

Bupa Care Homes (CFHCare) Limited

Waverley Grange Care Home

Inspection report

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13 February 2019

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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?

Outstanding 

Summary of findings

Overall summary

About the service:

Waverley Grange Care Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 52 people. The home provides 20 beds for people who require residential care and 32 beds for people who require nursing care. The accommodation is arranged in four units across the two floors of the home. There is a residential unit and a nursing unit on the ground floor and a residential unit and a nursing unit on the first floor. At the time of the inspection there were 52 people at the service.

People's experience of using this service:

Staff went out of their way to treat people with exceptional compassion and staff had developed meaningful caring relationships with people. Staff did all they could to ensure that the time people spent with the loved ones was special. Staff were committed to ensuring people lived fulfilling lives and were protected from social isolation.

People were treated in a dignified way and staff took time to get to know what was important to them. The focus of people's care was person-centred and focused on promoting people's independence as well as their physical and mental well-being. Staff were creative in thinking of ways that activities were planned for people regardless of their abilities and took time to arrange special outings for people. The care and supported provided to people and their relatives when people were coming to the end of their life was incredibly caring and supportive. Staff were highly motivated with a 'can do' approach that meant they were able to achieve good outcomes for people.

The registered manager and leadership team led by example. They inspired staff to go the extra mile in providing care and support to people. People felt they were important to the leadership team and felt listened to. Staff were valued and this impacted, in a positive way, how they undertook their role. The registered manager and staff developed good working relationships with the outside community who were heavily involved in the service. There was strong leadership that put people first and set high expectations for staff. There was an open culture and a clear vision and values, which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

Risk to people's care was being managed well. There were appropriate numbers of staff that ensured that people received care when they needed. People received care from staff that were well trained and supported in their role. Staff ensured that people were supported with their ongoing health. Care plans were detailed and people were involved in how they wanted this to be delivered. The environment was modern and well-built taking into account the needs of people.

Rating at last inspection:

- At the last inspection the service was rated Good (the report was published on the 25 August 2016)

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Waverley Grange Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- Our inspection was completed by three inspectors, a nurse specialist 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. Our expert-by-experience had knowledge about personal care of adults using this type of service.

Service and service type:

- This service is a care home that provides nursing and personal care to people some of whom have a disability and some of whom may be living with dementia.
- The service had a manager that was 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. The registered manager was present on the day of the inspection.

Notice of inspection:

- Our inspection was unannounced.
- The inspection took place on the 13 February 2019.

What we did:

- Our inspection was informed by information we already held about the service including notifications that the service sent us. We also checked for feedback we received from members of the public, local authorities

and clinical commissioning groups (CCGs). We checked records held by Companies House.

- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with 15 people who used the service and six friends and family of people.
- We spoke with the registered manager and 13 members of staff.
- We reviewed six people's care records, medicine records, audits and other records about the management of the service.
- After the inspection we received feedback from five health and social care professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- People told us that there were enough staff to support them. One person said, "Staff are there for you at any time you need them."
- We observed that staff attended to people's care when needed. For example, where people were being cared for in their rooms staff checked on them regularly.
- The provider assessed people's needs regularly to ensure that appropriate levels of staff were on duty. Staff fed back that there were always enough staff to support people. One told member of staff told us, "There is enough staff and they are very organised if someone is sick. I'm not expected to rush and I can do the job properly and stay with people, do things right." Another said, "If a person wants to walk and it may take longer we can help them. Here everyone works like this. No rush here." We saw this in practice on the day.
- The provider continued to operate effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. We saw that nurse's professional registration was in date.

Systems and processes to safeguard people from the risk of abuse:

- People told us that they felt safe with staff at the service. One told us, "I don't feel a nuisance if I have to ask them for anything."
- Staff understood what they needed to do to protect people from the risk of abuse. One told us, "if I thought there was any abuse I would go to my unit manager. If I didn't feel that things were being taken up I'd speak to the council or CQC." We saw that staff received safeguarding training and there was a whistleblowing in place that staff could use.

