

Westgate Healthcare (Wanstead) Limited

# Chestnut Manor Care Home

## Inspection report

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29 November 2022

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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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Chestnut Manor Care Home supports older people, some of whom have dementia care needs. It is registered to accommodate and support up to 60 people. At the time of the inspection, 29 people were living at the home. The home has two floors with adapted facilities and en-suite rooms.

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

People were positive about the care and support they received from staff and the management team. Staff were motivated and felt encouraged to provide a personalised service to people. There was a positive culture of equality, diversity and inclusion.

People were safe and there were systems to protect them from the risk of abuse. Potential risks to people were assessed and monitored. Staff were recruited safely and appropriately. There were enough staff to meet people's care and support needs. Systems were in place to record and monitor accidents and incidents. Medicines were managed safely, and people received them as prescribed.

People were protected from the risks associated with the spread of infection. People were supported by staff who had received professional training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. People's needs were assessed before they moved into the home. The staff worked with other health and social care professionals to ensure people were in good health.

People were encouraged to maintain a healthy and balanced diet. They were provided food and drink that met their preferences and needs. Staff knew people in the home well and they provided care and support to them in a kind and compassionate way. People were treated with respect and their views were listened to and their requests acted upon. People received personalised care and support that was tailored to their individual needs. Care plans were informative and provided guidance on how to support people, in accordance with their choices and communication needs.

People were offered a range of activities that were engaging and meaningful. They were supported to pursue their interests and the home provided additional services such as fine dining experiences and a cinema room.

People and their relatives were positive about the management team and could approach them with any concerns. The leadership and management of the home was strong with an ethos of community and inclusion. The provider had systems in place to assess, monitor and improve the quality and safety of the services provided. Feedback was sought from people, relatives, staff and other professionals. The home worked with local services and was a part of the community, to continually prevent people feeling social isolation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 9 September 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Chestnut Manor 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. 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a specialist nursing advisor, 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

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

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about the service. This included feedback from professionals and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 the registered manager, the proprietors who were responsible for the home, the chief operating officer, the deputy manager, the training manager, the recruitment manager, 10 nursing and care staff, 1 member of domestic and laundry staff and 2 chefs who managed the kitchen.

We carried out observations of people's care and support and spoke with 6 people for their feedback on the home and 5 relatives, who were visiting their family members.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 8 care plans, which included risk assessments. We looked at other documents such as medicine management, staff training and recruitment and infection control records.

# 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 of 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

- The provider had systems to protect people from the risk of abuse, such as policies and procedures for safeguarding people from abuse. We reviewed safeguarding notifications and alerts about the service. The registered manager raised alerts and records showed they complied with recommendations set out by local authority safeguarding teams.
- Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.
- People and relatives told us the home was safe. One relative said, "It was the welcoming staff who were attentive to [family member's] needs I liked and I felt [family member] would be safe and supported here." Another relative told us, "It's reassuring [family member] is in safe hands here."

Assessing risk, safety monitoring and management

- Risks relating to people's health and care needs were assessed to ensure people received care that was safe. Risk assessments contained information about specific risks to people for staff to be aware of so they could support them safely. These included risks such as pressure sores, falls, choking, incontinence and those related to specific health conditions, such as diabetes.
- Some people required the use of a percutaneous endoscopic gastrostomy (PEG) feeding tube, which is inserted through the skin and the stomach wall for them to take fluids, food, medicines and liquids. Risk assessments were in place with clear guidance on maintaining the person's PEG tube and making sure it was safe.
- Gas, water, electrical installations, hoisting equipment and fire safety and alarm systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service. Staffing levels were assessed by the registered manager, depending on people's needs within the home. Each unit in the home was managed by nursing staff and care staff and we saw them all on duty during our inspection. Agency staff were occasionally used to cover gaps in the rota such as staff sickness.
- We were assured the assessed staffing levels were sufficient for the size of the home. Staff told us they supported each other and there were enough staff. We observed staff being able to go about their various tasks attending to people, completing their notes and greeting visitors.

