

Brancaster Care Homes Limited

East Croft Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

East Croft Grange is a residential care home providing personal and nursing care up to 31 older people within two units. One is a self-contained unit called the Garden Unit that accommodates up to 10 people living with dementia. This part of the home has its own secure garden area for people to use. All rooms in the home are single occupancy and there are suitable shared facilities. At the time of the inspection there were 31 people living in the home.

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

The provider had safeguarding systems and risk assessments to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures and their use. The provider had policies and procedures to support safe recruitment of staff and had enough appropriately trained staff on duty throughout the day and night to make sure people received the support they needed. People received their medicines safely.

People received support to maintain good nutrition and hydration in line with their personal choice and their healthcare needs. Staff worked collaboratively with other agencies and professionals to support people's health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was consistently focused on providing person-centred care and support and staff displayed kindness, caring and great empathy towards people and made sure their dignity was maintained, their beliefs upheld and their independence promoted. Staff had developed very trusting and mutually respectful relationships with people, knew them in detail, including their histories, families, likes and dislikes. Staff supported people to express their views and ideas and be actively involved in making decisions about their care and how their home was run. People's communication needs were thoroughly assessed and understood by staff

People received exceptionally responsive, compassionate and holistic end of life care at East Croft Grange from highly motivated and well-trained staff. People were supported to say what they wanted, be clear about expectations and able to be cared for by people they knew and trusted. There was an excellent range of activities and opportunities available to people and the service was exceptional at helping people achieve positive outcomes, build confidence, independence and help develop and pursue interests and social inclusion. Staff responded to the social and daily needs of people by providing meaningful activities, having regularly reviewed plans of care and by acting quickly upon any concerns raised.

Governance and quality assurance systems and monitoring were evident within the service. Quality assurance surveys were all very positive. Staff felt valued and respected by the management team, and consistently demonstrated high levels of commitment and morale. The leadership of the service promoted a positive, open culture. The registered manager was open and transparent throughout our inspection and it

was evident that the ethos of the home was to promote a transparent approach in all they did. The registered manager displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had good care.

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

Rating at last inspection

The last rating for this service was good (published 21 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

East Croft Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 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 has used this type of service.

Service and service type

East Croft Grange 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as abuse allegations. We looked at records of complaints and how the service responded to them.

We used 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 spent time in each unit and in communal and dining areas speaking with people and observing their daily activities and staff interactions. We reviewed records relevant to the running and quality monitoring of the service, the recruitment records for all new staff employed since the last inspection and new policies and procedures. We looked at staff training and supervision records. We looked at care records and the records of medication administration, medicines storage and management. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We spoke with 12 people who lived at East Croft Grange, 16 visitors and relatives, seven members of care and ancillary staff and two visiting health care professionals for feedback on their experiences of the service. We spoke with the registered manager, who was present throughout the inspection and the deputy manager.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. This included training data, maintenance records and fire risk assessments. This was received after the visit and the information was used as part of our inspection.

We obtained further feedback following the visit from people who lived in the home, relatives, professionals and external agencies who regularly came in to contact with the service and the people who lived there who were not available during the inspection. They contacted us by email after the visit to give us their experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Individual risk assessments and management plans were in place for each person. Accidents and incidents were recorded and looked at by the registered manager.
- We observed that the registered manager acted quickly on individual issues but did not always formally monitor accidents and incidents for overall trends and themes. We discussed with the registered manager formalising their analysis and checks to be able to evidence areas for improvement.

Using medicines safely

- People were supported with the safe use of medicines and received them as prescribed. All staff administering medicines had training from the supplying pharmacy and regular competency checks.
- Medicines prescribed for use 'as required' for agitation did not always have clear guidance and enough detail for staff on their use. We discussed with the registered manager the importance of clear guidelines or protocols for staff to follow, and monitoring when they were being used, especially those that may sedate. They began to address this during the inspection.
- The storage of medicines was in line with good practice. The management of medicines liable to misuse, called controlled drugs was examined and we found these to be safely managed and stored. Effective arrangements were in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding procedures and staff training in place. All staff had received safeguarding training. Staff we spoke with understood what to do to make sure people were protected from harm or abuse.
- People and relatives said people were safe living in the home. We were told, "I do feel safe here" and "I'm sure [relative] is safe here, there always seems to be staff about."