Assessing risk, safety monitoring and management:

- Risks to people's care were managed safely. Each care plan had information on the risks associated with people's care and management plans to reduce the risks. These included risks associated with people's mobility, safe evacuation in the event of an emergency, risks of dehydration and malnutrition and risk of choking.
- Where people were at risk of developing pressure sores there were measures in place to reduce the risk. For example, one person had a pressure relieving cushion on their armchair and a padded wheelchair for when they wanted to leave their room. There were also pressure relieving mattresses on people's beds and people were being repositioned in bed to reduce the risk of pressure sores developing.
- Staff had a good understanding of how to reduce risks to people. One member of staff said, "We always check on people, if they are in bed, check they are in a good position. Make sure they have bell with them. Some people know if they need help. If they cannot ask we have to make sure we check, regularly. I also

check any equipment for safety with mobilising."

Using medicines safely:

- People were supported to take their medicines as prescribed and medicines were managed appropriately.
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.
- There were methods and protocols for assessing and managing pain in people who could not verbally express their needs. There were protocols in place for staff for when they needed to offer people 'as and when' medicines.
- Competency checks were undertaken with staff as part of the training process and informally after that to ensure they were administering medicines safely. One health care professional told us, "When I spoke to residents about their medications they appeared to be well cared for and had no complaints."

Preventing and controlling infection:

- People and relatives told us that the service was clean and tidy. One person said, "The home is spotlessly clean. I don't have any concerns about it."
- The service was clean and well maintained. Staff understood what they needed to do to reduce the risk of spreading infections. One told us, "We make sure we clean our hands and wear aprons. Do not take soiled or used items outside of persons room, use bags to dispose." We saw staff making use of gloves and aprons through the day.
- Each person's room was cleaned daily and had a deep clean once a month.

Learning lessons when things go wrong:

- Incidents and accidents were recorded with action taken to reduce further occurrences. The registered manager told us, "We gather lessons learned. My firm belief is when things happen we learn from that."
- We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. For example, where people when people had falls they were referred to the appropriate health care professionals.

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

The effectiveness of people's care, treatment and support achieved good outcomes and was consistent. Regulations may or may not have been met.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us that they were always asked consent before care was delivered.
- People's rights were protected because staff acted in accordance with MCA. We saw from the care plans that where people's capacity was in doubt assessments took place along with clearly recorded best interest decisions. Examples of these related to consent to living at the service and bed rails. We saw where people were being restricted, in their best interest, applications had been submitted to the local authority for authorisation.
- Staff had a good understand of MCA and its principles. One member of staff told us, "We have to assume that everyone has capacity to make their own decisions. If they can't then it has to be in their best interest."

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

- Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, staff used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that used NICE guidance to assist them with care for example in relation to oral care.
- There was a pre-assessment of people's care in each of their care plans. This was to ensure that the staff could meet the person's needs before they moved into the service.

Staff support: induction, training, skills and experience:

- People and relatives fed back that staff provided care in an effective way. One person said, "The best thing about being here is the way the staff help me. They are marvellous."
- Staff completed a full induction when they started at the service to ensure they understood the care that needed to be delivered. One member of staff said, "The induction was brilliant, the trainer was easy to get along with. I felt well prepared coming in to the role following it. Then we had to shadow for two weeks. You're never alone here anyway."
- Staff received updated training to ensure that they were kept up to date with appropriate care practices.

One member of staff said, "I was trained on how to give personal care with BUPA on the use of hoist, on mental capacity and I did the Care certificate (an agreed set of standards that sets out the knowledge, skills and behaviours expected). Every year we get updated." Nurses were also kept up to date with clinical practices.

- Staff had one to one meetings with their manager to assess their competencies in their role and to provide support to progress within their role. One member of staff said, "Anything can be discussed anytime as well, we can talk to the nurses and clinical lead." Another member of staff said, "The nurse supervises me monthly." A third said, "I have worked hard here and this is recognised."