- People had access to call bells which they could press when they required assistance in their rooms. We noted that staff responded to call bells in a timely way, usually within 3 minutes. Records showed call bell response times had improved over the past 6 months as the home became more fully staffed with less reliance on agency staff.
- Staff were recruited by the provider appropriately. This included carrying out criminal background checks, obtaining thorough and reliable references, for example, from previous employers. Proof of the applicant's identity and their eligibility to work in the UK were also received. This ensured staff who were recruited were safe and suitable to support people in the home.

#### Learning lessons when things go wrong

- Incidents or accidents in the home were reported to help learn lessons. The provider had a policy for staff to follow should things go wrong,
- The management team reviewed incidents and took action to keep people safe. They undertook an analysis of incidents and accidents each month to identify trends and put in place measures to prevent re-occurrence in future. For example, reviewing specific risks to people and referring them for additional support from external professionals.
- The registered manager told us learning from any incident, accident or complaint was shared and discussed with the staff in team meetings.

#### Using medicines safely

- Medicines were managed and administered safely to people by trained staff. Relatives told us their family members received their prescribed medicines at the right times. One relative said, "The staff make sure [family member] gets their medication."
- The home used an electronic recording system. We looked at 5 people's electronic medicine administration records (MAR) and saw they were all accurate and up to date.
- People's MARs were recorded on a device, which updated a central system. They contained a digital photo of the person with a list of their known allergies.
- There were PRN protocols in place, which are medicines that are given to people when required. The system did not have a suitable place for staff to record the effectiveness of PRN medicines, for example, if those used for pain relief had reduced the level of pain a person was experiencing. The deputy manager told us they were in the process of working with the software company to find a suitable way for this to be recorded.
- After our inspection, the registered manager submitted evidence that the effectiveness of PRN medication was now being recorded. They also confirmed the staff were now able to access and review PRN outcomes inputted in the system.
- Medicines were stored safely and they were kept at the recommended room temperature. Medicines stored in refrigerators were checked and temperatures were recorded daily to ensure they were within the recommended temperature ranges.
- Staff competency to administer medicines was assessed by the management team. We observed nursing staff give people their medicines appropriately.
- Staff used body maps to record where topical medicines such as creams should be applied to people. Creams were stored safely, and we saw they were being used within their use by dates to ensure they remained effective.
- People that required insulin to treat diabetes were supported to maintain safe blood sugar levels. We saw these were being monitored and diabetic care plans were in place.

#### Preventing and controlling infection

- The provider had processes to help prevent visitors from catching and spreading infections.

- People were admitted safely to the service. Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use.
- The provider was accessing COVID-19 testing for people using the service and staff when required.
- Safety through the layout and hygiene practices of the premises was promoted. The home was clean, bright and regularly sanitised.
- The provider's infection prevention and control policy was up to date. There were processes to make sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. There were no restrictions on visiting times in the home.

# 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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training to help them develop skills to support people safely and effectively. Training was provided by qualified in-house training managers and included a combination of online and practical courses.
- Staff completed an induction and training after they were recruited, and received refresher training to update their knowledge. Staff we spoke with were very complimentary of the training and one staff member told us, "The induction was the best I have had. It was very intensive but just right and I learned so much."
- The training manager told us, and records showed most staff had completed all their training, as there were still some new staff that were in the process of completing their inductions.
- Training topics included safeguarding adults, infection prevention and control, medicine administration, dementia awareness, moving and handling, fluids and nutrition and first aid. Staff on their induction also completed the Care Certificate, which is a nationally recognised set of standards for health and social care workers to work towards.
- Staff were also trained to have specific skills and be a 'champion' in a particular area, such as End of Life Care, which they can then share with their colleagues. This helped staff with their own personal development, leadership skills and confidence. A staff member commented, "I love it as I get to do a lot of research and share it with the team so we can provide the best quality care for our residents."
- Staff told us they were supported in their roles by the registered manager and their line managers. They told us and records showed they had opportunities to discuss their work, their performance and any problems with the registered manager or other members of the management team.

