

WR Signature Operations Limited

Elton House

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Elton House is a care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 95 people.

Elton House accommodates people across three floors. Each person has their own 'apartment' with a separate en-suite and kitchenette area. Each room and communal bath / shower room has separate adapted facilities. The home has a separate area specifically designed to enable people living with dementia to live as independently as possible with minimal restrictions.

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

The service provided exceptionally responsive, person-centred support to people which consistently achieved outstanding outcomes for people. Staff consistently went the extra mile to find out what people have done in the past. This enabled people to carry out person-centred activities, which enriched the quality of their lives. People were supported to maintain and develop new relationships that mattered to them and protected them from the risk of social isolation and loneliness. The registered manager used concerns to improve the service. People were supported sensitively and with compassion with end of life care, which ensured people experienced a comfortable, dignified and pain-free death.

People were protected from avoidable harm and abuse by staff. Risks to people's safety had been identified and assessed. Staff followed people's risk management plans to keep them safe. People received their prescribed medicines safely, from staff who had their competency to administer medicines assessed. People's medicines were reviewed regularly to ensure continued administration was still required to meet their needs. Cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

People felt staff were well trained and able to support them effectively. Staff reviewed their development through regular supervision and appraisal meetings and staff felt supported by the management team. People gave mixed views about the food provided, but this met their dietary needs and preferences. A wide range of healthcare professional services were available to monitor and maintain people's health and well-being.

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 felt staff were caring, kind and respectful when supporting them. People told us they felt their opinions mattered and they were listened to. People's cultural and spiritual needs were encouraged and respected.

People, their relatives, staff and healthcare professionals confirmed the service was well-led. Regular audits were carried out to drive improvements. Governance systems in the service supported the high quality care people received and improvement plans continually sought ways to develop the care further.

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

Rating at last inspection

This service was registered with us on 04 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when they registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was good.

Details are in our good findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Elton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two 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

Elton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced. We visited Elton House on 07 August 2019. On 21 August 2019 the registered manager provided us with further information we requested. We spoke with two further relatives and health professionals on 12 September 2019 to corroborate our findings.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service, six of their relatives, seven staff members and the registered manager. 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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found, and for them to submit further evidence not available on the day of the inspection. We further looked at evidence the registered manager asked us to review in relation to activity and social inclusions and quality assurance records. We also spoke with two professionals who regularly visit the service and two people's relatives.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People, and their relatives felt the care provided kept people safe from harm. People told us they felt safe. One person said, "I feel a lot safer here than at home. People are around all the time, I can get help when I want, and I know I am safe." One person's relative said, "[Person] can now answer complex questions, express their preferences and it's due to feeling safe and well cared for."
- People were protected against the risk of abuse as staff knew how to identify, respond to and report any suspected abuse. Staff were aware they could report their concerns anonymously both internally and externally to agencies such as the local authority, police or CQC.
- Incidents were discussed and reviewed with the staff team. The registered manager showed us where they had reviewed one person's numerous falls with staff through a falls group. Through this review and further measures put in place this person subsequently experienced a significant reduction in falls. Although incidents were reviewed in specialist groups such as this, not all staff were aware of the outcome or involved in the discussions regarding other incidents. Staff did say they discussed lessons learned within supervision, however a formal system to include all staff was not yet fully embedded in practise.
- The registered manager was aware of the provider's and local authority safeguarding policy. At the time of the inspection there were no open safeguarding concerns being investigated.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified, managed and reviewed. Care plans had been developed around areas such as risk of falls, mobility, skin integrity, nutrition, choking and catheter care. Care plans were regularly reviewed or when people's needs changed.
- Staff used mobile devices that provided them with up to date information about people's care needs and how to manage the risks. These were updated regularly and helped to ensure staff were able to deliver timely and safe care.
- Regular checks of the safety of the service were completed, for example safety checks of equipment, alarm systems, fire drills and building maintenance checks. Staff were aware of how to safely evacuate people in the event of an emergency, for example in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) were in place. PEEPs are personalised guidance for staff to safely evacuate people in the event of an emergency.

Staffing and recruitment

- People told us there were usually enough staff to keep them safe. One person told us, "It wasn't always properly staffed, a while ago we could wait a while. But someone's clearly done something because I think at the moment it is okay. There is the odd time I have to wait over ten minutes, but that is the exception." One person's relative said, "I don't have any concerns about staffing levels. Whenever I am here, and we ring

[the call bell] they are here within minutes and I am here every day, sometimes twice a day."

