

Dystlegh Grange Limited

Dystlegh Grange

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Dystlegh Grange is a residential care home providing personal care to 29 people aged 65 and over at the time of the inspection. The home is registered for up to 40 people. Accommodation is provided in single suites which contain private kitchen facilities and en-suite bathrooms. 18 suites have separate lounge and dining areas. All suites have either balconies, outdoor space or Juliette balconies, enabling access to outdoor space or air.

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

Without exception, everyone we spoke to talked about the outstanding care and staff at Dystlegh Grange. Everyone was proud to live there and had actively chosen to move there. They felt a sense of purpose and led active and fulfilling lives due to the exceptional environment, support and approach of staff members. They felt in complete control of their care and able to contribute to the running of the home. Furthermore, they felt through some of the research that they were contributing to the care of the future. People's experience was summed up by two people who said, "It is outstanding here. The standard of carers is the best thing" and "It's like a five-star hotel. Excellent environment".

Professionals also spoke extremely highly of the home and how the home was able to support people to have excellent outcomes. The exceptionally good record keeping enabled people to access primary healthcare services quickly and ensured excellent continuity of care and be supported until the end of their life extremely well in an individualised way.

Everything in the home was led by the people living there and staff saw their role as supporting people to live their life in a way they were happy with. One staff member summed it up, "Here is much more than a care home. It is a collection of people's individual homes." Staff had excellent knowledge of people which enabled them to support people in highly individualised ways from finding activities which increased their emotional wellbeing, to encouraging mobility or supporting people with nutrition.

People felt very safe and that they were involved in all decisions within the home. They were supported to maintain their independence whilst being supported to take positive risks to live full and active lives. People had a say in the staff who worked in the home and who supported them.

Staff had access to excellent training. Champions had been identified to improve and build upon different areas of care by looking at best practice and how this could benefit people in the home. Both staff and people living in the home were champions. They had arranged helpful information sessions to people and sourced equipment, both of which had benefited people and their relatives.

The environment was designed to let in as much light as possible and connect people to one another and the external environment whilst providing space for privacy and quiet time. Suites were personalised and bespoke adaptations to suites were made to individual's specifications either prior to them moving in or as

their needs changed.

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 home supported this practice.

Strong relationships were formed between staff and people due to the continuity of staff and exceptionally caring approach of staff members. Everyone spoke of how staff went above and beyond to ensure that they were happy and comfortable in the home. One relative summed up many people's comments. They said, "I am absolutely certain that my [relative] would not be here today if it was not for their excellent facilities, deep understanding of the needs of older people and true awareness of my [relative] as a person, this is supported by what I truly believe to be genuine friendship, which exceeds expectations."

Activities were initiated and led by the people living in the home around their individual interests and preferences. They often would arrange clubs themselves or ask staff to support them to undertake activities. Outings were facilitated by staff as per people's suggestions and people were encouraged and supported to continue activities outside the home as well as community involvement.

Any minor issues within the home were dealt with prior to becoming complaints, however everyone felt that their views were respected, and they could offer feedback on the home which would be respected and acted upon.

Relatives of people who had recently passed away described the staff as going above and beyond their expectations in terms of end of life care. One professional described the end of life care as exemplary. All staff were trained in end of life care and the home was accredited and prided itself on ensuring people had a very dignified and positive death.

The registered manager was also the company director and had been in post over 35 years. Their passion and commitment shone through every aspect of the home and was mirrored by their staff team. Professionals, staff, relatives and people living in the home spoke so highly of the care, compassion and dedication of the registered manager. Many people living in the home felt they were part of his family.

This commitment was shared by the whole staff team who strove to achieve excellence in all that they did in order that people living in the home received the best quality care. The comments received from people and relatives reflected that they had achieved this aim and vision.

The registered manager was driven to achieve excellence in all aspects of the home environment and care of people living there. They were part of numerous local initiatives, accreditation schemes and pilots as well as contributing to research. They attended all the local meetings and collaborations and were continually looking for improvements and how they could assist people to maintain a fulfilled and excellent standard of living.

The home was very open, had strong links and was integrated into the local community. It hosted several community events throughout the year and made rooms available for local charities. The home had made its defibrillator available to the local community, so the community always had access to one. 'Friends of Dystlegh Grange', were people who stayed on respite or relatives whose loved one had passed away, who continued to be invited back to the home to join in events and celebrations.

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 outstanding (published 6 December 2016)

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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Dystlegh 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 was carried out by one adult social care inspector, an assistant inspector and an Expert by Experience on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was completed by one adult social care inspector.

Service and service type

Dystlegh 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.

