

Care UK Community Partnerships Ltd

Echelforde

Inspection report

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Date of inspection visit:
03 December 2019
05 December 2019

Date of publication:
10 February 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Echelforde is a residential care home providing accommodation and personal care. The service can support up to 50 people. Thirty-eight people were living at the home at the time of the inspection. The service supports people aged over 65 years many of whom are living with dementia in five smaller units on the ground floor. A large garden forms a semicircle round the building

People's experience of using this service

People told us they received outstanding care from staff who demonstrated kindness and compassion and valued people's uniqueness. We observed people's well-being was enhanced as a result of the way staff cared for them. People were encouraged in a distinctive way to be as independent as possible and to be involved in decisions about their care. People were treated with consistent respect and dignity and staff valued people's individual characteristics. They understood the person first and their dementia needs were also recognised and supported.

The home had innovative links with community groups and offered a wide range of stimulating activities. People had personalised care plans that guided staff on how to meet their needs in a person-centred way. People's end of life care needs were identified and met.

People told us they felt safe. Staff understood their roles in safeguarding people from harm. Risks to people were identified and assessed. There was guidance for staff on how to manage these risks safely. There was a robust process to identify learning from accidents, incidents and safeguarding concerns. There were enough staff to meet people's needs and safe recruitment practices were in place. Medicines were safely managed.

People's needs were assessed before they started using the service. Staff were being supported to ensure they had suitable skills and knowledge to meet people's needs. The home had been adapted to meet the range of needs of the people living there.

People were asked for their consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's nutritional needs were assessed and met. People had access to health and social care professionals as required. There was an accessible complaints system and there had been no complaints since the last inspection.

People and their relatives were positive about improvements made to the culture at the home with the current registered manager. The registered manager promoted an open culture of communication and learning, worked proactively with other agencies and was visible as an effective leader. The home engaged with a wide number of community groups and people accessed the community regularly. There was a system to monitor the quality and safety of the service and any learning was identified and acted on.

People's views about the service were asked for and acted on.

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 13 June 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 re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was 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 ●

Echelforde

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 was carried out by one inspector and an expert by experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day a single inspector returned to complete the inspection.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. We also contacted the local authority commissioning and safeguarding teams to ask for their views about the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people and nine relatives or visitors. Some people were not able to fully express their views about the care they received. We observed the care provided in the communal areas and tracked people's care, to better understand their experiences and to see that it matched with their care records. We used the Short Observational Framework for Inspection (SOFI) on both days of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four care workers, one team leader, the senior team leader, the chef, the maintenance person, a member of the activity team, a volunteer and the registered manager.

We reviewed a range of records. This included seven care plans and staff recruitment and training records. We also reviewed records used to manage the service, for example, maintenance records, medicines administration records and meeting minutes.

After the inspection

We requested some further information to be sent to us for example, in relation to staff training and supervision. We contacted three health care professionals to obtain their views about 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from neglect, abuse or discrimination. People and their relatives told us they felt safe at the home. A relative said, "My [family member] is completely safe and well looked after. I can visit and leave them feeling relaxed knowing they are in safe hands."
- Staff received regular safeguarding training. They understood their responsibilities to safeguard people and the actions to take if they had any concerns. They knew how to raise any concerns in line with the provider's whistleblowing policy. One staff member commented, "I report absolutely everything no matter how small. It's important." Staff said where they had raised concerns, these had been dealt with appropriately by the registered manager.
- There were robust systems to report and act on concerns. The registered manager had raised safeguarding alerts appropriately and worked with the local authority and taken any necessary action. We saw safeguarding was discussed in relatives and residents meetings as well as staff meetings to ensure everyone understood what they should do and where they could report any concerns.