- We observed staff supported people swiftly and had sufficient time to sit and speak with people. People told us staff responded to them when they required assistance. One person said, "It was a bit up and down when they first opened but for the past few months staffing is good. If I summon the staff they are here quickly, I have no complaints."
- The registered manager regularly reviewed the care needs of people to determine the staffing levels they required in the home. They adjusted the staffing levels in line with people's changing needs or as the home moved new people in. Staffing levels provided at the time of the inspection were at the assessed levels required.
- Prior to staff working in the home, pre-employment checks were undertaken to ensure suitable people were employed. Staff files contained among other information, photographic identification, proof of address, application forms, full employment history and a criminal records check.

Using medicines safely

- People's medicines were managed appropriately. Medicines were kept secure and were administered as the prescriber intended by trained staff.
- Medicine Administration Records (MARs) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately, and stocks checked tallied with the balances recorded.
- People and their relatives felt medicines were managed well and regularly reviewed. They told us, this led to people experiencing a better quality of life without dependence on medicines. One person's relative said, "[Person] was on numerous drugs which made them dizzy and confused even more. The previous home gave us notice as they couldn't cope. When we moved here we had a medicines revision and they are now off [most tablets]. They are now more alert than ever."
- People who needed 'when required' medicines had the reason for administering documented along with the dosage and possible side effects. Where people were unable to verbally communicate, staff clearly recorded signs and prompts people may use to communicate when they were in discomfort.

Preventing and controlling infection

- People lived in a clean, well maintained home and were protected from the risk of infection. One person said, "Just look around you, the place is spotlessly clean and super well looked after."
- Robust procedures were in place to minimise the risk of cross contamination. Staff received infection control training and were aware of how to safely care for any person who may have an infection.
- There were clear guidelines for kitchen staff to follow to maintain the cleanliness and hygiene of the kitchen.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior of moving to Elton House. Staff carried out a thorough pre-admission assessment of people's needs to determine whether they could meet their needs.
- The registered manager was undergoing end of life accreditation to ensure the care provided was nationally recognised. This ensured people received care that was in line with recognised standards. Staff referred to national guidance such a National Institute for Health and Care Excellence [NICE] and the British National Formulary [BNF] to make sure they followed best practice.
- People's health needs were regularly assessed and reviewed. This included nutritional requirements and skin integrity to help keep people as healthy as possible.

Staff support: induction, training, skills and experience

- People told us they felt staff were sufficiently trained to effectively meet their needs. One person said, "I can't think of a time when I not thought the staff are competent, they manage everything so well."
- Staff told us they felt supported by the management team. Staff confirmed they had an induction when they began working at the home which included training in a range of areas. Staff told us they had received training in areas such as safeguarding, mental capacity, mobility and dignity. One staff member said, "We have our mandatory training and update training. In addition, every two weeks the registered manager will do themed training. We have had training around falls care and specific health conditions."
- Staff received regular supervision and appraisal. They told us these sessions were helpful in enabling them to review their performance, discuss objectives and raise their concerns. One staff member said, "Supervision is okay, it's good to get things off my chest and we can talk about the residents."
- The provider held a weekly drop in session for staff to raise any concerns they may have had. This was independent of the management team, so confidentiality was retained. The purpose of this was to give staff a forum where they could raise concerns they may otherwise find difficult to do. Staff who had attended were positive about the initiative.

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

- People generally spoke positively about the food and drinks provided. People were offered a wide variety of freshly prepared meals, and most people were happy with the food provided. One person said, "Food is good, I have enjoyed every meal since I came. My favourite meal is fish and I am looking forward to have it again this week." However, two people were not happy with their meals. They told us they were able to share their views about the meals in the food forum.
- People received sufficient food and drink that met their dietary needs and requirements. The kitchen staff had clear and robust systems in place to ensure people who had specific dietary needs, for example,

allergies and diabetes, were catered for. People's weights were monitored, and the kitchen staff were involved in reviews of people's nutritional needs. This enabled them to tailor meals to both people's specific requirements and preferences.

- We observed lunch which was a sociable and pleasant experience. People chose where they ate across a variety of dining rooms, bistro area or in their room. Where people sat together they were enjoying their lunch in an atmosphere that was relaxed and sociable.
- People who required additional support to eat their meals received this appropriately and in line with their care plan. Staff were observed to assist people patiently to eat and drink, and those people who required prompting to eat, did so in a dignified and attentive manner.

