Bank House Care Homes Limited

# Ashcroft Care Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Outstanding ☆ |

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

# Summary of findings

## Overall summary

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

This inspection took place on the 25 and 26 October 2018 and was unannounced.  Ashcroft Care Home is a nursing home that provides 53 places for older people and people with Dementia. There were 49 persons in the home at the time of our inspection.

The service was last inspected 10 November 2015 and the rating for that inspection was Good.

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

People received safe care. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to reflect people's current needs. Staffing levels were sufficient. Safe recruitment was followed to ensure staff the staff employed were suitable to care for people. People received their medicine as prescribed and this was administered by staff who were competent. The provider was following relevant guidance for infection control. Systems were in place to monitor accidents and incidents to identify any lessons learned and make improvements where required.

People received extremely good care that was effective to their needs. People were supported by staff who were knowledgeable and suitably trained. There was a strong emphasis to ensure people receive sufficient to eat and drink. People's healthcare needs were monitored to ensure their day to day needs were met. The service involved people in decisions about their care. People used equipment and technology to ensure they could do things independently. The service was working within the principles of the Mental Capacity Act (MCA).  The service had an MCA champion who ensured people were given choices about who could provide their care and staff understood the requirements about consent and people's capacity.

There was a strong person-centred culture throughout the service. Staff were sensitive to times when people needed caring and compassionate support. People were extremely positive about the caring nature of staff. People were treated with dignity and respect and their choices and preferences were adhered to.

Care was tailored to meet individual needs. People were supported without exception to lead meaningful and independent lives. Information was provided in formats that were accessible to people. Complaints and concerns were comprehensively recorded and fully Investigated with lessons learned and action taken appropriately.

The service was extremely well led, with a clear focus on person centred care, which empowered people and their relatives to make decisions about their care. Care planning involved people and their families to make their wishes known and enabled them to be as independent as possible. The quality assurance systems in place effectively monitored the service. The registered manager responded positively and was proactive to change and improving the service.

## 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.

People received safe care, they were protected from harm, as systems were in place to record, monitor and refer safeguarding concerns.

Risk were assessed and managed. Measures were put in place to mitigate risk.

Sufficient staff were recruited and relevant safety checks were in place.

People received their medicines as prescribed and Medicines were managed safely.

Infection prevention measures were followed.

### Is the service effective?

Outstanding

The service was extremely effective.

People received effective care and were supported by well trained and supported staff that were knowledgeable about people's needs.

People were encouraged to eat and drink sufficiently and their nutritional needs were fully met. People were supported to live a healthy lifestyle.

People's health needs were well managed to ensure positive links were developed with external professionals.

Staff followed the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good

The service was caring.

People received care from kind compassionate staff. Staff demonstrated a real empathy for the people they cared for.

People were treated with dignity and respect and their choices and preferences were adhered to.

People received information regarding advocates to support them make decisions if they should need to use one. Data Protection Act and The General Data Protection Regulation were adhered to.

## Is the service responsive?

**Good**

The service was responsive.

People received person centred care that was tailored to their needs. They received information in formats that were suitable to their needs.

People were supported to live a full and active life by staff who encouraged them to reach their full potential.

People and their family received information about how to raise a complaint if the need arose.

People received caring and companionate end of life care.

## Is the service well-led?

**Outstanding**

The service was extremely well led.

There was a strong clear leadership at the service. Staff felt very well supported. There was clear vision that people were the heart of the service provided.

The service had an open and transparent culture where people and their families felt they were listened to at all times.

Staff were highly motivated and demonstrated commitment to providing excellent quality care.

Effective quality monitoring and auditing systems were in place to monitor and drive improvement.

# Ashcroft Care Home

**Detailed findings**

## Background to this inspection

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

We inspected the service on 25 and 26 October 2018 and the inspection was unannounced.

The inspection was conducted 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.

Prior to the inspection we contacted the local authority commissioning team and other professionals who were involved with the service.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit, we spoke with 17 people who used the service, 17 relatives, two senior care workers, 14 care workers, one cook, one domestic and the activities person. The registered manager and the providers representative. We also spoke with two healthcare professionals. 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 looked at the support records for six people who used the service, and we also reviewed parts of other records for other people. This included people's medicine administration records, accident and incident logs, staff recruitment and training records. In addition, we reviewed company quality assurance audits and policies and procedures.