Assessing risk, safety monitoring and management

- We found for one person their risk assessments had not been updated to guide staff on aspects of their behaviour to reduce risk to themselves or others. We saw action was being taken to address these risks and staff were knowledgeable about the risks involved. We discussed this with the registered manager who updated the risk assessments on the first day of the inspection.
- Possible risks to people were assessed and reviewed regularly to reduce the likelihood of them occurring. Risk management plans guided staff on how to reduce risks. One person commented, "Staff look out for me to make sure I am safe." Action was taken to address risks such as falls through consideration of the use of equipment such as walking aids, sensor mats or referrals to health professionals.
- Where people displayed signs of anxiety and distress which could put them or other people at risk there were guidelines for staff to follow to help identify possible triggers and support them safely. Where people's behaviour impacted on other people to pose possible risks, we saw the risks were addressed. The registered manager sought information from both day and night staff to understand the difficulties and consider how to manage and balance the risks and people's contrasting needs.
- Staff were knowledgeable about the people they supported. They described people's individual risks and how to minimise them. For example, ensuring people had suitable pressure relieving equipment where this was part of their care plan.
- Risks in relation to emergencies were safely managed. Fire drills were conducted regularly for day and night staff to ensure they were clear about what to do in an emergency. Risks in relation to the premises and equipment such as window restrictors and water temperatures were monitored through a schedule of internal and external checks and servicing.

Learning lessons when things go wrong

- There was a system to identify and share learning from concerns about people's care and treatment and share learning with staff. For example, an incident where one person left the building through a faulty gate had been acted on and the gate lock changed. Additional monitoring checks were also in place to reduce any future risk. Accident and incident forms were reviewed by the manager and provider to ensure appropriate action was taken at the time and afterwards.
- Staff told us they were encouraged to report any concerns no matter how small to reduce the risk of further occurrence. Learning from accidents and incidents was shared at handovers, 10 at 10 meetings, weekly clinical review meetings and staff meetings to ensure it was widely communicated.

Staffing and recruitment

- There were enough staff to meet people's needs. People and their relatives said they thought there were enough staff. One person said, "The staff are always about, when I need their help they are there." A relative commented, "I think the staffing works well. There are always plenty around whenever I come in the week or at weekends. They have time to engage with [my family member]." We did not see anyone waiting for care or support on either day of the inspection.
- Staff told us that overall there were enough staff planned to meet people's needs. However, two staff members said occasionally if staff were off work at short notice at weekends it could be difficult to get agency staff. The registered manager told us they tried to get agency staff at short notice at weekends but if this was unsuccessful then team leaders would help support where they were short. Call bell records showed that call bells were responded to promptly during the week and at weekends.
- There were robust recruitment processes in place to reduce the risk of employing unsuitable staff. Recruitment records included the full range of necessary checks, such as identification, right to work and criminal records checks.

Using medicines safely

- Medicines were stored, managed and administered safely. There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. The home had introduced a new electronic medicines management system which staff said was helpful in reducing any possible errors. All medicines including time specific, and 'as required' medicines and controlled drugs were stored and administered safely. Risks in relation to high-risk medicines were safely managed.
- Staff received training on the administration of medicines and had their competency assessed to ensure they continued to use safe best practice. Our observations and discussions with them confirmed they understood their roles in the safe management of medicines. We saw they sought people's consent to administer their medicines and were aware of their preferences about how they chose to take their medicines.
- The home was in the process of organising for pain assessments to be included in the new electronic medicines' records. Staff knew people well and could describe signs to understand when people were in pain.
- There was a system to monitor medicines administration and to learn from any medicine errors which were discussed with staff to reduce the risk of them reoccurring. For example, we saw where there had been an error the staff member concerned was given a period of shadowing medicines and had their competency reassessed before they start to administer medicines again. People's medicines were also regularly reviewed by health professionals to ensure they met their needs.

Preventing and controlling infection

- Staff understood how to reduce infection risk. People, and their relatives told us they thought the home was always clean. One relative said, "It's clean; absolutely spotless. It never smells and I come at all times of

day." We observed the environment was clean throughout and free from odours.

- Housekeeping staff told us there were enough of them to carry out their roles and that there was a plentiful supply of cleaning materials and personal protective equipment. Regular cleaning of equipment such as wheelchairs was carried out.
- We saw hand wash facilities and dryers in communal toilets and staff were observed to regularly wash their hands and use personal protective equipment such as gloves and aprons appropriately.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed in consultation with them, their representatives and, where appropriate, health or social care professionals. This helped staff to understand if they could safely meet people's needs. The assessment included consideration of people's protected characteristics and preferences to consider how to support them in a personalised way.
- The home used nationally recognised risk assessment tools as part of planning for care to identify possible risks and provide suitable guidance for staff. Health professionals were also consulted to address risks, for example, advice was sought from the community mental health team to support the needs of some people living with dementia.

