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

People said they liked the food and were offered plenty of choices. They were offered regular drinks and snacks throughout the day. They were also provided with adapted cutlery and equipment to enable them to eat and drink independently. People who were at risk of not having enough food or drinks were assessed and monitored, and advice sought from external health professionals. Guidance about people's individual needs was available to all staff, including catering staff. Staff knew who needed additional support to eat or had special diets. For example, fortified diets, appropriately textured food and thickened drinks, gluten free or vegetarian diets. Kitchen facilities were available for people who were able to make drinks or prepare food. People were supported to have sufficient to eat and drink.

People told us they were supported to access health services when needed to maintain their well-being. One person described how staff supported them to see their GP. They said, "I wasn't comfortable in going alone, so staff came with me. I felt so at ease." Records showed that people could choose to see their own GP in the community, or have GPs from the local surgery visit them at Forest Hill. Care plans identified what people's health needs were and how staff should support them. Staff kept contemporaneous notes regarding any health concerns and action taken. Records confirmed people were supported to access a range of health and social care professionals, and any actions arising from appointments were followed up. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

The service was well-maintained, and designed with people's needs in mind. The environment was decorated to make it more accessible for people with dementia and visual impairments. People were involved in discussions about improvements, and told us this was a positive experience. For example, there were clear signs around key areas of the building to help people orientate themselves. Bathrooms and toilets were decorated in ways to enable people to identify essential facilities. This meant people were able to use these facilities more independently. The flooring was designed to ensure people with dementia or visual impairments could move about more safely. The provider had taken steps to ensure the environment was suitable for people's needs.

Outstanding ☆

Is the service caring?

Our findings

People felt supported by staff who provided care in a dignified and compassionate way. Relatives all spoke positively about the caring approach staff had towards their family members. One relative said, "The staff are caring – you can see it in their attitude." Another relative described staff as having, "An extra-special supportive nature." Relatives also described how staff took a 'whole family' approach, providing care to people, whilst also supporting their relatives. We saw written feedback submitted by relatives and other visitors that was positive about the way staff provided care. One relative wrote to the provider to highlight how they felt staff went 'above and beyond' to provide their family member with, "The utmost care, respect, privacy and dignity." They said the care they saw, "Speaks volumes of the professionalism and commitment of the staff in this home." We saw a number of recent cards and letters from relatives praising the quality of care. For example, one card described how well all the staff supported one person, stating, 'You provided [family member] with a living home environment for the last few years of their life.' This meant people received care from staff with whom they had valued relationships, and people felt they mattered.

Throughout our inspection we saw staff supported people in a caring, friendly and respectful way. Staff knew people well, calling them by their preferred names, and were knowledgeable about people's preferences. They ensured people were comfortable and took time to explain what was happening around them in a patient and reassuring manner. Staff spent time with people who appeared anxious or agitated. We saw one person was unsettled and distressed. Staff responded by giving the person space and time to express their mood. They spoke with the person in a kind and caring way, and we saw this had a positive effect on the person. The person's agitation and tearfulness decreased, and they initiated an activity with staff, whilst laughing, smiling, and trying to get others to participate. A staff member said, "We are proactive, and try to pre-empt what people need. This helps calm people down."

People and their relatives were consistently involved in planning and reviewing their care and support. People were encouraged to express their views and wishes about their daily lives, and staff listened and acted on their views. Care records we looked at had clear evidence of people, relatives or people's representatives being involved in reviews. People's care plans recorded preferences about how they were supported. For example, one person's care plan contained information about their past occupations, and information about other people and events that were important to them. We saw staff use this information to support the person to take part in an activity, and the person responded positively to this. Another person was supported to attend an event that was a "lifetime dream" for them. Evidence showed how the person and staff had worked creatively together to enable the person to achieve this.

People were supported to remain as independent as possible. For example, a number of people had a keycard for the main entrance. This enabled them to make their own decisions about going out for a walk, or to local shops. Staff said the presumption was that people were able to do this, unless this would place them at significant risk of harm. People were supported by staff who promoted positive risk-taking which enabled people to maintain their independence.

People were supported with their medicines and care needs in a dignified way. We saw the staff understood

how to support people in ways that maintained their dignity. For example, by ensuring doors and curtains were closed when providing personal care and ensuring people were clothed in ways that maintained their dignity. This meant people's dignity was central to staff values, and staff provided care in ways that upheld this.