We did not request a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what they do

well and improvements they plan to make. However, on the day of inspection we gave the provider the opportunity to share this information.

Good

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm and the risk of abuse, as the provider had systems in place to ensure staff were fully aware how to keep people safe. People told us they felt safe in the home and that the home was a safe environment for them to live in. One person said, "I feel safe I can come and go to my room as I want, I have my own (room) key". One relative described how they brought their family member to the home because they kept falling over. They [staff] encouraged [name] to move about, but they did fall, so they put measures in place to mitigate this, they did everything they could to keep my relative safe."
Staff also told us people were safe. One member of staff said, "People are safe. We supervise and monitor them."

The registered manager described the reporting process for safeguarding concerns. There were systems in place to record and monitor safeguarding issues or concerns. All staff had training on abuse and this training was renewed and refreshed regularly. Staff understood what constituted abuse and how this should be reported. One member of staff gave an example, where a person was irritated by another person and an altercation arose. The member of staff said, "I told the manager and they referred to the local safeguarding team. Action was taken and the person was moved to another floor. Records we looked at identified all safeguarding's had been reported and dealt with in line with the provider's policy and procedures. This meant the service was proactive in keeping people safe.

The risks to people's safety were assessed and measures put in place to reduce those risks. Detailed risk assessments were carried out to identify current risks for each person, in relation to their care needs and behaviours. For example, the risk and prevention of breakdown of skin and falls. One relative said, "Because my relation has had one or two falls they have an alert pad on their chair and bed." Another relative told us that their relative was prone to falls, but said the staff were very attentive. They make sure [name] always uses their frame. Staff were knowledgeable about people who were at risk. We observed staff assisting people to walk. We heard staff say, "Take your time", and "No hurry." We also observed staff hoisting people in a safe way. Systems and procedures were in place to monitor all falls. The registered manager analysed and reviewed each fall. Action was taken when required and they made relevant referrals to the falls team when needed. Equipment was available and used by individuals to prevent skin breakdown, such as, specialist mattresses and cushions. Where necessary people used head protective equipment to safeguard their head during a fall.

Systems were in place in case of an emergency, such as risk of fire. There was an emergency evacuation plan for each person which was easily accessible. These plans provided staff with guidance on how to support people to evacuate the premises in the event of an emergency. The home had robust checks of equipment and maintenance of the premises to ensure everything was in full working order. Fire, gas and electrical testing was all up to date. Weekly fire tests took place, we observed a test during our visit.

Recruitment systems were in place to make sure that the right staff were employed to support people to stay safe. Staff told us before they started work checks had been undertaken to ensure they were safe to

work with people in the home. One member of staff said, "Everything was done, DBS, references and health checks. Another member of staff said, "I was not allowed to start work until all my clearances had been completed. We saw this on the staff files we reviewed. The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions.

People and their families felt there was sufficient staff working at the home. One person told us, "I think there is enough staff. They always come to me when I need help." A relative said, "I work in care and know staffing is okay here." All staff we spoke with told us there were plenty of staff. One staff said the staff are deployed correctly. During the day we saw staff were available to support people, meet their needs and keep them safe. The registered manager told us they used a dependency tool to identify the number of staff required each day. During our visit we did not see anyone waiting for assistance and call bells were answered in a timely manner.

People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. One person told us, "They [staff] always give me my tablets. They never forget." A relative said, "I know they [family member] are given their tablets correctly. We observed a medicine round. We saw that the staff responsible for administering medicines on each floor wore a tabard, "Do not disturb." This was to ensure they could concentrate on giving people their medicine correctly and safely. We saw the medicine trolley was locked when left unattended. We heard a nurse explain to a person they were offering them tablets and what they were for. We checked medication administration records (MAR), we found they had been completed correctly and were accurate. We checked several people's tablets against their MAR. This showed the remaining tablets were the correct amount and people had been given the right medicine. Medicine protocols for medicine "as required" for example if people suffered intermittent pain, were in place and instructed staff when these medicines should be given.

Accidents and incidents were monitored to identify any lessons learned and make improvements where required. There was a robust system to identify incidents, why they happened, what could be done to prevent them happening again. For example, people who were prone to falls had their shoe size checked to ensure they were the correct size and fitting for them. This is because poorly fitted shoes could affect the person's balance when walking. People at risk of falls were also reviewed for specialised equipment, such as, a helmet to prevent injury to their head if they did fall. The registered manager reviewed all incidents monthly to analyse what could be done better. This showed us they had a proactive approach to analysing and monitoring incidents and accidents.