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment. The registered manager completed pre-employment checks to help make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- We observed an occasion when people living with dementia on the Garden Unit were unsupervised whilst two staff on duty attended to a person in their room. The registered manager told us that staff from the residential unit would come over to provide support when asked to. We discussed with the registered manager the deployment of staff to be sure people in the communal areas on the Garden Unit were always supported and supervised.

- People who lived on the residential unit told us there were always enough staff available to help them. We were told, "There are plenty of girls about, even at night if you need them" and "There are always staff about and they are so helpful". We examined staff rotas for the previous four weeks and observed consistent staffing levels.

Preventing and controlling infection

- The environment was well maintained, clean and hygienic throughout. Domestic staff had cleaning schedules to make sure all areas of the home were kept clean. People living there and their relatives commented on the high standards of cleanliness in the home. We were told, "It's always clean here and never smells unpleasant"
- The provider had a policy on the control of infections and staff were given training on this and food hygiene. The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.
- We saw that improvements had been made to the lay out of the home's laundry and motion action hand sanitisers installed to help reduce cross infection risks. An ozone machine was used to deodorize and disinfect as part of the deep cleaning schedule.

Learning lessons when things go wrong

- The registered manager had internal systems to obtain feedback and identify when things went wrong and had made changes when errors were identified.
- There was a culture of continuous learning. This included ensuring action was taken in response to 'niggles,' complaints and suggestions from people who lived there.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Restrictions on people's liberty had been authorised but some behaviour management plans did not have sufficient detail for staff to follow to support and divert people. We discussed this with the registered manager who immediately began a review of plans involving behaviour that may challenge to make sure all had the detail needed to support people effectively.
- Staff made sure that consent to care and treatment was recorded and where possible people were fully involved in developing their care plans and giving consent to care and treatment. However, information was not always recorded on who had a power of attorney in place to be sure that anyone involved in making decisions on another's behalf had the legal authority to do so. The registered manager began addressing this during the inspection.
- Staff had received training in MCA and asked people for consent to ensure they were able to make choices in their daily lives. People confirmed staff asked their permission when helping them and before giving any personal care. We saw staff waited for a person's response prior to undertaking any support, for example, when assisting people to mobilise during the day.

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

- Staff assessed people's physical, mental health and social needs and provided support in line with their individual preferences, recognised standards and evidence-based guidance.

- Appropriate, clinically accepted tools were used to make assessments and had been subject to review with people, their representatives and social care professionals.
- Protected characteristics were incorporated into people's assessments as appropriate. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people living at East Croft Grange were able to follow their cultural beliefs and their religion of choice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their roles and had undertaken induction and training relevant to those roles and the support they provided to people. Staff confirmed they received appropriate, training, supervision and support from the senior staff, could discuss their careers and well-being and felt supported and "listened to."
- The registered manager and provider placed a strong emphasis on staff development to achieve their potential and provide high standards of care. This included staff undertaking specialised and accredited training to support the specific needs of people living with dementia and requiring end of life care. For example, staff trained using dementia 'virtual tours' to help them experience how the world might look through the eyes of someone living with dementia.
- People praised the skills and knowledge of staff. They confirmed staff had a good understanding of their needs, choices and preferences. A relative told us, "The girls are wonderful, they are only young, some of them, and I don't know how they do it but they can get [relative] to do things we can't."

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

- Staff supported people to have a balanced diet suited to their needs and preferences and a choice in their meals. All people had nutritional risk assessments and instructions for specific dietary needs and any risks of choking. Catering staff had received training to support the needs of people requiring soft or pureed diets.
- The advice of speech and language therapists was incorporated into care planning. People had their weight monitored for changes so referrals could be made if needed. We noted a referral for weight loss that had not been followed up for action and discussed with the registered manager how they planned to formalise their system to ensure this could not be repeated
- People were positive about the food. We were told, "The food is very good, well too good really, they come around every morning and offer you two choices but if you don't like them they will make you something else." A hydration station was available to people to help themselves to juices and snacks when they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked well with external agencies and had a good working relationship with their local community services and GPs. For example, specialist community mental health and support teams, GPs, community nurses, dieticians and physiotherapists.
- Professionals we spoke with confirmed the registered manager and staff contacted them appropriately so people could access the healthcare and treatment they needed. We were told communication in the home was "excellent" and the home accessed the resources people needed to get the right treatment and support.
- People told us they felt staff would notice if they were unwell and make sure they were seen by a nurse or doctor. A relative told us, "The way they work with the GP surgery for [relative's] care is so good and so effective I can't tell you. The staff are meticulous with [relative's] physical care, their moving and handling is great."