Staff support: induction, training, skills and experience

- Staff had sufficient training supervision and support to understand how to meet people's needs. People and their relatives commented that they thought staff were sufficiently trained and competent to support them. One person commented, "Staff know what they are doing when they help me." Staff told us they had sufficient training and support to understand how to support people safely.
- Staff received induction training when they started work at the home that included a period of work shadowing. New staff undertook the Care Certificate the benchmark for training for workers new to health and social care. Staff received regular training on a wide range of suitable topics to support people's needs. They also had training on supporting people's specific health needs such as dysphagia and diabetes.
- The home had a dementia champion who had been trained to deliver dementia training to staff. Staff told us they found this training helpful in understanding and supporting people living with dementia. The provider organised meetings for dementia champions throughout the year to discuss and talk about training and share ideas. A relative remarked, "I know staff get lots of training and you can see how the dementia training has benefitted the way they work."
- Staff were also supported to grow and develop through regular supervision and appraisal.

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

- People's nutritional needs were supported. People and their relatives told us they enjoyed the meals and there was always a choice. One relative remarked, "The food is very good. I'm offered food when I visit." The home used an outside catering company to supply meals. A range of hot and cold drinks snacks and cakes were supplied throughout the day across the home.
- We observed the meal time experience on both days of the inspection. People were offered a plated selection of meals, so they could see the choices available. Staff encouraged a warm social occasion through the way they chatted with people. People were encouraged to be as independent as possible and

where they needed support this was offered sensitively and at people's own pace.

- Where people were at risk of malnutrition people's weight was monitored and they were prescribed food supplements to support weight gain. People's dietary needs were catered for. One person commented, "There are some things I don't eat but they (staff) know about them." The chef was given information about the need to provide any modified diets, or allergies as well as people's cultural dietary needs and preferences. The chef told us the company could cater for the full range of cultural and dietary needs.

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

- The environment was suitably maintained and adapted to meet people's needs. The home was all on one floor making it accessible throughout. There was a spacious communal day centre area in to provide plenty of space for people to walk with purpose should they wish. There were attractively designed garden areas for people to use in warmer months. The home's garden and walkways had been nominated for a local "in bloom" award.
- Staff told us there had been improvements to make the environment more dementia friendly since the last inspection to support the needs of people living with dementia with suitable signage, themed colours for each unit and memory boxes to help people to orientate themselves.

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

- People and their relatives told us they were supported to maintain their health and that staff were quick to respond to any decline in their well-being. One person told us, "They are good at making sure we get to see the doctor when you need to. I have seen the dentist and the chiropodist comes too." We observed staff promptly obtain an emergency dental appointment for one person who they observed needed dental treatment. The GP visited weekly and people had access to the dentist, optician and chiropodist when needed.
- Care plans showed staff made timely referrals to health professionals. Records of hospital appointments and health professional visits were maintained so people's needs were understood and met. A health professional commented, "We really enjoying visiting Echelforde, the care team have always been ready for our visits and have access to the information we require. They understand our role and they listen and act on our recommendations."

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. 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.

- People and their relative told us staff always asked for people's consent before they provided care. We observed staff consistently sought consent from people before they supported them. For example, we observed staff checked with everybody nearby before they altered the volume on the TV.
- For one person recently admitted to the home we found MCA assessments and best interests' decisions had been discussed but not recorded. This was addressed at the inspection. Otherwise, where people

lacked capacity to make a decision for themselves an assessment of their capacity was carried out and best interests' decisions were made in the least restrictive way possible.