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

- People fed back that they were happy with the meals on offer at the service. One person said, "The food is very good. You have a good choice and if you don't like something on the menu they will make something else for you."

- The chef was aware of people's dietary needs and likes and dislikes. Where people had a restricted diet, for example pureed, the chef ensured that they still had a choice offered to them. One member of staff said, "We can make things in our own kitchenette, or ask the kitchen to do something for them."

- We saw during lunchtime that people were offered a choice of meal. People in their rooms were provided meals quickly. Those people that required support to eat their meal were provided this by staff. One member of staff said, "I have to remind [person's name] to swallow so they need supervision." We saw staff supporting the person.

- Staff were aware of people that were nutritionally at risk and took steps to address this. For example, people were on a food and fluid charts and guidance was sought from health care professionals.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked well with health care professionals to provide the most effective care. When health care professionals visited staff worked closely with them. There was regular contact with the GP and the community matron. One member of staff said, "The community matron visits weekly. It is good support and it cuts down on GP visits, if we are concerned or more urgent we can fax doctor and they will come."

- Staff had a handover at the end of each shift to share information about people's up to date needs. One member of staff said, "Communication is good. We can find out v quickly what's happening and any changes." Another said, "We [staff] share everything. We may need to change position of person more frequently, or check on them more if they are down." One health care professional told us, "The nursing staff and their support carers on the first floor are efficient and always willing to lend a hand if necessary."

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

- People told us that they were able to access health care at the service. One person said, "I can ask to see a doctor. I have a new doctor who comes to visit."

- Staff reviewed people's health continuously and if they had a concern they would either speak the with nurses or contact health care professionals to gain advice. One member of staff said, "If I notice a person is unwell I would ask nurse for a view. We discuss at handover any changes. So next staff shift can carry on observations and treatment if agreed." Another told us, "I make sure people are eating and drinking enough. The GP and nurse visits too, and Physio and SaLT if needed."

- We saw evidence of visits from various health care professional including the GP, dentist, opticians, community nurses, hospice nurse, physios and occupational therapists. We saw that staff were following the guidance provided. One health care professional told us, "The Nursing staff have required additional support from myself with palliative care over the past year due to the larger numbers of respite and end of life hospital discharges received, but training has been sought promptly."

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

- The environment was set up to meet the needs of people. The building at the service was well-designed and nicely decorated. It was bright with wide corridors for people to access easily. There were several small rooms including a private dining room and areas on each of the two floors that people could use to spend time with their families.
- There was a sensory room with lights and soft seats that people living with dementia used when they were feeling anxious.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People shared with us that they felt staff were extremely caring and compassionate. One person said, "They [staff] are like my family. They mean so much to me." One person had moved in with their cat and staff supported them to look after it. They told us how much this meant to them, "I chose to come here, not because I saw different places, but I could bring my best friend [their cat]." A third person said, "I like it here best. It's cosy here and I'm with people of my generation and age." A health care professional told us, "The staff are always attentive, very caring and polite but still manage to have a giggle with residents and other staff alike."
- The day before Valentine's Day (the day of the inspection) staff had decorated a table in the private dining room for a person living at the service and their partner. The room was decorated and the table was laid with a hand-made menu, a bottle of Prosecco and a special invitation to them both. The person was very excited about this and told us, "I'd better get my glad-rags on. It's so exciting." Their partner told us, "I think it's wonderful, so caring, kind and thoughtful."
- Staff took time to get to know people and listening and understanding their wants, needs and wishes. For example, one person told us that they missed a country that they used to live in. Staff planned a tropical themed party to bring back good memories for them. The person told us, "It was so thoughtful and wonderful." Another person became upset when they were watching television in their room. Staff realised this was because the person could not hear it properly. They purchased the person a set of earphones which had stopped their anxiety as they were now able to watch their favourite programmes.
- It was important to staff that people were treated as individuals. There was a 'Waverley Grange resident uniqueness' form that stated people's previous employments and their favourite past times. The provider told us that this, "Helps everyone to first of all know the residents but to also share common likes, memories to generate interactions." We saw that information was placed on bedrooms doors about people's interests to help people find connections with others. On the day of the inspection we saw people chatting together and discussing their common interests.