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

- The premises had been suitably adapted to meet people's individual support needs and was warm, clean and tidy. The people we spoke with confirmed this was the normal high standard and they were consulted about the decoration of their home.
- The registered manager and staff had used established best practice guidance to adapt the home's environment to facilitate the interaction and mental stimulation of people living with dementia. The management team had worked especially hard to make the service as homely as possible whilst being sensitive to the needs of people living with dementia.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- Respect for the individual was reflected in the caring approach of staff and the praise for the service we received. There was a very clear commitment from the registered manager and staff to make sure the people living there were at the centre of everything they did. We saw how people were treated with kindness, respect and given emotional as well as personal support. One person told us "They [staff] are nice and so very kind to me."
- People were supported to have a very positive image of themselves through the clothes they wore, their social activities and the personal care they received. One person commented, "Oh yes they [staff] turn you out well, no worries there" and a visitor told us, "[Relative] is always well dressed and very happy here."
- We observed staff engaged with people in an empathic and compassionate way and people who lived there confirmed this was usual. One told us, "The girls are so wonderful, just wonderful", the staff are very good, if you could show me a better place I would go to it but I doubt it." We saw lots of laughter and good-natured joking between people and staff and appropriate hugs, making for a positive and inclusive atmosphere.
- Feedback from professionals coming into regular contact with the home was very positive about the caring approaches and promotion of individuality. They told us when they visited, "People seem genuinely happy and are certainly treated with great respect" and "It's very good, very friendly and homely. I would be happy for someone of mine to live here."

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

- The service supported people to express their views and be actively involved in making decisions about their care and how their home was run. For example, people who lived there could be involved in the recruitment of new staff if they wished to and their feedback on staff was always considered. Because of the low staff turnover, the registered manager told us they were looking at ways to involve people more in staff reviews to give them more opportunity for input.
- Following suggestions from people, the dining room had been altered so they could sit together around one large table and make it a more sociable occasion. Families were encouraged to join people at mealtimes, if they wished, so they could have meals together as they would have done previously as part of family life.
- A prominently positioned, 'You said, we did', board kept people up to date with how their ideas and constructive criticism had been used to improve their home. For example, following feedback, hairdressing arrangements had altered to be more flexible. Feedback was very positive about the greater flexibility and choice, with people getting hair done for special occasions and when it suited their own social

arrangements.

- People were often supported to express their views and make decisions by their families or representatives, but advocacy services were available if needed or in an emergency. Advocacy services help people to access information, explore their care choices and promote their rights. Professionals told us staff tried to make sure all options were explored to achieve people's wishes, "They [management and staff] really do advocate on people's behalf and get extra resources."

Respecting and promoting people's privacy, dignity and independence

- Staff had developed strong relationships with people and it was clear they understood people's needs and this helped them anticipate when someone needed more support or reassurance. The home's dementia strategy supported good practice to create an environment where people living with dementia could live comfortably, maintain their independence and not feel restricted. For example, people were supported with their meals using appropriate aids to promote independence and were discreetly supported and not rushed at mealtime.

- The registered manager used evidence-based practices to personalise care and improve people's dignity and well-being, including the 'Butterfly Scheme'. This programme helped staff give consistently positive and appropriate responses to people living with dementia and had been effective in reducing anxiety. A relative told us, "I can't tell you how good it is here, we brought [relative] here from another home and this is the most settled and calm we have ever seen them. The staff here have been marvellous, nothing is too much trouble, they work so well with us all."

- We saw staff acted quickly if people were distressed, adjusting music or the environment and engaging to help reduce anxiety. Relatives praised this and told us, "They [staff] really understand [relative's] condition, they speak kindly and softly, divert and keep them calm. They are with her quickly and seem to know when something is bothering her, so she does not get so upset." Aromatherapy and massage had been introduced into the dementia activities programme as this helped with relaxation and reducing anxiety in people living with dementia.