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

- People's needs were assessed before they moved into the home. The assessment was a way for the management team to determine if the home was a suitable place for the person and their needs could be met.
- People's needs, choices and desired goals were discussed with them and their relatives so they could receive effective care that led to good outcomes.
- Pre-admission assessments contained details of people's backgrounds, health conditions, their mobility, their skills and abilities, mental capacity and equality and diversity needs.
- The provider also assessed the risk of COVID-19 outbreaks in accordance with current admissions guidance, where people were moving into the home from the community or hospital.

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

- People's nutritional and hydration needs were met to help them maintain a balanced diet and their

health. People had nutritional care plans to set out how they preferred their meals and how best to support them. This included people using PEG feeds.

- People were supported to drink plenty of fluids. Staff maintained fluid charts to check people were maintaining their hydration with water and other fluids.
- We observed lunch services on 2 different floors and saw they were well managed with staff supporting people with their meals. Some people ate independently and some required assistance. There was a pleasant, relaxed atmosphere and people were given as much time as they needed to eat and drink.
- People told us they were provided meals they liked to eat but could also ask for a different meal, should they change their mind about what they wanted to eat on the day. One person said, "The food is very good. I really enjoy my lunches and we can choose the day before, but there are always alternatives if you change your mind. The puddings are exceptionally good here. In the evening, we can have various snacks and I usually have the soup and some sandwiches." Another person told us, "The food is always excellent and we always have a choice. We can have a hot breakfast. The food here is of a very high standard."
- People's nutritional requirements and risks were assessed, for example, if they were at risk of choking and if they required their food to be softened or pureed, or if they had allergies or controlled diets. The kitchen staff knew of this information and prepared meals according to each person's specific needs.
- When there were concerns about people's food and fluid intake or weight, records showed they were referred to other health professionals such as speech and language therapists, dieticians or their doctor.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People's health and wellbeing was monitored. They were supported to maintain their health and were referred to health services such as the local doctor's surgery, dentists, physiotherapists and chiropodists. Records showed people attended health care appointments.
- Care plans included the contact details of health professionals or agencies involved in their care. The staff and management team worked well with health professionals to ensure people were in the best of health. The local doctor visited the home weekly to check up on people's health and ensure they were getting the right treatment.
- Staff told us they assessed if people were in the best of health by doing regular checks and speaking with them. Staff were able to identify if people were not well and knew what action to take in an emergency.

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.

- The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded. People's choices and decisions were respected. Records showed if people required decisions to be made in their best interest.
- The registered manager had ensured authorisations for DoLS were in place for people whose liberty was being deprived. Records showed specific conditions applied to people's DoLS by the local authority were being met by the service.

- Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I always respect people's capacity and make sure I ask for their consent and permission when I am supporting them."

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

- Chestnut Manor Care Home is located on a high road within a small town, and was nearby to local shops, services and public transport links, as well as residential roads. There were areas of open garden space for people to walk around and they were easy for people to access.
- The home was newly built with modern furnishings and décor, designed for people to have a luxury experience. The fixtures, facilities and fittings were all of a good quality standard. The home was very clean and well kept.
- People told us they felt comfortable and safe in the home. They were able to personalise their rooms with items of their choosing. Their rooms had their photograph and name or a picture that meant something to them on the front door, to help identify and guide them to their room.
- Although the design and decoration of the home was clean, bright and modern with pieces of artwork and designs on the walls, we discussed with the management team if the home could be more suited to people with dementia. For example, one person we spoke with was not sure what day or date it was, and we could not see an available calendar or notice on display to help them.
- The management team, including the proprietors, told us and records showed the design of the building was based on standards such as the Gold Standard Framework and Stirling Standards for Dementia design. We saw examples such as wayfinding objects and pictorial signs to aid people with dementia find their way around the home. However, the management team said they would look at more ways of improving and developing the signage and information in the home. This would further help people with their stimulation and understanding of their environment.