People were protected from the risk of infection as the provider had infection control procedures for staff to follow. Arrangements were in place to ensure the provider was following relevant guidance for infection control.

Outstanding ☆

# Is the service effective?

## Our findings

People received exceptional care that was tailored to their needs, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and their relatives felt the staff were very well trained. One relative told us staff were fantastic. They said, "Staff helped me to understand my relations condition, they have dementia and the staff explained the condition to me and put me at ease." Staff told us they attended sufficient training to do their jobs well. One member of staff said, "We are always training, sometimes there is too much. However, I feel confident and knowledgeable to do my job." The registered manager told us all training was up to date. The provider's representative said they were proactive in researching best practice and training courses to ensure staff were effective in their role. Staff undertook a robust induction and we found training and supervision was all up to date. The registered manager told us staff knowledge and competency were checked during supervision to make sure they understood what they had learned. Records we saw confirmed this.

People felt the staff were very skilled and competent. Visiting professionals were very complimentary about how the service and staff responded to people's needs. They said, "Staff follow recommendations we set. They are very good at identifying themselves to people living with dementia. Staff are very professional and always proactive. They have excellent knowledge of people they care for and always go that extra mile to support people." We found people were supported to live the life they wanted. Care plans identified how people wanted to be supported and what was important to them.

Where required, people received support with meals and drinks. People told us they liked the meals. One person said, "The food is lovely. I really enjoy it. I have a choice." One relative said, "[Family member] gets a choice of what they want to eat and if they get hungry they can go to the fridge and get a snack." Another relative said, "I am here some mealtimes. People seem to like the food it looks nice." We observed all three floors over the lunch time period. Staff were available to assist people with eating and drinking. They explained what the meal was and offered to cut up anyone's food if they wanted help. On one floor the tables had been put together to make a large communal table, so people could sit down, interact and eat together as a family.

Where required, people were offered plate guards and special shaped cutlery to support them to eat independently. People were offered a choice where they wanted to sit. One person was seated in an easy chair and staff asked if they wanted to move to the dining table. The person declined and staff accepted this. Staff provided the person with an over-chair table, so they could eat their meal comfortably.

Staff interaction was good on all three floors of the home. When people had finished their meal, they were asked if they wanted any more. Where people had not eaten sufficient they were encouraged to eat a bit more. Staff knew who was at risk of choking or weight loss. One staff member said, "Some people need to be monitored to prevent choking." We observed one person had started coughing. Staff saw this and immediately went to their aid.

The cook told us they walked around at lunch time and accessed different floors to observe people eating

and spoke to people to make sure they had enjoyed their food. The cook was aware of special dietary needs. They told us they added calories where people needed to gain weight. They prepared food for people with diabetes and used sugar substitutes where necessary. They also told us they met people's cultural needs for example certain meat was not allowed. We saw menus identified the number of calories for each meal. This meant people could choose healthy food options if they wanted to.

There were clear systems and processes to refer people to external services. People were supported to see a GP, nurse or other healthcare professional. One person said, "A doctor comes here to see me if I need one. If you're not well staff will get a doctor no problem." One person told us they had fallen ill and needed an ambulance. They said, "Staff got one straight away." A relative told us their family member was struggling to swallow and the manager spoke to the family and explained their options. The registered manager referred the person to the Speech and Language Therapist (SALT). Records highlighted that people were referred to SALT, dieticians and other healthcare professionals when needed. We saw it was recorded when people had attended the GP or had and eye test. We also saw people had been offered the flu vaccine to prevent ill health. The service had a clinical lead to support staff and make sure they followed best nursing practice. A number of staff were named champions, identified for different aspects of care, for example, dementia, the Mental Capacity Act 2005 (MCA), dignity, nutrition, infection control, wellbeing and risk management. The champions actively supported other staff to make sure people experienced good healthcare. For example, there was a champion for people's well-being. We heard staff constantly asking people if they were okay. This told us staff were well trained and fully supported people's individual needs

There was a consistent approach when people had to move between services. We saw correspondence from a healthcare professional who complimented the service and staff for the marvellous job they did when supporting a person to move from one care home to another. The healthcare professional said the person was the most settled and happiest they had seen the person. They thanked staff for taking time to get to know the person and how they liked interventions performed. This told us the service had a good relationship with other professionals and managed joined up care well.