- There were appropriate signs around the home to support people to orientate themselves and retain independence when moving around their home and locate different rooms. Memory boxes were used for people to fill with their personal items to prompt them and help them recall and orientate themselves. There were tactile pictures and items on the walls to provide interest and engagement as they moved around their home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- People received responsive, compassionate and holistic end of life care at East Croft Grange from highly motivated and skilled staff. Staff had the skills and knowledge to achieve this having already successfully integrated the 'Six Steps to Success' palliative care programme. Staff were in the final stages of accreditation to achieve the nationally recognised 'Gold Standard Framework' (GSF) for end of life care. This accepted model of good practice enabled a 'gold standard' of care for all people at the end of their lives.
- Using the GSF, the registered manager focused upon organisational change, ensuring specific staff training and open consultation with people. Proactive and advanced care planning wishes on resuscitation and preferred place of care were clearly stated. This allowed people to say what they wanted and be clear about expectations regarding their end of life care.
- Staff responded quickly to people's changing needs. Healthcare professionals confirmed staff worked collaboratively with them to effectively manage people's symptoms and keep them comfortable and pain free. This close working relationship had a significant impact as people could stay in their home and be well supported with familiar staff and surroundings and have their choices respected.
- Feedback from professionals praised the holistic approach taken, included, "They [staff] are definitely outstanding when it comes to end of life care. It's really good person centred care, real old fashioned TLC, just how you want your own to be looked after at the end " and "Everything is discussed with the person and their family, they are supported to talk about what they want at the end."
- We saw many letters of thanks and gratitude from families reflecting an extremely high level of satisfaction and appreciation of the very high standard of care at the end of their loved one's life. This included, "We knew [relative] would be loved and looked after here in their final few days", "They [staff] are really responsive, answered all our questions" and "We were told we could be with [relative] as long as we wanted and staff offered us a bed so we could stay close and spend more time."

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

- Staff provided care and support tailored to people's individual needs and choices. People, professionals and relatives told us care was "excellent", "truly person centred" and they would recommend the home "without hesitation." Relatives told us that the service was flexible and care was planned and reviewed with them and their loved ones to make sure staff were meeting people's individual needs.
- We were told by one person about the positive impact living there had on their quality of life and well-being. They told us, "Since coming to live here my life has changed considerably for the better. When I arrived, I had lost so much weight but thanks to the good care and plentiful food here I have put the weight back on. Now I look after myself again, with their help, which is so readily given."

- A relative contacted us to tell us about the personalised care and support received when their loved one came to the home as their health deteriorated. They told us, "[Relative] is sitting up now, laughing and spending quality time with us all as a family, I can only put this down to the fantastic care [relative] has received since coming here. They no longer have any bedsores and [relative] really loves all her girls at East Croft Grange."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People chose from a range of social activities to help them live as full a life as they wanted. Activities were based on ideas and requests from them, for example, people had asked for more frequent days out and going to local pubs and cafes. This had been put in place quickly using the community bus for weekly excursions to places of their choice.
- The activities coordinator worked hours to meet the needs of people living there. For example, beginning activities earlier in the day when people felt they had more interest and energy and gained more enjoyment from participating. Activities included different musical entertainers and groups, baking, art and crafts, 'keep fit' and the 'East Croft Choir'. People told us of visiting attractions, castles and heritage sites they had asked to see, as well as having coffee and cake at the local pub and visiting garden and shopping centres.
- The service had strong links with the local community and people were consistently supported to be part of this, for example, attending local theatrical productions and local social clubs. Additional staff were always provided to make sure people could attend these evening activities of their choice outside the home. Greater social inclusion was promoted for people not able to easily go out and meet new people by inviting social clubs to visit the home.
- The local school visited every two weeks and for celebrations and parties. The children planned what activities to do with people and had spent time baking, doing crafts and bringing their books so they could read together. People in the home also visited the school to watch the children's plays. A relative told us, "[Relative] loves the school kids coming in, it brings them out more, gets them involved again."
- Relatives commented on the positive effect taking part in different activities had on their family members. One told us, "The entertainment is really good, they [relative] really love the singers and joining in with everyone singing. Petting the animals made them smile as well. There is plenty of stimulation here, music, people around keeping [relative] occupied and involved even if they can't always take a big part."
- The registered manager and staff used innovative means to include and engage people in things they said they wanted to do, even if physically frail. Virtual reality headsets allowed people to see and 'visit' different places and landmarks, for example a specific place of interest they always wanted to see, or a beach, even visit a desert. If people wanted to look at local places important to them aerial footage was used to allow them to see again the places they knew and loved.