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

- People and their relatives were actively encouraged to be involved in decisions around their care. One person wanted to write to their friend that lived abroad. As there was a delay when posting letters, and the person not wanting to email, they handwrote the letter which staff then transcribed into an email. The person fed back how much it meant to them to still be able to write the letters but being able to get a quick response back from their friend. Another person said, "When I first came here they asked when I would like to get up and go to bed. It's so good."
- Care plans detailed people's background and their preferences around care including whether they

preferred a male or female carer. One person's care plan stated the type of perfume and jewellery they liked to wear and we saw that the person was wearing this on the day.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us that staff at the service were like family to them. Staff had developed close relationships with people. One member of staff in their own time mended people's clothes. A person fed back, "I personally appreciate and value the [laundry] service." A relative told us, "There are staff who give that bit extra, like putting on face cream or painting nails." A person's friend fed back, "[Waverley Grange] is like an orchestra where every instrument plays kindness, respect in all harmony."
- From discussions with staff you could see what it meant to them to support people. One told us, "It's like a home from home. Everyone is friendly. It's one of the best care homes I've worked in."
- Relatives and visitors were made to feel welcome and we saw this on the day of the inspection. One health care professional told us, "It's a lovely home. Staff are always cheerful. The care is high quality. Excellent." Another said, "I have always found staff professional and polite and do act in a caring and respectful way towards residents and their visitors and other healthcare professionals visiting Waverley Grange."
- Staff treated people in a dignified and respectful way. One person, who was living with dementia, carried a 'baby doll' with them. Staff were complimenting the person on how beautiful the baby was and how well the person looked after it. You could see how much this meant to the person as they smiled and felt proud of the care they were taking of their 'baby'. One member of staff told us, "If people are unwell I don't start moving the bed to clean or make a noise. I wait until they are out of room if possible, or work around them and how they might feel." Another said, "I have the patience for this job and like people. If they don't engage, I'd never take it personally. It's all about them."
- People were also encouraged to be independent as much as possible. For example, staff encouraged people to eat their meal. We heard one member of staff say in a gentle way to a person, "Can you try some more dinner?" A member of staff told us, "People's independence is promoted where it's safe to. We ask if people want to set the tables up. Another person folds up their own clothes. If they want to wash themselves we'll assist where needed but leave them to it otherwise."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People enjoyed the variety of activities on offer at the service. One person told us, "The activities are so good. We have an agenda of activities. We do quizzes and puzzles which makes me think. You have to keep your brain moving."
- Activities were tailored to people individual needs and wishes. Wishes were called, 'Genies wishes' and staff did what they could to ensure that they met these. Examples of this included, one person wanted to go to Leeds to visit their close friends. Staff arranged specialised transport [to assist with the person's health needs] and respite accommodation in a care setting. The person fed back, "Thank you for facilitating this for me, it meant a lot to be able to do these things at 88 years and in a wheelchair." Another person was taken for a cream tea to a hotel where they had celebrated their 25th wedding anniversary. The person fed that back that the day scored "11.5 out of 10" and that it made their day. A third person wanted to visit horses as this had been a passion of theirs. Staff arranged for this to take place and the person fed back that they had a great day and had been very happy to have been able to see them.
- Staff made efforts to ensure people were still able to participate in hobbies that were important to them. One person [who used to have a chicken farm] was cared for in bed. Staff purchased chickens and a chicken coup. They also purchased a specialist chair so that the person was able to get out of bed and could go and see the chickens. Another person loved flower arranging but struggled to participate due to being a wheelchair user. Staff obtained an adjustable table so that the person could join in. Another person loved to bake cakes and staff made it possible for the person and their relative to make chocolate brownies. The person fed back that they enjoyed going around to their 'extended family' giving the cakes out.
- Where people had expressed a particular interest in an activity staff did what they could to accommodate this. For example, one person asked if they could do French lessons so this was arranged. People that were cared for in bed also had one to one activities with staff. One member of staff said, "Activities are good here, lots happening in the day. Someone will come up to see people in their rooms too."
- People and relatives were involved in the planning of the care. One person said, "I can make my own decisions and choices about the things I need. The staff do listen and try to understand." Care plans were reviewed regularly and contained detailed guidance for staff on the most appropriate care to deliver. For example, one person was living with dementia and their care plan gave guidance on best to approach them when they became anxious or confused. We saw staff following this guidance.