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

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 looked at the latest Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority to ask for their views on the service. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, the care manager and senior care manager and four members of care staff. We spoke with eleven people living in the home and four of their relatives. We also spoke with two visiting health professionals. We looked at four people's care records, three staff files, medication records as well as records relating to the management of the home. We looked around the home to ensure it was a clean and safe environment. We made observations of interactions between staff and people living in the home.

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 remained good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- The service was involved in "More than Meds" initiative with the local GP surgery. This was a patient support initiative to provide socially based activities to reduce social isolation and reliance upon medication. People reported enjoying this initiative and had been fully involved and offered suggestions at how this could be improved in the future. They had contributed fully in shaping future services, in turn improving their emotional wellbeing and sense of purpose. The GP reported that medication for low mood was infrequently used at the home.
- Medications were stored safely, and we saw from records that people received their medication at the prescribed times. Audits were completed twice daily to ensure errors were detected at an early stage. An external audit concluded, "the systems and processes in place allow the provision of outstanding care and support for residents".
- Staff administering medication were trained and underwent checks on a regular basis to ensure they knew how to administer medication safely.
- The registered manager ensured that medication was reviewed regularly and helped support people to reduce their medication, helping to achieve good outcomes. People were supported to self-medicate to maintain independence and records were very clear on what level of support people required with their medication.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern. One person told us, "I feel very safe because it is a community and if I fall, I use my buzzer and they come straight away".
- People were involved in discussions around keeping themselves safe. At the request of people living in the home, safeguarding information had been gathered and discussed around phone scams. A further session was booked to look at internet safety in order that people felt safe using their technology within the home.

Assessing risk, safety monitoring and management

- There was an open-door policy. There were no keypads on the doors and people had free access into and out of the home. People signed to say they agreed with this policy when moving into the home. This enabled them to move freely in and out of the home. Some of the suites had external access, so visitors could access these directly, meaning people had a sense of control and independence.
- There was a positive approach to risk taking and people were fully involved in decisions about how known

risks were managed. The service had introduced a falls champion. This is a member of staff who kept falls under review, worked collaboratively with other healthcare professionals and kept abreast of best practice in this area. As a result, a falls cushion had been purchased, which meant people, where appropriate, could be assisted following a fall without having to wait for other health professionals to attend the home.

- Falls were kept to a minimum, however an information session for people was booked with a healthcare specialist to look at how they could keep themselves safe and reduce their risk of falls.

Staffing and recruitment

- People in the home were fully involved in the recruitment of new staff. They formulated the values they wanted to see in staff that were used within the recruitment process. Following a values-based interview with the registered manager, potential staff were required to complete a shadow shift. Following this shift, feedback was sought from people in the home as well as the applicant before a decision was made to recruit this person. This led to reduced staff turnover and consistency of staff. One person told us, "The staff are handpicked".
- There were enough numbers of staff to provide safe, consistent care that met the needs of the people living in the home. Staffing was adjusted and increased if people wanted a staff member to attend external meetings or events with them.

Preventing and controlling infection

- The environment was exceptionally clean and well maintained.
- Infection control champions attended numerous meetings within the local area to ensure the home were up to date with the latest technology and practice in this area. The service had won an award for being involved in an initiative on Care Home Hygiene.
- The home had purchased the latest technology in terms of laundry and room sanitisation to reduce the risk of infection. People had been involved in an information/training session of handwashing, again to reduce the risk of infection. This resulted in the home having no infections or outbreaks since the last inspection.

Learning lessons when things go wrong

- All accidents and incidents were clearly recorded along with the action taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to minor issues through to more significant incidents.
- Where adverse events happened in the home, a critical event analysis was carried out and learning shared with all staff members and if appropriate with people 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Everyone told us that the food was excellent, and they had choice of any meal. There were numerous dining areas throughout the home. The inspection team observed mealtimes and they resembled fine dining in terms of presentation of the food, environment and service. People told us, "The food is excellent and the vegetables superb".
 - People were supported to host visitors within their own suite or in other communal parts of the home. One person told us, "You have the opportunity to invite friends to stay for the night or for a meal". One person had hosted a dinner party in their suite and staff had supported them. One of the visitors had sent the person a thank you card, rather than staff which showed the skill staff had demonstrated in ensuring it was clear that the person was hosting it rather than them.
 - Staff ate with people living in the home and were able to quickly identify where anyone had a change of appetite or appeared unwell. For instance, one relative told us despite loved one's appetite reducing, due to the attention and quick intervention of staff, they had not lost any weight. They said, "The care of staff is phenomenal, they pay a lot of attention to detail and look for solutions".
 - Staff talked about creative approaches to encouraging people to eat and drink where this became a problem. For instance, staff sat with and sang a certain song to someone which ended in tea, this encouraged the person to drink more. When staff delivered drinks to another person, they would sit with them and say 'cheers', again this encouraged this person to drink.
 - Food, snacks and drinks were available for people to help themselves in different areas throughout the home, not only encouraging people to eat, but to increase their mobility and social interaction. Baking was hosted each week in one of the communal areas. People could join the chef in baking and sharing recipes.
 - Supper nights were held regularly in the function room of the home. The room was decorated as a bistro and people got dressed up. This was particularly important for people who could no longer go out, but still have the same sense of occasion. They could also invite their family members or friends to join them.
- Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- The home had received numerous compliments from healthcare professionals about the exceptional and outstanding care. Without exception, they praised the skills and knowledge of the registered manager and staff. One healthcare professional said, "It's absolutely sensational here, the care is brilliant. If anyone needs to be seen, staff will bring them, everything is there: documents, samples and observations, which reduces the amount of times they need to be seen by health professionals as we can assist much faster. If