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

- People, their relatives, staff and healthcare professionals spoke highly about the environment at Elton House. One person said, "It's a very new place, looks more like a hotel then residential home."
- The home had been developed to meet the variety of needs that people lived with. A strong emphasis was on people being able to socialise with friends and family. There were numerous areas people could meet including a café area at the entrance with refreshments and snacks made by people who used the service. In addition, there were balcony gardens that people could spend time enjoying, a cinema, a bar, numerous lounges and facilities such as a hairdresser. The service was decorated to a high standard.
- The layout of the service meant that people could easily access all areas of the service, whether they were able to so independently or with mobility aids. The service had also ensured there was appropriate equipment in place, for example, specialist baths, to support people with mobility difficulties. Memory boxes were well used to orientate people to their bedrooms.

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

- People told us they were able to access healthcare support when needed. One person said, "The GP is always around, but if I want the dentist or chiropodist I can just ask, and they will organise it for me."
- A healthcare professional told us, "They are well organised and will quickly call if they need us to see someone. Referrals are appropriate and only when there is a real need, or someone is worried about something. I find the staff have all the information needed and follow instructions well."
- Staff were aware of the importance of monitoring people's health and seeking guidance when they identified any concerns.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were observed to seek people's consent prior to them providing support or carrying out care tasks. Staff explained what they needed to do and waited for the person to agree. One person told us, "Staff always

ask me before doing anything and are respectful if I say I am not ready."

- Staff had received training in relation to MCA and DoLS. Staff demonstrated to us how MCA and DoLS applied to their work.
- Care records showed that when staff believed people were unable to consent to certain decisions an assessment of capacity was carried out. This was then followed by a best interest decision where staff sought to find the least restrictive method to keep the person safe. If necessary, staff then applied to the local authority to ensure they applied restrictions of people`s liberty lawfully .

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 as good.

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

- People at Elton House told us staff treated them with respect and kindness. One person told us, "From the start all staff members have been helpful, caring and thoughtful." A relative said, "[Person] is not very easy customer to deal with but staff very quickly realised what is working for [person] and they were so patient in the first few weeks while they settled. I could not praise them enough."
- Healthcare professionals told us the care and support people received was caring and ensured people were treated well. One healthcare professional said, "Overall the standard of care is very good. What strikes me is that all the staff I see want to be here and have an aptitude to care." A staff member said, "When you walk in and the people you support give you a hug you know that you have a great rapport. I love it so much. Couldn't imagine doing anything else."
- Throughout the inspection we observed staff positively interacting with people in a kind and caring manner. Staff were clearly aware of people's individual needs and offered emotional and physical support. Staff supported one person who was anxious. They took time to get to their eye level, spoke gently and sincerely, reassuring them they were okay. This quickly soothed the person and put them at ease. Staff did not leave this person until they were content and sat happily with others. Staff were clearly aware of what could trigger people's anxiety and discomfort and staff endeavoured to support people through that difficult time. They did this with respect whilst maintaining their dignity.
- People's diverse needs were catered for and were treated equally. Staff were aware of the importance of supporting people to follow and acknowledge their spiritual and cultural needs. At the time of the inspection, a significant proportion of people in the home followed the same religion. Staff ensured meals and ingredients for these people were culturally appropriate. Staff and people organised cultural events and invited those along who did not share that religion, so everyone was treated equally. Staff told us they received equality and diversity training. People of any faith were supported to attend services that reflected their spiritual needs. Staff were also aware of people's sexuality and relationships important to them. They knew that people may require support with their sexual identity or orientation. Staff spoke sensitively about the challenges that people may face and knew where to seek appropriate support for people if required.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in their care and their views as a whole were sought and listened to. One person said, "I feel as though we look at my care together. I get the care I want, how I said I wanted it, and if I don't want something then it doesn't happen."
- People said staff were respectful of their views and decisions and felt an equal partner in developing their care plans.
- Care plans recorded people's preferences and gave staff clear guidance on how to effectively

communicate with people, to ensure they met people's needs in their preferred ways.