People were encouraged to communicate in ways which suited them. Although most of the people at the service were able to communicate using speech, some people needed additional support to express themselves. For example, several people spoke other languages. Staff who spoke these languages were able to ensure people were able to express their views and participate in activities. People had individualised plans to tell staff how to ensure communication was effective for each person. These plans included information about how people received and understood information, and we saw throughout our inspection visit that staff followed these plans. This meant people were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care.

Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. We hear that people and relatives had conversations about care in their own rooms or another private space. Staff had access to the relevant information they needed to support people on a day to day basis. Records relating to people's care were stored securely. This meant people's confidentiality was respected.

Information about advocacy services was displayed in the service and we saw advocates had been involved in supporting people to make decisions about their care and life choices. Staff and records confirmed people living at the service were registered to vote, and were supported to exercise their right to vote if they wished to do so. This meant people were supported to understand their rights, and participate in civic life.

People were supported to spend private time with their friends and family if they wished. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. This included supporting people to celebrate occasions with their relatives and friends. For example, one person was unable to attend a family party for a special occasion. Staff supported them to host a party at Forest Hill for their relatives and friends. This enabled the person to continue to participate in family life as they wished to, and showed people's right to private and family lives were respected.

People and, where appropriate, their relatives were involved in discussions about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. We saw evidence from relatives which was consistently positive about the provider's approach to end of life care. One relative wrote to CQC to praise the care and support they and their family member had, emphasising how staff enabled their family member to have a peaceful and dignified death. People had advance care plans in place which included, where appropriate, clear records of their wishes about resuscitation. Where people were able to make this decision for themselves, this was documented. Where people could not, evidence showed that external medical professionals had followed the Mental Capacity Act 2005, and a best interest decision had been made. Staff involved in end of life care met regularly to discuss people's needs and ensure they were being met appropriately. This included ensuring staff knew people's cultural and religious needs at this time. Staff received additional training to ensure they knew how to support people at the end of life. The provider demonstrated that arrangements for people's end of life care met the five priorities for care, which are nationally recognised best practice. This meant people were supported to express their views about their future care towards the end of their lives, and staff knew how to support people and their relatives in the way they wanted.

Outstanding ☆

Is the service responsive?

Our findings

People felt listened to, and that staff responded to their needs and wishes. Relatives were consistently positive about the efforts made by staff to ensure people received care and support that met their needs and preferences. One relative said, "I can honestly say they are fantastic for what they have done for my family member. Activities are centred around the person, so they are doing things they would have done like going to the pub with friends. I cannot speak highly enough." This demonstrated people felt supported in ways which worked for them and met their needs.

People told us and evidence showed they were supported to maintain their interests and hobbies, both in the service and in their local community. Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them. For example, one person spent time rocking a pram that was available. We saw staff stop and talk with the person about the pram. The conversation clearly reflected the person's feelings about their family, and staff encouraged them to reminisce. Staff told us, and records confirmed that it was important to the person for staff to recognise and respect their past experiences. Another person told us they wanted to attend football matches as they used to. Staff told us and records demonstrated the person was supported to do this. For people who enjoyed the company of animals, opportunities were available for them to continue to help staff care for pets. We saw evidence that several staff regularly brought their own dogs to Forest Hill, and people were supported to help walk and care for them. This meant people were supported to have a positive quality of life, helped by staff who understood how important it was to provide opportunities that brought people happiness and fulfilment.

People were involved in developing areas of the home which provided activities and stimulation for people with dementia. For example, there was a range of tactile wall displays, household and clothing items. These were used to promote activity and conversations with people. During our inspection we saw people taking part in individual activities using the displays and items. One person was experiencing anxiety and was distressed. Staff spent time with the person, using some of the clothing items to support the person to reminisce about happier events. This had a positive impact on the person, and both they and staff clearly enjoyed using the items to interact and tell stories.

People's care was personalised to ensure their needs were met in ways which suited them. For example, the provider's approach to caring for people living with dementia was very individual. People and relatives were encouraged to discuss how their dementia affected them in everyday life. We were told and saw how staff worked with people to provide care and support that suited them. This was reviewed regularly with people and approaches to care were changed to reflect their condition. For example, we saw how one person's life history and experience of dementia was documented, and saw staff work with them to continue to participate in activities that were meaningful to them. This meant changes in people's health needs were recognised, and they were supported in ways which worked for them.