prescriptions are given after hours, the registered manager will attend the nearest out of hours pharmacy to ensure the person gets their medication as soon as possible".

- The home had detailed medical files for each person. Professionals commented this meant people had faster access to primary medical services, who were able to diagnose and treat people faster. For instance, the home had the latest technology for assessing urine samples. If people were attending the surgery, this would have been tested and would help the GP eliminate or diagnose infections quicker.
- The tissue viability champion updated staff with the latest research and knowledge. Close monitoring of any pressure damage was undertaken, and action taken to prevent further problems. Records showed where areas of concern had been detected, none had resulted in pressure sores due to the swift action taken by staff.

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

- Extensive planning was completed before a person was admitted to the home. Family members and significant others were involved in the entire process. For example, two suites were adapted to a couple's bespoke requirements prior to them moving in create one interlinking suite. This meant they could continue living together whilst having space to receive personal care with dignity.
- Staff embraced people's abilities and the importance of using their experience and expertise to improve the home. For example, two people within the home put themselves forward as dignity champions. They looked at best practise alongside staff. As part of their role, one person was now ensuring that others within the home were not isolated and this in turn gave them a sense of purpose and a role within the home.
- The home took part in several initiatives, accreditation schemes and research projects, often including the people living in the home. Best practice was used to maintain and improve the standards.

Staff support: induction, training, skills and experience

- Staff received a variety of excellent training. They completed shadowing prior to starting employment in the home to ensure they were the right fit for the home and demonstrated the values identified by people living the home. Time was set aside for staff to complete learning and they felt fully supported with this.
- Recently introduced champions roles enabled experienced staff to gain more responsibility and knowledge. For instance, the dementia champion had sourced dementia awareness sessions with a specialist, specifically for relatives. The feedback from relatives was excellent that this had been extremely informative and given them space to ask questions in a safe environment.

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

- The suites were personalised, individual and contained people's own belongings and furniture. Where people's needs changed, the home adapted their surroundings to their bespoke needs. For instance, one person could no longer access their balcony due to using a walking frame. The home was in the process of fitting lowered patio doors and installing higher decking, to ensure continued independent access to the outdoor space.
- The environment was designed with people's physical and mental wellbeing in mind. People had access to a variety of communal spaces that prioritised natural light and exposure to outdoor views and space. People could seek out quieter areas, but they were designed in such a way that they remained linked to communal noise and activity to prevent feelings of isolation.

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.

- The staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible. Where necessary, mental capacity assessments were completed, and best interest decisions recorded involving the necessary representatives and professionals.

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 outstanding. At this inspection this key question has remained the same.

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 relatives provided exceptional feedback about the way they were treated. One person said, "The staff are caring and go above and beyond". Another person said, "You feel you are part of the manager's family and he never intrudes. It is such a caring place".
- There was an exceptionally strong and visible person-centred culture with staff going out of their way to ensure that people were respected as individuals, for the role they had played in society and continued to play. Staff adapted care and support to maintain these interests, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and reduce social isolation.
- Most staff had worked in the home for a long time as had a few people living there and had developed exceptionally strong relationships with people. They shared their lives with one another. People's children and grandchildren often visited the home as did staff's children and grandchildren. Both people and staff took an active interest in one another's lives and relationships were forged both ways. One person told us, "[The registered manager] is more like a friend who I can talk to in confidence not like a manager". Another person told us, "They are more like family than carers".
- Staff went the extra mile for people. For example, buying flowers for people on important anniversaries when they knew people may need extra emotional support. The registered manager accompanied people to all healthcare appointments and hospital appointments and visited them every day during any hospital stays. One relative had written about how important this was for them and their loved one. They said, "My [relative] and I both appreciated that you personally got up in the middle of the night to see them off in the ambulance and personally came to see them on the days that followed. This was very important for my [relative]". It was clear staff were extremely dedicated and passionate about people.
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and individual caring banter between staff and people in the home. All staff, including kitchen and maintenance staff frequently sat with people at mealtimes and other points in the day making for an inclusive and positive atmosphere.
- The equality and diversity champions identified that whilst everyone currently living or visiting the home felt it was warm and welcoming, they wanted to ensure that people from the LGBT community felt welcome. They had sourced information sessions and signed up to the accreditation scheme with Silver Rainbows. This is an accreditation scheme to ensure that care homes are inclusive for the LGBT community.
- The registered manager recorded DVDs of all the events and created a special one for New Year's Eve