- Where there were authorised applications to deprive people of their liberty for their protection we found that the required paperwork was in place, any conditions were being followed and kept under review to consider a reapplication when needed.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives were unanimous in their highly complementary feedback about the way staff cared for people which, we observed demonstrated consistent compassion and warmth. One person commented, "The staff here are all fabulous, we get on really well." A relative remarked, "You see genuine care from staff, who just love [my family member]. They really know them well. The care is so positive and natural from the staff. It is really amazing care." The home slogan was, 'Nothing stopping us,' Which staff told us meant there was nothing that would get in the way of trying to deliver the best care they could.
- The atmosphere at the home was warm and uplifting. Staff told us enthusiastically they enjoyed their work. They used opportunities as they passed to connect with people in a lively, warm and personable way. We saw numerous examples of staff using their knowledge of people's personalities and interests to engage with people demonstrating empathy and helping to reduce distress. People's reactions evidenced how this benefitted their well-being; they relaxed and were alert and engaged. One staff member was discussing a book with one person, drawing on their previous experiences; another engaged people in reminiscence about markets. Other people were naturally engaged by staff in daily activities such as laying the table where their contribution was clearly valued. An external activity organiser commented, "They go above and beyond with creating a family like atmosphere, I can honestly tell that they love their job."
- The home worked to reduce the use of antipsychotic medicines to find alternate ways to manage distressed behaviours. Where they had been in use we saw this was monitored reviewed with the GP and community psychiatric nurse and it use reduced. Staff worked well as a team to offer support for example anticipating and using distraction to reduce any possible friction between people at the service. A relative said, "It's always a warm and caring atmosphere here. It doesn't matter when I come all the staff genuinely care and are so positive about their work. Nothing is too much trouble."
- People's uniqueness was valued by staff. They understood the uniqueness of each person's dementia journey and responded supportively when people were disorientated in time or place which we saw reduced people's anxiety and distress. We observed how staff were being supported to understand someone's disorientation and behaviour at night through the use of responses or activities linked to their past. People who liked to walk with purpose were supported to do so safely.
- Staff showed a commitment and understanding of equality and human rights. They demonstrated a respect for the uniqueness of each person and assessed to see how they could support people's protected characteristics in respect of religion, culture, sexuality and disability. People's spiritual needs were provided for with a regular service. A staff member commented, "We respect everybody here and their values. They are all individual and we would support everyone's needs the best way we can." One person told us staff had recorded all the songs for a well-known singer they liked. They showed us the autograph the registered

manager had written off to get for them which was now a treasured possession.

Respecting and promoting people's privacy, dignity and independence

- The home's ethos was to promote people's independence as much as possible. Minutes of staff meetings showed how the registered manager encouraged staff to consider how to develop people's independence safely. The home had worked with one person to understand their loss of confidence and explore their wish to return to live at home. They had engaged with health and social care professionals and over time supported them and encouraged their skills with daily living tasks to increase their confidence and independence. They had a role in the day centre café and were able to learn how to use a mobile phone and move into their own flat in sheltered accommodation which was their wish. They remained living successfully independently and received continued support from contact with the home through social media and attending activity events.
- We observed staff worked actively to encourage people's independence wherever possible during activities and meal times. Care plans detailed the things that people were able to do for themselves. People confirmed they were supported to do as much for themselves as possible. One person said, "The staff are good at letting you do what you can and what you can't they do with a smile."
- The whole staff team worked to support people's independence. For example, the maintenance person supported people to go to the local barber or out for a walk if they were not safe to go on their own. Where people were able to go out alone, for example to the local shops alone they were encouraged to do so. One person remarked how much their confidence had grown since coming to Echelforde and they now felt confident to go to the shops, They told us this was due to "Staff at the home's support and for recognising what I can do."
- We observed throughout the inspection staff treated people with consistent respect and dignity, in the manner they addressed or approached people and the way they provided care. People's choice and wishes about how they spent their time and when they got up and went to bed were respected. People and their relatives confirmed this was the case. One person said, "They do consider you and treat you in a dignified way. They knock on your door and ask would you like to get up."