# 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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were very positive about the staff and told us they were kind, caring and respectful. People told us they were well treated and had got to know the staff. One relative said, "There seems to be plenty of staff and every time I come here it's a good experience. [Family member] cannot do any of the activities but the staff still chat with [family member]. The staff are really good here, I am happy [family member] is here."
- Staff told us they had got to know people well and had developed positive relationships. A staff member said, "We get to know everyone well. We have 'Resident of the day' as well when we focus on someone and make sure they get what they need." Another staff member told us how they were supporting one particular person on the day and said, "I'm off out with a resident today. They'll need my support for a specialist hospital appointment which they couldn't do on their own anymore. We've got transport set up for us from the local authority and I will be with [person] throughout." This showed people were supported by staff in a personalised way.
- During our inspection, we observed staff interacting with people politely and patiently. People were groomed, dressed for the day and their personal care needs were met. They appeared relaxed and happy and this was confirmed through our conversations with people and relatives. One relative said, "[Family member] is at peace here, which they weren't at their last home. We are much happier with the care here. [Family member's] needs are met better than before they came here."
- The provider promoted equality, diversity and inclusion in the home. People's protected characteristics such as their gender, race, religion and sexuality were understood, respected and recorded in their care plans. People were supported to practise their religion at places of worship or within the home.
- People's cultural requirements were also understood, for example if they wanted to celebrate a national or religious holiday from their background. Events were held in the home to celebrate diversity, culture and inclusion such as Pride, Remembrance Day and Black History month.
- There was a weekly religious service in the home that all people were welcome to attend if they wished. One relative told us how the home permitted them to visit their family member very early every morning to perform a prayer. This showed how there was an ethos of promoting equality and diversity in the home and ensuring people felt included and involved.
- Staff told us they respected people as individuals with their own choices and beliefs and had received training in equality and diversity. They told us they would challenge any discrimination. A staff member said, "We celebrate everything here. We have to respect everybody, everyone is different but we treat them how we want to be treated."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they were mindful of people's privacy and dignity and made sure doors and curtains were closed when providing people personal care.
- Care plans contained information about people's levels of independence and daily living skills. For example, their ability to walk independently and dress themselves. A staff member said, "I encourage [person] to be as independent as they can, for example with washing their face and body. I assist where they need my help."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk by sharing it with unauthorised persons.

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

- People and their relatives were involved in decisions about their care. There was a collaborative approach between the management team, relatives, people and staff towards ensuring people received the care they wanted and needed. People confirmed they could express their views and make choices,
- We observed staff to be respectful in their approach to people. Staff told us they always offered people choices about their day to day care and how they spent their time. One staff member said, "I offer people choice all the time. From everything from soap, clothes, eat, food, drink, and to their shoes. For example, asking what colour clothes they wanted to wear." One relative compared the home to previous homes their family member had stayed in and spoke of the difference in how this home was engaging and involving for them. They said, "We thought [family member] was kind of being side lined at the previous place. It was just not working. It was inappropriate for [family member]. They use most of the facilities here. They have settled well here. I don't know where they'd be better off. [Family member] is always out of their room now sitting with others which didn't happen in their previous home."

# 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 Good. This meant people's needs were met through good organisation and delivery.

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

- Care was planned in a personalised way for people in the home to meet their needs and preferences. People were supported to achieve good outcomes and had choice and control over their care.
- Care plans were person-centred and provided information about people's personal history, preferences for their care needs, likes and dislikes, interests and communication abilities.
- People and relatives told us staff and managers were responsive and acted upon any issues or concerns. One relative said, "Management wanted to know about [family member] as a person and everything we've asked for we've got. [Registered manager] makes it easy for us and sorted things out for us. When [family member] arrived here, they all seemed to roll up their sleeves and muck in, it was amazing. We got a special mattress for [family member]. The care is now good enough to stop bed sores coming back."
- Care plans were stored digitally, and staff reviewed and updated them using their smartphone devices which updated a central system. Care plans were reviewed monthly but updated with any changes to people's preferences or health.
- Staff told us they communicated with each other to ensure people received the support they needed. Handover meetings took place between shifts so staff could update incoming staff of how people were and any issues.