People received care and support which was delivered in line with current standards and guidance. One person said, "I like it here. I am looked after well." Two relatives told us they have moved their family members from other homes. One relative said, "It is completely different here, I have no worries. The staff know mum well." The other relative told us their relation was prone to falls where they lived before, but said since they had been in this home they had no worries and said, "[Name] is happier here." Two other relatives told us the home was lovely. One said "I couldn't wish for anything better for my family member. The staff are welcoming, its homely." The other relative said, "You can make your room how you want, it's a lovely atmosphere."

Staff gave examples of how they promoted choice, supported and encouraged people to be involved in their care. People's care plans had been signed by the person to confirm their consent. This was good practice to ensure people had been consulted and involved in their care.

Staff used innovative methods to engage people in new ideas for the environment. Some of the people who lived in the home used to own shops; so, to involve these people and others they discussed in resident meetings how they could support people with their memory. The service created a sweet shop for people and visitors to the home. The service also used a spare lounge as a public house. It was discussed in resident meetings what people wanted in this area and how people wanted to use their time there. For example, quiz nights, private time where people can meet with family and friends and somewhere to go without leaving the home, so that people felt safe.

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. We checked whether the service was working within the principles of the MCA.

We saw examples where a capacity assessment had been completed where there was a query if the person had mental capacity to consent to their care. Some of these assessments concluded people did have capacity, however the management team and staff, were knowledgeable about the action required if a person lacked capacity. This included involving others in best interest decisions and to ensure that least restrictive options were considered. There was a nominated champion for MCA to ensure staff had a comprehensive understanding of the principles of the Act.

Good

# Is the service caring?

## Our findings

People received care and support from staff who were kind, caring and compassionate. One person said, "The staff are all so kind." Another person said, "They [staff] do look after you, you couldn't wish for better. They have plenty of time for you, anything you want they will do for you." Other people shared good experiences with us and all felt staff were kind and caring. One relative told us the staff are 'fantastic' They said, "they really care. They try to be there all the time for people and they have good interaction with them. Another relative told us they felt staff were very good. They said, "They were happy their relation was living here, they really care. They sit and talk to [family member] and are so patient. I know that's what they are supposed to do, but I think they do a really good job. I am satisfied with the home." We saw staff were attentive and interacted with people well. Staff were positive about their work and showed real commitment for the people they cared for. Throughout the inspection we saw staff were kind, sensitive and considerate in how they cared for people. There was a relaxed atmosphere, jovial exchanges, smiles and laughter, it was apparent people felt comfortable in the company of staff and positive relationships had been developed.

People had a positive meal experience. We saw staff supporting people with meals and drinks. They did this in a kind, none patronising manner, kneeling down to eye level with people while they supported or spoke to them. One person spilt their food. Staff wiped the persons mouth and immediately wiped the food spilled on their clothes protection. Another staff member was assisting a person during lunch they did this in a kindly manner at the persons own pace, talking to the person and holding their hand. This kind approach was reflected throughout the home.

The service provided information for people on the availability of advocacy services should they have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The registered manager told us of a person who successfully used an advocate to support them appeal against a court judgment. This showed us the service recognised when people require support from others.

People's care records described how staff were to respect people's choices and preferences, and promote their dignity. People were confident staff treated them respectfully and maintained their dignity. One relative said, "They [Staff] always knock, draw the curtains and close the doors when providing personal care." Another relative told how the staff make sure their family member is clean and comfortable. They said, "They are always dressed nice." We observed staff knock on people's doors and gained permission before entering the rooms. We heard staff explain to people what they were entering the room for. We also heard staff asking people how they were and complimenting them on their appearance. Staff described how they treated people with respect and in a dignified manner. We saw staff transfer a person from an easy chair to a wheelchair, staff placed a dignity screen around the person whilst they assisted them.

Staff promoted independence by encouraging people to do as much as possible for themselves. We saw people who were unsteady on their feet. Staff encouraged people to move at their own pace, giving them clear instructions so they could walk independently. Without exception people told us they found the service

supported them to lead independent lifestyles.

People's records were stored securely to ensure their confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information.