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 and preferences were assessed and clear in person-centred care plans. Using this information staff supported people to communicate in the way they preferred and found easiest. Visual and pictorial aids were available for use to aid communication and bigger print formats. The registered manager was clear that if a person required a specific aid to help them communicate the service would resource it.
- Staff demonstrated a detailed knowledge of people's individual mannerisms, demeanour and people's communication methods. Staff were patient and spoke gently and effectively to people, allowing them time

to respond and communicate in their own way. Behaviour management plans stated the communication approaches to be taken to support people living with dementia or with behaviour that may challenge.

Improving care quality in response to complaints or concerns

- Complaints and concerns were well managed. Everyone we spoke with, including professionals, provided us with positive feedback about the management of concerns. The provider had a clear complaints procedure and a thorough process for the recording and monitoring any complaints or concerns raised.
- There was an open culture and clear learning from people's comments. People said any minor issues or problems they had raised had been dealt with positively by the registered manager and staff. They told us they had good relationships with the registered manager and staff and felt comfortable speaking with them when they were concerned or anxious. A relative commented, "We have never had a real complaint just small things that they [staff] have dealt with quickly."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management and staff clearly understood their responsibilities and accountability for their actions. The registered manager's quality monitoring systems covered a range of areas of service provision to inform practice and make changes. However, the monitoring systems had not always highlighted oversights such as when a referral was not followed up or there had been a lack of guidance for staff. The registered manager discussed with us how they would address this as part of their review of trend analysis and the scope of their audit programme.
- The provider and registered manager had maintained and further improved their approaches and systems relating to person centred care, end of life care. This showed the high standards had not just been sustained in these areas but consistently improved upon. This demonstrated leadership that was forward thinking and placed people at the very centre of the life of the home.
- The registered manager understood the requirements of their registration. They notified CQC of significant events and displayed the previous CQC rating prominently. The registered manager kept herself up to date with current best practice and the latest developments in care for both older people and people who were living with dementia. The registered manager was keen to ensure that the care delivered was based on evidence based best practice.

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

- We found there was a positive, 'can do' management culture within the service. The registered manager provided strong leadership and led by example. People, relatives, staff and health professionals said the management and staff "worked constantly" to provided extremely high-quality care.
- There were clear and well-resourced strategies in place for continued goal setting and learning through the evolving dementia and end of life care strategies. This planned strategic development and also set the targets to meet. We saw this was a dynamic process and was reviewed as work progressed and objectives met
- People, relatives and health professionals all agreed the registered manager was open to new ideas, suggestions and developments in practice. They and staff had made significant systems improvements and worked with them to help provide prompt access and professional attention to any care people needed. This had a positive impact upon the lives of people living there.
- Staff told us they felt valued, listened to and well supported to develop their roles within their work to improve the service for the people they supported. We were told staff morale was "very good" and the home

was, "A happy, lovely place to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and transparent throughout our inspection and made clear the ethos of the home was to promote an open and transparent approach in all they did. Management and staff acted positively and promptly to all feedback provided during this inspection. The registered manager and staff told us they were always honest with people and families when something went wrong or if people were unhappy about something. Relatives confirmed this was the case telling us, "Any slight thing, they let me know, they don't try to hide anything."
- Staff understood the importance of reporting accidents, incidents and changes in people's mental and physical health and of keeping families informed. This indicated that the principles behind a duty of candour were recognised and valued within the service's culture.
- The registered manager understood the requirements of their registration, was clearly dedicated to their role and aware of their responsibilities in relation to the duty of candour. They notified CQC of significant events and displayed the previous CQC rating prominently

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

- The registered manager of the home was very responsive to people's needs and wishes, which were greatly valued by families, staff and professionals. People, relatives and professionals were given the opportunity to give their feedback on the service on an informal daily basis, at home meetings, during care reviews and using formal surveys. Survey feedback was consistently positive, with many complimentary comments about the support provided.
- Feedback from people resulted in action being taken and we saw that when a suggestion was made or a change asked for it was done and its effect monitored. Professionals told us the registered manager was, "On the ball, takes immediate action and if anything needs altering she does it straight away."

Working in partnership with others

- Health professionals told us the service had developed extremely strong and valuable relationships with them to ensure joined up and co-ordinated care and support.
- Professional and external agency feedback consistently emphasised the positive impact of the good communication within the home and keeping regular contact.