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

- The provider supported people to develop and maintain relationships with others that were important to them, such as their family and friends. This helped to avoid people feeling isolated or lonely. We saw relatives visiting people throughout our inspection and there were quiet rooms available for privacy.
- The provider had an extensive programme of activities and a range of facilities to ensure people had things to do, could spend time socialising with others and follow their own interests that were socially and culturally relevant to them. Activities included quizzes, cookery, arts and crafts, interactive board games, entertainment, animal therapy and 1 to 1 sessions, where staff spent time with people who liked to stay in their room. This could include an activity called 'Chatterbox' where a topic of conversation is chosen by a person from a box of cards. A staff member said, "You pull a card out which has a random question on it, such as 'What's your favourite book?' and then you just have a chat about it. People like it and we all have a laugh and a nice time. It really helps with getting to know people."
- As the provider designed the home to have a sense of luxury, there was also a fine dining experience available for people and their relatives and a cinema room, that showed films and travel shows.
- It was evident there was a culture of community and inclusion in the home, which helped to prevent people feeling lonely and isolated. People told us they enjoyed the activities and the other services

provided. One person said, "If we have birthday or want to celebrate, we can use the fine dining room in the basement and select our meals to order."

- Through our observations we also noted that lunch services and afternoon tea services were lively, vibrant with lots of chatter and engagement between people and staff.

#### 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.

- People's communication needs were met. These were set out in their care and support plans, for example, if the person was able to verbally express their thoughts and feelings or if they needed staff to speak to them slowly and clearly. Staff told us they followed the person's communication plan. A staff member said, "We use signs and gestures and sign language where people have difficulty speaking. We have learned sign language from a resident, which has been really helpful."

- The provider could supply information to people in easy read or large print formats to help them understand what the information was trying to say, such as understanding how to report abuse or make a complaint.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home should people wish to make a complaint if they were not happy with aspects of the service. Complaints about the home were logged and investigated.
- The registered manager investigated all complaints within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint. They apologised for any errors, sought advice from external professionals and took action to resolve concerns and make improvements.
- We spoke with one relative who was not satisfied with the level of communication from the home after their family member had a fall. We discussed this with the registered manager who told us they would look into what happened and follow up with the relative.