Staff were proactive in supporting people to do activities that were meaningful to them. The provider employed two activity coordinators, one in each part of the service. One coordinator had recently won an

award from a local health service for their work in supporting people to remain active and healthy. Students from the local community college volunteered in the service to ensure as many people as possible were supported to take part in activities. Staff involved in providing personal care were also actively involved in supporting people with activities they enjoyed. People were supported to continue to practice their faith. Evidence showed people who wished were supported to continue to attend faith services and events in the local community and within the service. This meant people were supported to remain active and, where they were able, connected to their local communities.

People were actively involved in planning and reviewing their care where they were able to do so. The provider ensured people had their personal care needs reviewed, and relatives were involved with this where people consented. People's care plans contained information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, staff asked relatives to provide information they felt was important about people's lifestyle choices. People told us and we saw their choices for staff gender were met by the provider. This meant, particularly where staff supported people with intimate personal care, people were supported by staff they were comfortable with.

Staff described how they worked with people to meet their diverse needs, for example relating to disability, gender, ethnicity, and faith. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. This ensured people's support plans met their current needs, and where their needs changed, this was identified with people and their relatives, and their support plans were updated.

The registered manager encouraged staff to develop new or innovative approaches to providing good care for people. The service was currently looking at a project to encourage better quality of sleep, based on external research and best practice in dementia care. The registered manager confirmed they planned to work with people, relatives and staff to see if this would be beneficial. Forest Hill had been awarded Nottinghamshire County Council's dementia quality mark. This covers standards of dementia care that reflect national best practice guidance for people living with dementia. The provider looked for ways to improve the quality of care for people at the service using nationally recognised best practice. The provider had a national awards scheme that recognised contributions from staff, and recognised excellent skills in providing high quality care. For example, the chef and catering team had won the chef of the year award. Another staff member had been nominated for an external award from a local healthcare service in relation to their care skills. This showed that the provider recognised good care and encouraged staff to develop their skills to improve the service.

People and relatives told us they had opportunities to provide feedback on the quality of their care. For example, through reviews of people's care, by regular meetings for people and relatives, and talking with the registered manager. The provider also displayed information on what was happening in the service, any feedback they had received and what actions they planned to take to improve the service. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People and their relatives felt any issues or complaints would be handled appropriately by the provider. They told us felt able to raise concerns and knew how to make a complaint. For example, one relative described how they had an issue, which was quickly resolved by the registered manager. There was information around the service about how to make a complaint, and this information was available in an accessible format, for example, in an easy-read guide. The provider had a complaints policy and procedure in place, and they reviewed complaints on a regular basis to see whether there were any themes they needed to take action to improve. This meant the provider had a responsive system to resolve concerns and

complaints.

Good

Is the service well-led?

Our findings

People and relatives felt the service was managed well and spoke positively about staff and the registered manager. Staff spoke positively about their work and the support they received from the provider and from each other. The service had an open and transparent culture, with clear values and vision for providing high quality care for people. Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. This is a legally required document that includes a standard set of information about a provider's service, including the provider's aims, objectives and values in providing the service. During our inspection, staff were open and helpful, and demonstrated consistent knowledge of people's needs.

People, relatives and staff felt able to make suggestions to improve the service, and raise concerns if necessary. The provider also regularly sought people and relatives' views about the service, responded to comments and complaints, and investigated where care had been below the standards expected. This assured us people, relatives and staff were able to make suggestions and raise concerns about care, and the provider listened and acted on them.

The service had a history of maintaining consistent compliance with regulations. Our records showed the registered manager regularly contacted CQC to discuss any issues or concerns that might impact on the quality of care. The provider appropriately notified CQC of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The provider is required to display their latest CQC inspection report at the home so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required both in the home and on their website. The registered manager understood their duties and responsibilities with respect to providing personal and nursing care.

The provider had policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff said if they had concerns they would report them and felt confident the registered manager would take appropriate action. For example, concerns raised by staff about safeguarding people's finances had led to the provider changing the way they supported people with their money. This meant people were safeguarded from the risk of financial abuse across all of the provider's services. This demonstrated an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them.

There were systems in place to monitor and review the quality of the service. There was an emphasis on continually looking for ways to improve the service for people, and also looking at learning from where care fell below the standards the provider expected. The registered manager and provider carried out routine and unannounced checks of the quality and safety of people's care. This included regular monitoring of people's care and the service environment, and regularly seeking people's views about the service. The provider undertook essential monitoring, maintenance and upgrading of the home environment. The

system used to ensure maintenance and other essential tasks were done was robust, and enabled staff to flag up issues, which were dealt with in a timely manner.

The provider took appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment from external health professionals. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence. The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.