Good

# Is the service responsive?

## Our findings

People's care records contained an initial assessment of their care needs. People and relatives confirmed they had been involved in their care planning. One relative said, "I am asked about everything, this is good because [relative] has their needs properly met. Another relative said, "I have seen the care plan and we review it regularly. If anything changes in between reviews we look at it again." Another relative told us they had not seen the care plan, but trusted the staff to provide care as their family member wished. They said, When I arrive staff tell me how my relative is doing and if they need anything. I feel involved in their care and that makes me feel good."

Care planning focused on person centred activities. People were encouraged and supported to participate in their hobbies and interests. One person said, "The activities person asked me what my hobbies were and I said knitting, so they purchased some wool and needles and I knit. I join in all the games. I go out and the care staff go with me. I have been playing bingo this morning and I won." Another person told us they helped the laundry person. Staff confirmed the person helped to deliver the laundry to others in the home. One person was helping to set the tables at lunch time. We looked at this person's care plan and it told us the person enjoyed this activity as it was a way of managing their anxiety. A relative told us [activities person] is wonderful with the residents. They organise something every day and they have entertainment once a week. However, one relative said they didn't feel the staff spent enough time with their family member. They said, "They [Name] spends a lot of time in their room. Staff talk to them while they are supporting them, but no one comes in to just spend social time, at least I have never seen this. We spoke to the registered manager and they told us they had an outside activities person who comes to the home and spends time with people who are mainly in their room. We saw this person during our visit."

During our visit we saw there was entertainment on the second floor. Staff went to each floor and asked people if they wished to attend the entertainment. We observed people and staff interacted well. They were dancing and enjoying themselves. We heard a lot of laughing and clapping as people joined in the activity. Records we looked at confirmed people's hobbies and interest had been explored and documented.

People were able to share their experiences, concerns and complaints and the provider acted upon information shared. The service had a complaints procedure and complaints log to monitor concerns and complaints. We saw where concerns had been received. They had all been followed up and responded to in a timely manner. No one we spoke with had made any formal complaints, but they did say they could raise issues with all the staff and any issues raised would be dealt with to their satisfaction. One relative said, "I made one complaint. Once I raised the issue that clothes were going missing this was sorted." We saw a robust complaints system was in place. The registered manager told us they had two complaints. We saw these had been dealt with in line with the providers complaints policy. The registered manager also told us that the issue with the missing clothes identified the need to improve the personal item itinerary for people when they first come to the home. They said, "We updated our admission itinerary sheet to identify all personal belongings on admission and during their stay."

The service had looked at ways to make sure people had access to the information they needed in a way

they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us they spoke slowly and clearly, to ensure people could understand what they were saying to them. One member of staff said, "We can use pictures and signals to make sure people understand the information we are giving them. We saw menus had pictures of food, so people could choose what they wanted to eat. Information like the complaints procedure was available in large print or picture format. This told us the service complied with AIS.

People had the opportunity to discuss with staff their end of life wishes should this be required. Ashcroft, offer namaste care to people especially those on end of life and those who suffer with dementia. (Namaste Care program helps facilities provide gentle end-of-life care, especially for residents with advanced dementia.) Staff had a deep respect and supported the dignity of people with advanced dementia and those at end of life. The service used a serenity suite and for people who were too ill, they were cared for in the comfort of their bedrooms. The registered manager said, "We put together a memory box for service users at end of life and surround them with people who care. At Ashcroft we believe that people don't just exist but they live till the end." We saw end of life care plans reflected people's wishes and what they wanted to happen at the end of their life

Outstanding ☆

# Is the service well-led?

## Our findings

People, relatives, other healthcare professionals and others who knew the service told us the registered manager was approachable and proactive in how they managed the service. One person told us "[Manager] is lovely, you can talk to her if you want, but if I had a problem I would go to one of the staff." People and their relatives told us Ashcroft was very well run. One relative said, "It is a very good home." Another relative said, "The manager is very nice, very approachable. Everyone does their best, I cannot say anything against them. Another relative told us the registered manager always says hello and is always around if you need them.

The provider's vision and values were person-centred to make sure people were at the heart of the service. This was driven by the exceptional leadership of the provider and registered manager who continually strived for excellence and achieved this through hard work and commitment. They were committed to improving the lives of all the people living in the home. They led by example and demanded exceptional performance from their staff, to ensure they gave people the highest quality of life and supported them to live a full eventful life.