End of life care and support:

- Staff provided extraordinary care to people and their relatives leading up to the persons death. Feedback from relatives about the care their loved ones received included, "Would you pass on to your staff my enormous appreciation of their gentle and loving care of my aunt", "My aunt passed away with dignity and I am sure she felt she was not alone in the final days", "Your kindness for my dad was unmeasurable. Thank

you seems so small but is sent from the moon and back to show how large it is" and "Thank you for the care and kindness you showed to my dearest [person's name] who passed away."

- Sensory items were placed into people's rooms including using the sounds of a water fountain to ease anxiety and pain. Music, mood lights and aromatherapy were also used to support people.
- Research was undertaken by staff on the different cultures and religious needs of people that were nearing the end of their life. There was a 'multi faith room' for people and relatives to have quiet time to reflect and practice their faith if they wanted.
- We saw an example of one member of staff who took time at the end of their shift to support a person and their family as the person was coming to the end of their life. The family fed back that they were extremely grateful for all their efforts.
- Staff were also offered counselling and support when people passed away. There was a memorial tree for people who had passed away as the registered manager stated, "Leaving great memories behind with the team."
- The local hospice was involved in people's end of life care and end of life medicines were in place, as required.

Improving care quality in response to complaints or concerns:

- People and their relatives said that they knew how to make a complaint and felt listened to. One person said, "The Manager and other staff are always available and ready to listen and when necessary to act. Issues seem to be dealt with quickly."
- People's concerns and complaints were listened and responded to and used to improve the quality of care. We reviewed the concerns and complaints records and saw that they had been investigated and responded to. People had fed back that they wanted a change in some of the activities and this was addressed.
- Complaints were also reviewed and analysed to look for trends. Staff supported people when they had a concern. One told us, "If they raise a concern then I'll tell [registered manager] and he can address things. It can be big to them although it may not seem it to us."

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.