#### End of Life care and support

- People's wishes for end of life care and support were explored and respected in the event of changes in their health.
- Where applicable, people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place.
- Staff had received training in end of life care, which helped to ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home offered a person-centred, inclusive and empowering service for people. The home had only been open for just over 12 months but the provider had established a positive culture. This was clear from the lively atmosphere and clean, bright and well-designed interior.
- People and relatives told us they were happy with the home and said the staff and management team were friendly and welcoming. One relative said, "Here everyone is very hands on from the management downwards. The communication in this place is excellent, so we know how [family member] is doing each day."
- People told us staff were compassionate and caring towards them. We looked at written compliments about the home from people and relatives. Comments included, "Spotlessly clean with excellent facilities, with friendly staff," and "All the staff are attentive to [person's] physical and spiritual needs. There are interesting and engaging activities."
- Staff felt supported and encouraged by the registered manager to perform well and told us there was an open-door policy so they could approach the management team with any issues. A staff member said, "[Registered manager] is good and approachable. We can report any issues or concerns."
- There was a clear management structure. The registered manager was well supported by other senior staff such as the deputy manager, training manager and quality manager who all helped to oversee the day to day management of the home. The registered manager told us, "We are a very good team. I am well supported by the COO (chief operating officer) and the provider as well, so we can provide excellent care and ensure people are treated with dignity and respect."
- We met the proprietors and the chief operating officer during our inspection who told us they wanted to support the registered manager to deliver 'exceptional care.' The COO said, "[Registered manager] is doing an excellent job. They worked for us in another home, which was rated Outstanding, and transferred here to help develop this new home. We have in-house expertise and aim to support all our managers and staff and have continuous oversight."
- We noted the registered manager was a finalist in the Dignity in Care category at a national care awards event in 2022. This showed they were recognised for instilling a positive, caring and compassionate culture in the home.
- The staff and management team in the home were provided with strong leadership from the provider. The senior management team were not given any notice of our inspection but were already at the home when we arrived, to provide support to the registered manager. This showed there was regular engagement with and oversight of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had ensured the home was well managed and quality assurance systems were effective to monitor the safety of the home.
- The registered manager carried out audits to make sure the quality and safety of the home was being maintained. These included audits and checks of infection control, medicines, care plans, health and safety, accident reports, complaints and staff training processes.
- The provider had monthly compliance and governance reporting systems to aid the registered manager. This contained a range of data and information about the home so that issues or trends could be identified for further analysis. For example, how frequently people were experiencing falls or pressure ulcers and what action was being taken to keep them safe.
- The registered manager had action plans in place to set targets for continuous improvements. For example, improvements to how certain medicines were stored.
- We noted that some of the provider's care planning systems did not always contain sufficient detail about people's individual or specific needs, such as how much fluid they were recommended to take each day. We discussed this with the registered manager who told us they would follow this up. After the inspection, the registered manager confirmed and showed how these would be included as part of handover discussions and within people's nutrition and hydration care plans.
- Staff told us they were clear about their roles and responsibilities. They commented how they enjoyed the induction and training programme and how much they learned, despite having previous experience of health and social care work.
- The provider demonstrated innovative practices to help improve the service and the relationship between staff and people. The management team told us the concept of 'Chatterbox' was developed after they had identified a lack of meaningful interaction between staff and people, both in communal areas and during personal care provision. They had also identified a lack of confidence in staff to start conversations with people about everyday things. This led to the idea of 'Chatterbox' and staff and people were involved in designing the questions to help start easy and meaningful conversations. The concept was introduced to the provider's other homes to embed it within their culture.

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

- Providers and registered managers have a legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police.
- We found the registered manager was open and transparent with people and relatives when things went wrong and notified and liaised with the local safeguarding authority and CQC regarding concerns of abuse.

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

- People and relatives were engaged with the home. The registered manager kept them informed and updated on any changes in the home and with regard to complaints. Newsletters, e-mails and communication material were regularly produced and distributed to relatives as a way of keeping them updated and promoting the home.
- The registered manager also held meetings for people and separate meetings for relatives so they could ask questions or voice any feedback. Items discussed included activities, entertainment and food menus and minutes of the meetings showed people's feedback was being noted and listened to.
- Staff meetings were used by the management team to share important information and discuss any issues. Topics included safeguarding concerns, recruitment updates and plans for forthcoming events such as Christmas parties. The management team also reminded staff of their professional responsibilities to

ensure people received a good standard of care. A senior staff member said, "Staff work well together. I attend monthly meetings and feel competent in my role. It's a really good home."

- Staff were recognised for their achievements and there were regular awards and nominations to praise their work and to encourage and motivate them.
- People's equality characteristics were considered and recorded in their care plans. The culture and values in the home meant that equality, diversity and inclusion was promoted and people's cultural and religious needs were respected.
- The home opened in September 2021 and the provider planned to send out surveys and questionnaires to people, relatives and professionals for their feedback about the home. The registered manager told us they will analyse the feedback to make adjustments and improvements.

Working in partnership with others:

- The provider worked with other social care agencies and professionals, such as GPs and pharmacists to maintain people's health and wellbeing. The registered manager also kept in touch with other registered managers of services managed by the provider to discuss any management issues, themes and share good practice.
- Links with the local community, such as schools were established, so that children could attend the home and spend time with or entertain people to aid the development, stimulation and learning of all those involved. For example, a local music school performed a classical music concert in the home. Compliments were recorded and one person commented, "How clever they are! Seeing the children is a good thing. For them and for us."
- The provider also worked with volunteer and befriending services to enhance the lives of people in the home, as they received visits from volunteers to engage in conversation and activities.
- The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.