- People's told us their privacy and dignity was respected. Staff knocked on people's bedroom doors and waited for people to respond before walking in. We saw that staff quickly responded to people when they became distressed or required assistance with their care needs. They did so in a manner that caused little fuss, therefore not drawing attention to the person and protecting their dignity.
- Staff were able to give us examples of how they maintained people's privacy. One staff member said, "Well, if they want to be left alone, that's okay. It's about us staff knowing it's okay for people to not tell us things. They can decide to keep things private. When we talk we need to make sure its confidential, keep their care plans and things safe."
- People were supported by staff to maintain their independence in all areas of their life. Care plans detailed the level of support that people required, and staff told us they would always prompt people to do things for themselves where they could. One person said, "I always have a shower, every day. I do most for myself, but a carer is there just in case."
- Throughout the inspection we observed staff encouraging people to do things for themselves. People were nicely dressed and groomed and told us where needed staff supported them to do so. One person said, "Staff are a patient bunch. I can be a bit frustrating for them at times I suppose, but I have looked this way all my life and if I want to keep wearing my hair this way, or put my jewellery and make up on, then they can help me. In truth, they are very good and always make sure I have the time."

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 as outstanding.

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

- People's well-being was significantly improved by the support for all to be active members of the home's community and develop meaningful relationships. One person's relative said, "[Person] was in difficult state where they would refuse to eat outside of their room. They wouldn't socialise and were very depressed. Now they eat with the others. [Person] now even has their small group of residents that they sit together with at the dinner table. [Person] made a significant improvement since they came here.
- Staff understood and stimulated people's key interests or skills. One person had extensive experience leading reminiscence sessions. They were encouraged to continue this for people in Elton House. This person felt valued and useful doing something they loved, whilst building connections within the home community. Another person explained, "It's not a home, it's a retreat here. Whatever we want to do to fill our days the staff make it happen, nothing is too much trouble. Having friends and interests I can carry on with gives me a purpose."
- Music therapy was successfully used by staff to help people who felt depressed or to help people reminisce. A relative told us their family member was happy now where before moving in the home were anxious, had been reliant upon medicines, depressed and unable to communicate.
- People were fully engaged in purposeful activities. Staff all went out of their way to ensure that people could pursue the hobbies they had prior moving to the home. For example, one person played bridge daily prior to moving to Elton House. Staff found a local bridge club for the person and organised a taxi to take them. This person's confidence grew so much that they subsequently joined a second club.
- People worked with a volunteer wellbeing councillor enabling them to explore the emotional challenges of moving into residential care. These sessions had a significant impact on people's well-being. One person said, "It's a lonely, frightening time coming into care. Knowing others have the same struggles helped me to make it a home and make some good friends. Now we can support the new one moving in."
- Staff organised an integrated play session for children to engage with people living with dementia. People benefitted hugely from this group. For example, one person who spent a lot of time asleep before attending the group, was engaged, energetic and joining in the songs. Other people experienced similar experiences.
- Staff developed a network with local businesses to run pop up shops in the home. These enabled people to continue to independently buy their own items from businesses they would have visited before moving to Elton House. One person said, "Shopping is one of the things I loved. Having people come here, for me is a real treat. Nothing seems to be too much trouble for the staff to make our lives better in every way." Staff also linked with a local business network group. This enabled them to provide a much wider range of activities to meet a variety of interests.

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

preferences

- People felt they received exceptional support that was individualised to their personal needs. This led significant improvements with the quality of their life. For example, one person moved to Elton House after numerous falls and behaviours that challenged. Staff developed a routine, engaged in one to one activities and responded to each of their previously unmet personal needs. Their relative commented, "Within two weeks of moving into Elton House, our [relative] is off medication. They are more communicable, cheerful and mobile." This person was observed to be affectionate, sociable and content.
- Staff had an in-depth knowledge of people's cultural, social, medical and emotional needs. One person said, "Staff have just organically got to know me. They know my little ways, what I like, what I want and when."
- All care plans were regularly reviewed to ensure people's changing needs were documented and information shared swiftly with staff, who would then adapt the support provided. People and their relatives led their care reviews, working with staff to ensure their care needs were met. One relative said, "I have to say that staff are very welcoming and knowledgeable. Whatever I ask them about [persons] condition they know, and if they didn't know it, they would call me later, they are helping us as a family in so many different ways that we can go home with a light heart and peace of mind."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Elton House had a strong embedded culture that focused on treating people equally and ensuring they led the discussions around making decisions about the care and support they received.
- Staff were aware of how to communicate with people in a manner that they could understand. This ranged from the use of items of reference, speaking clearly and slowly, or using technology, such as tablets or pictures. This enabled the person, to effectively communicate their wishes, needs and desires and minimise the risk of frustration.