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

- The provider organisation's values and ethos were clear and effectively translated from the senior management team to the floor of the service.
- People and relatives were extremely complimentary of the registered manager at the service. Comments included, "[Registered manager] is such a lovely man. He is a nice person with a lovely smile and would help anybody" and "Well led, well done, and friendly. We can approach the manager. If we need something we can go direct to him." A card from a person that had been at the service on respite care stated, "Your dedication to your job is outstanding and I have wanted for nothing. I shall miss you all so much."
- The registered manager ran a French club and also invited a person [who first language was French] to support at the club. The registered manager told us that, "Speaking and learning a new language keeps the brain flexible and can slow the decline of cognitive ability." A relative fed back, "Mums French classes are a highlight of her week."
- On Valentine's day the registered manager had bought every person and staff member a rose. One person fed back, "I haven't received a rose since my husband died so so long ago, that was very nice to receive a rose specially on Valentine's day, thank you so much." A member of staff said, "It was such a lovely gesture and I feel really very appreciated."
- At Christmas the registered manager wrote individual cards to every person and member of staff. One member of staff said, "It made me feel really special getting a personalised Christmas card from [registered manger]. It made me realise how much I meant to him."
- The philosophy of care at the service included 'Making each day feel like a celebration.' We saw that meetings took place to ensure that they were meeting their aims. A member of staff had contacted an author to ask her to come along to the 'National Book lovers' day' and although they were unable to come they sent in books for them. People told us that they enjoyed this.
- Staff also fed back positively about the leadership at the service. One told us, "He's friendly, he is very natural." Another told us, "I like him he is visible, we see him about." A third said, "He's the best manager I've ever had."
- The registered manager and the senior management team led by example which influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak with people. During lunch they sat with people and ate their lunch with them and we saw care staff doing this as well. The registered manager told us, "My residents and staff are like my family. I put myself in their shoes. I am proud of them all." One health care professional told us, "The general manager is very approachable and looks for ways to improve the service and staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There was a high level of involvement and input from people about how they wanted their home to run. They were continuously asked for feedback to look for ways of making improvements. People, relatives and staff created a video where they were able to say what they liked about Waverley Grange. Comments included, "It's a home away from home" and, "I can't fault it. I wouldn't move even if I won the lottery."
- People were involved in the recruitment of new staff. For example, there were interviews for the position of head chef. The candidates were taken round to people's rooms and were asked questions. The candidates also made cakes for people to score on which was fed back to the registered manager.
- People were consulted when any changes were being considered. For example, people chose the paint colour for redecoration of the café. One person said, "It [the colour] feels much warmer, it is like bringing the sunshine in."
- Regular meetings and forums took place with people and relatives choosing the agenda. On the day of the inspection there was a discussion about dementia. Specialists were invited to the meeting to talk through any questions people had. Minutes of meetings were shared with relatives that were unable to attend. One relative who received the minutes fed back "It is very helpful to have this insight and know from that concerns we have are being echoed by others." They went on to say that any feedback was taken on board.
- Staff had a sense of pride and a feeling of being integral to the service's success. One member of staff said, "We understand individuals and what they like and need, and the things people are interested in." On one occasion staff dressed up in their traditional costumes [from their country of origin] and visited people in the lounges and in their rooms to talk about their culture and to discuss diversity. One member of staff said, "I wake up looking forward to coming in to work every day."
- Staff were congratulated by the provider for things that they had achieved in the service. One member of staff was awarded the employee of the month. They told us, "I had increased in my confidence level." They said they were really encouraged and felt they had made even more progress. Another member of staff said, "I feel valued as a staff member."

Continuous learning and improving care:

- The registered manager and staff looked for innovative ways to increase people's quality of life. For example, staff trialled the use of 'Virtual reality and Music therapy.' They used goggles on one person that was experiencing anxiety due to them living with dementia. The registered manager said, "The person enjoyed the underwater experience and it brought a smile to their face. The use of this reduced the person's anxieties."
- People were also trialling a new piece of exercise equipment for lower limbs to enhance their muscles where they are unable to walk independently.
- Staff attended regular meetings to feedback on how improvements could be made at the service. One member of staff said, "I don't need to wait for meeting as we can go and see the manager and make suggestions, for example we talked about whether we can arrange for children to come into home, I suggested it." Another member of staff told us, "I have the drive to be successful here."
- There were quality assurance systems were in place to monitor the quality of care being delivered and the running of the service. The provider's quality team and staff at the service undertook regular audits that looked at all aspects of care including clinical care, care planning, meal times, staff training, activities, the environment and cleanliness. Each audit included an action of things that required improvement and time scales for these improvements. One health care professional told us, "I would not hesitate to have a family member live at Waverley Grange knowing I would have peace of mind with the excellent service they provide."

Working in partnership with others:

- The registered manager and staff were passionate about driving improvements. They enlisted the support of external organisations to assist with this. For example, a volunteer pet therapist visited the service to see

people. The volunteer fed back, "We felt the visit went well and were made to feel welcome...the residents were really pleased to meet Winnie [the dog]. Those smiles make it all worthwhile."

- The local hospice provided cards to be sold at the home and in turn people were supporting a local charity. The hospice fed back, "We hope that by selling them in Waverley Grange we are also helping [people] to buy and send cards to friends and relatives."
- Children from the local school created artwork for people at the service that was displayed throughout.
- One health care professional told us, "I have no hesitation in stating it [Waverley Grange] is the best it has ever been this past couple of years."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns.
- There was a clear staffing structure in the home. Staff knew who to report to and can approach and get advice any time.