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

- People were actively supported to express their views and be involved in decisions about their care. People told us, and we saw they were supported to be involved in making decisions in respect of their day to day support needs. Meeting minutes evidenced regular unit meetings where people were asked about all aspects of their care.
- We found that people had been actively involved in decisions about the environment, for example, the improvements to the garden area. People on one unit had chosen a seaside theme for their garden area. People had also been involved in tasks such as painting fences or arranging the layout or gardening.
- People and their families were involved in regular reviews of their care. A relative told us they had seen improvements in the responsiveness of their family member since being at the home and their ability to make small decisions about their care needs. We saw how another person who had not wanted to engage or socialise when they first arrived now joined activities or outings regularly and enjoyed them.
- Where people were less able to communicate their views, we observed staff understood how to communicate with them to support them make choices and express their views. For example, staff described signs that helped them recognise people's preferences. People were supported to stay in touch with family and friends across the world via technology including video calls to maintain involvement.
- The home had provided a relatives training session on dementia. Feedback we saw was positive about the event. One person commented, "It was not just a lecture but a useful two-way process." Another relative told us it had helped their understanding of why they acted in particular ways and helped them work together with staff at the 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 remained the same. 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

- People had detailed personalised care plans that described their health care and support needs and included guidelines for staff on how to best support them. Staff had guidance on how to manage aspects of people's dementia. There was detailed information about people's preferences, life histories and things and people that mattered to them. This helped staff interact in a more personal and meaningful way.
- People's care plans were reviewed regularly to ensure they remained up to date. People's personal care was detailed in daily notes to provide an accurate record of their care. This detailed the care provided such as whether people had a bath or shower and if they were supported with oral care.

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 had been assessed and were recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood. They showed awareness of the cues from people's non-verbal behaviour.
- The registered manager told us they could make information available to people in formats they could understand where they had assessed this was needed for example large print or pictorial information. Where people had a visual impairment they could be referred to a local voluntary group for any equipment that might be beneficial such as talking books.

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 registered manager and life style coordinators were proactive in the way they had engaged with the community to offer a wide range of suitable activities to meet people's needs for stimulation and engagement. Community groups such as a mother and toddler group and baby yoga session were running during the inspection. We saw life style coordinators and care staff worked to ensure all generations were actively engaged where they wished to be. People's enjoyment of these sessions was evident and their feedback about the activities provided was consistently positive. Other community group activities included a knitting session with a local voluntary group, (we saw blankets made in these sessions were used at the home), music and singing with school children and a beauty and therapy session run by the local college.
- Staff supported people to attend community events such as church coffee mornings, regular lunches at the local pub and trips to the local shops and garden centres. We observed there was still opportunity for

people to follow their individual interests such as going for walk, alongside different group activities. Where people did not wish to engage in activities their wishes were respected. One person commented, "There's enough things going on to keep me busy. I'm quite happy to stay in my room and fend for myself but I do go to some activities."

- A wide range of external entertainment was organised as part of the activity programme. This included music, exercise classes, a Bollywood dance school, pet therapy a zoo lab and regular arts and crafts sessions. Regular outings had taken place over the summer to places of interest. People had also been supported to attend important local events such as the War Memorial service.

- At the time of the inspection the home was decorated for Christmas and we saw people's art work had been incorporated into the Christmas decorations. A relative said, "They do display people's art work, the decorations around the home are always changing every couple of weeks."

Improving care quality in response to complaints or concerns

- The home had a complaints procedure which was displayed for people's reference. The registered manager showed us their system to monitor any complaints and identify learning and we saw there had been no complaints since the last inspection.

- People and their relatives said they had not needed to make complaint but if they did they would speak with the registered manager or staff first. A relative said, "The manager is good. Their door is always open, and they are often around. I am sure they would deal with anything."

End of life care and support

- People and their families were supported at the end stage of their lives. Staff were supported undertake training on end of life care and worked with the local hospice when needed to ensure people's wishes in respect of their care were met. A health professional from the hospice commented positively on the caring nature of staff.

- People had a plan which recorded their and their family's wishes and preferences to ensure they were respected. Staff also attended people's funerals where they were invited to show their respect.