Improving care quality in response to complaints or concerns

- People and relatives were happy with the care quality provided, and confident their concerns would be acted upon if needed.
- Complaints or concerns raised by people or their relatives were acted on swiftly. The outcome of these were shared to help develop and improve staff practise.

End of life care and support

- People received a good level of care and support at the end of their life. Staff received training and support to hold those difficult end of life discussions with people.
- One relative commented, "The staff looked after [person] wonderfully while they were there. They were kind, attentive and treated our [relative] with dignity. [We] cannot speak highly enough of all the staff who helped to look after [person] until the very end."

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 as good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team carried out regular audits of the quality of care provided. Audits included, medicines, fire safety, care plans, risk assessments and staff training. However, we identified the medicines audit had failed to highlight instances of a lack of accurate recording. We also found where care plans did not always contain sufficient information. For example, for how to use the hoist for one person and the use and review of fluid targets for people. Although these did not have an impact on the care people received, they were areas among others that required attention. We shared this with the registered manager who took immediate action. We were satisfied with the registered manager's response.
- People, relatives' staff and health professionals were positive about the management of the service. One person said, "Management are good in all sectors, [Registered manager] is very approachable, the deputy is also very good, and they work well together." One person's relative said, "Management are top people here, working hard to help and on board with anything we say. They are working towards being the best in this industry and as far I am concerned they are close to be perfect. I love it and I have made recommendations to many of my friends as it's a good place to be."
- Staff spoke positively about the registered manager, commenting on how supportive they were. One staff member said, "The manager is always there. It's an open-door policy, I find they are helpful. I can talk about anything that I'm worried about. If I need something they will always see it through."
- The registered manager was keen to ensure the service operated in an open and transparent way whereby people, their relatives and staff could speak freely about any concerns they may have had. Staff told us that they felt able to talk openly about any issues or mistakes made when providing care. The registered manager told us, "We are trying to move away from a blame culture where staff go sick when there has been an incident. I don't like the fear associated with things like safeguarding or complaints, so we are really opening up the discussions with staff and will develop this more as we go along." The registered manager planned to further share information with staff, such as complaints, service improvement plans and themes and trends from falls, incidents, injuries etc.
- The registered manager was aware of their responsibilities in line with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively encouraged feedback. This was done in a variety of ways, for example, through a variety of meetings, discussions and questionnaires. Feedback was also available across a number of internet review sites. Feedback seen was generally positive, however, it was not clear where the provider or registered manager had used these reviews to monitor the quality of service delivered. The registered manager told us there were plans to review, monitor and respond to each review and use them for developing the service.
- Staff told us there was a good morale amongst the staff team and that any issues were managed swiftly. They said meetings were frequently held and were useful. One staff member said, "Meetings are good. It's a time when we can get together and share our ideas. The managers are open to suggestions, but we don't always get feedback. For meetings to be even better I want to know how we are going to be the best home, not just told that we will be."
- The registered manager chaired a number of meetings in the home. These were with staff, relatives, and residents. A resident's forum had been developed that enabled people to hold the registered manager to account about developments of activities people suggested. One person said, "A good thing is management are open for suggestions. In residents' forums we always ask and contribute ideas. I made suggestions about a new current affairs group which was of interest for few of us. They listened and agreed, and we will meet up soon."

Continuous learning and improving care

- Records confirmed the registered manager was proactive in responding to issues identified to ensure action was taken swiftly and lessons learned.
- The registered manager and Nominated Individual worked cohesively to ensure there was oversight of the service and drive improvements.
- At the time of the inspection the registered manager was seeking accreditation for a gold standard framework for end of life care. This will provide staff with an evidence-based framework based on a nationally accredited approach to end of life care.
- Elton House had recently been shortlisted for the local innovative care awards nomination. Staff had also been nominated in a country wide care awards scheme. These categories were for the enrichment [activities] manager, hospitality manager, dementia carer of the year, chef of the year and the registered manager as manager of the year. Although the awards had not been finalised it demonstrated where the service had been recognised by external agencies for the quality of care provided to people.

Working in partnership with others

- The registered manager encouraged partnership working wherever possible. This was confirmed by the two healthcare professionals we spoke with and records we reviewed. One healthcare professional said, "When we do visit, the staff listen to our advice but also want to learn and work with us." The registered manager worked in partnership with key organisations to support care provision and joined-up care.