There was a strong framework of accountability to monitor performance, which reflected best practice. They subscribed to Teepa Snow Gem a training technique to help staff understand people living with dementia. GEMS focused on what abilities people have left instead of what has been lost. With this type of information, staff could develop the most appropriate care plan and offer person centred care to the person. The culture of the service was to continually find ways to support people rise to new challenges in their lives and learn from these experiences. Staff used 'Namaste' as part of their everyday and end of life care. The registered manager told us they noted the effect of Namaste which reduced stress and anxiety and calmed the brain. They gave an example of a person that suffered with a brain injury. They said, "We observed that hand massage and feet soak, calmed the person down and settled them really well." The registered manager went on to say the staff used the Abbey pain scale to determine when a resident was in pain and how the activity helps to manage pain. (Abbey pain scale is an assessment for people who cannot verbalise.)

Ashcroft took part in the 'Dementia Awareness Campaign.' This was to bring awareness and educate staff and families on how to care and support people living with dementia. The service used a dementia gem stones model to identify the level of support and intervention a person required when living with dementia. This meant each person was matched to a gem stone. Each stone had a different characteristic and the philosophy was that. just like a gem stone needs a different setting and care, so do people.

The service also subscribed to the "Daily Sparkle." (The Daily Sparkle is a reminiscence newspaper specially developed to provide daily stimulation, interest, enjoyment and fun for older people and people living with dementia.) We observed people reading a copy during the inspection and saw this evoked feelings of happiness and enhanced people's self-esteem by giving them an opportunity to talk about this with other people in the home. It provided the perfect opportunity for interpersonal engagement. There were short, easy-to-digest articles for older people to enjoy and share their precious memories with staff and other people. This had a positive impact on the care people received.

The registered manager told us the service was involved in 'React to Red Skin' event and this had been a success. The aim of React to Red was to raise awareness and identify the action staff should take to prevent pressure sores. This decreased risk and the likelihood of people developing skin problems. We found this had been effective care as people at risk of pressure sores were managed appropriately. We saw staff assisting a person to a dining chair and they placed a pressure cushion on the seat before the person sat down. We checked peoples care plans where people required equipment to support their skin integrity and saw these were in place.

The registered manager led by example, staff felt the registered manager and the management team was visible and approachable. One member of staff said, "The manager has brilliant time management, they deploy staff appropriately around the home. They are approachable, I am really happy working here."

Staff were extremely motivated and demonstrated a clear commitment to providing dignified and compassionate care. Staff we spoke with gave positive feedback. One staff member said, "Care is really good, we have a brilliant team and work well together. The staff support each other. We have handover at each shift and team meeting, which I find really valuable." Another member of staff praised the provider and said the managing director made them feel valued. They said, "They are always open to our ideas." Other staff confirmed the home's aim was to provide the best care and management strived to ensure this was the case.

The registered manager showed a good understanding of the duty of candour following any incidents. We saw examples of how the registered manager had followed the company's policy when feeding back information on incidents to people and their relatives. This showed there was a fair, open and honest culture at the service.

Effective quality assurance systems were in place. Audits and checks were carried out which monitored all aspects of the service. Staff felt that quality monitoring was effective and helped to ensure they were providing best quality care. The provider sought guidance from other professionals to ensure they followed best practice at all times. There was a strong emphasis to improve the quality of the service. The local authority completed an audit and the service gained very positive feedback. We also received positive feedback from healthcare professionals. The service shared information with relevant organisations to develop and deliver joined up care. This showed the service continually worked to build relationships with external organisations to provide excellent care and support.

Innovative methods were used to ensure that people could contribute to the development and continued improvement at the home. People told us the home held meetings for residents and relatives and issued a questionnaire on how the service was run. People and relatives confirmed they had participated in both. One relative said, "They have meetings. It gives you a chance to put your views and listen to others. Another relative told us, "The home do have meetings, but I just see the manager if there are any issues. They always have time for you. The manager is fantastic, she takes on board what you say and makes changes if needed. She really tries to make my family members life good."

A whistleblowing policy was in place, which gave staff the guidance needed to report poor practice. Whistle blowing is a policy that enables staff to report poor practice, anonymously if they prefer; it also protects staff if they do this.

The registered manager had a clear understanding of their role and responsibilities and this included ensuring the CQC and other agencies, such as the local authority safeguarding team were notified of all events that could affect the running of the home and people's safety. It is a legal requirement that a

provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and in the home.