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 the same. 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 registered manager had introduced and sustained improvements at the home since the last inspection. People and relatives were positive in the way they described the changes made at the home. We observed the registered managers' door was always open and he engaged in conversation with people, their relatives and staff. We observed relatives knew the registered manager and there was a warm relationship between them. One relative commented, "[The registered manager] doesn't hide in their office, their door is open they are often about and speak to me." Written feedback provided after the inspection from a relative included, "Big thank you to [the registered manager] who if you had any worries made it his priority and dealt with it."
- Our observations were that all staff including the registered manager worked together in an open and person-centred way to provide good care and enabled people to have a voice and be as independent as possible. We saw numerous examples of good team work throughout the inspection with staff across the home supporting people and each other to ensure people's needs were met. Staff confirmed they thought they worked well as a team. One staff member remarked, "There is no us and them, we all support each other."
- There was a vision and values charter which staff were aware of and were able to describe parts of it such as their slogan and their goals of going the extra mile and supporting people's independence as far as possible and to provide the best care. One staff member said, "The registered manager wants people to have the best care, that keeps people as individuals and so they don't lose who they are." Another staff member commented, "The registered manager has really turned the home around from what it was."
- Where the registered manager had identified some poor care practice on a night visit earlier in the year. We saw they had addressed this with staff and conducted further night visits to ensure improvements were made. Staff meeting minutes showed good practice was also recognised and valued. There was an employee of the month award that staff could all nominate someone for.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 understood their role as a registered manager and had notified CQC of incidents as required. They were aware of the need to display their inspection rating on the provider's website and at the service. The home had won an award from the provider for outstanding customer service in 2018 out of the provider's 112 homes.

- There was visible leadership and management presence at the service. There was an organisational structure in place and staff understood their roles and responsibilities. Regular meetings were held, for day and night staff and information was shared to ensure good communication across the home. Staff told us there were regular visits from regional teams and they felt supported by the organisation. One staff member said, "Things have really improved. It used to be an awful place to work but it is so much better now."
- The registered manager had a good understanding of their responsibilities under the duty of candour and we saw they were open and honest with families when things went wrong. They looked to identify any learning from any incidents or accidents.

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

- The home used a range of methods to engage and involve people and their families. This included relatives and resident meetings, a monthly newsletter, surveys and a page on a social media site that provided regular updates. Feedback from meetings and surveys was mostly very complimentary. We saw if an issue was raised it was acted on, for example a problem with access to the building at certain times had been resolved by ensuring there was a staff member based there. The home had an open-door policy to families and visitors, who were free to visit at any time and invited to take part in activities. The registered manager had gathered feedback from relatives following the dementia training session to understand their views and look for any improvements.
- The relatives survey from December 2019 highlighted that relatives saw the efforts the home had made to link to the community, to provide them with chances for feedback and activities as among the three strongest areas about the home."
- Staff were complimentary about the registered manager and said they found him approachable and supportive and ready to listen to ideas about changes or improvements. One staff member said, "He talks to staff and listens. He will say let me see what I can do and will come back with solution." Staff told us the manager dealt promptly with any concerns. One staff member commented that the registered manager had listened to staff feedback about what they would like for a Christmas celebration and acted on it to change plans.
- A written comment from a voluntary organisation who supported the home with activities read, "It has been our privilege to see how the staff at Echelforde treat the residents with such care and respect and this has given us a deeper understanding of the effects of dementia an Alzheimer's"

Continuous learning and improving care

- There was a system to monitor the quality and safety of the service. The registered manager had created a strong culture of identifying and learning from any issues to improve the care provided. People's health risks were monitored and care plans checked to ensure any changes were identified. A staff member told us, "The manager is always checking the care plans and thinking about how we can make them more personal for each person."
- Regular audits were carried out across aspects of the service such as medicines, infection control, health and safety and care plans. Where audits had identified an issue, we tracked to check this had been addressed.
- The provider monitored key areas of performance and care through an electronic dashboard. They carried out their own audits to check for progress or any deterioration at the home. Monthly quality assurance and health and safety meetings checks for any trends in accidents and incidents and notifications, the home had its own improvement plan of any issues gathered from the audits and feedback.

Working in partnership with others

- The home had developed good working relationships with health professionals and other organisations to

improve people's care. The registered manager had been proactive in developing a role for the home within the community, with links with local voluntary groups, schools, a local college and the baby and toddler groups which enhanced the experience of all those involved. Feedback from the college stated how important the experience of coming to Echelforde was for students to learn about people with different needs and helped students develop compassion."

- The home ran an open to all community dementia café every afternoon and offered day care as an option to the community. There were strong community links with local shops and resources. People maintained their independence through access to community resources such as the local dentist and doctor where it was possible to do so.