recognising the events, people who had passed away and people's families' achievements. This included staff and people to create a sense of family and inclusivity. People spoke of enjoying watching these and we saw one DVD being played during a coffee morning. It stimulated conversations and laughter as people saw themselves on screen and created new memories of events that had happened within the home.

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

- People and relatives were treated as active partners in their care. They provided information to the home which helped improve their lives. There were numerous examples where the person's wellbeing had increased after moving into the home. One person told us, "I feel tons better since being here, I have no worries anymore. It's a lovely feeling of friendliness".
- Weekly meetings took place with the registered manager to discuss how people could be involved in the home. People felt they could contribute both to the running of the home and events within the community. One person had been encouraged by staff to take part in a local community event which they had been involved in during their past, as they had been low in mood. We saw the transformation in this person's demeanour when this person was leading staff in making things for the event. They were full of confidence and purpose.
- The home contributed to multiple local charities through coffee mornings and events. People and relatives chose the charities that the home raised funds for and participated with. This gave people a sense of empowerment and included them in the managerial decisions of the home.

Respecting and promoting people's privacy, dignity and independence

- People were well supported to be as independent as possible and keep their skills. Staff saw their role as respecting people's individuality and doing everything possible to support people to be happy and comfortable. Relatives and people spoke of staff being very discrete with their support, so people did not feel dependent and staff did not take over. One person told us, "There is a sense of freedom here. The girls [staff] know what I like, and no-one hems you in". Another person said, "You can be on your own here, or you can be with everyone".
- We witnessed members of staff knocking on doors and waiting to be allowed access to people's suites. Suites were designed with privacy in mind, so staff did not immediately enter someone's personal space and had a moment to realise staff had entered their suite.
- Staff knew people well and knew how to promote their individual physical and mental wellbeing. Goals and strengths were recorded in care plans and what support people wanted to achieve their independence goals. For example, one person liked to garden, and they were supported to do so, and another person wanted to be encouraged with their mobility to walk to and from the bathroom each day.
- Staff told us how they thought about people when not on duty and how they could further improve their quality of life. For example, staff had brought in things from their holiday as they knew someone previously holidayed there. This had stimulated memories and conversations.

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.

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 told us they were supported and encouraged to develop and maintain relationships with people that matter to them. For example, one relative wrote, "It is terrific that they can invite their friends over for a meal or to play bridge – both of which contribute very positively to their wellbeing and to keeping them mentally alert and engaged". Another relative wrote, "You have enabled us to have a meal together which given my [relative's] mobility would have been almost impossible to arrange outside". Someone else told us, "You feel at home, you can relax. Any friends can come and visit or stay for lunch and they are made to feel very welcome".
- 'Friends of Dystlegh Grange' included people who had stayed at the home for respite over the years and families. Staff explained that these individuals were invited back to the Grange for lunches and events. We spoke with people who attended an event during our inspection who had been welcomed back with hugs and smiles. One person told us, "I'm invited back to all events. I have been staying for a few years and the care is wonderful. I cannot fault it, it is like staying in a five-star hotel. The staff are so kind, that's what makes it so special. As I walked in today, everyone waves and kisses me and is happy to see me". Another person told us, "We've popped in for lunch today. When our relative lived here, we could pop in, you don't have to give notice, there were no restrictions".
- People were offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside the home. Staff supported people to attend clubs externally or visit friends. People led the activities programme. For instance, one person was responsible for initiating a bridge club, another had links to the local library and arranged for 'books on wheels' to visit the home. People told us they could request any activities or outings and staff would try to facilitate this. They told us, "Anywhere you want to go, and they usually sort it". Another person told us, "There is plenty to do, sometimes it is hard to fit everything in".
- People were seen as individuals with something to contribute and encouraged to take part in community activities, as well as research projects. People had taken part in research on reducing social isolation with the local GP surgery and on sense of purpose with the local university as well as attending other meetings and contributing to research initiatives. This gave people self-worth and increased confidence.

End of life care and support

- Care for people at the end of their life was bespoke and very responsive. The end of life champion looked for best practice and all staff were trained in palliative care and the home was accredited in Six Steps to

Success End of Life Care Programme.

- Staff and the registered manager were keen to provide the best care they could. For example, the registered manager often made DVDs with people's favourite music and images of places they had visited to have in the background. Thought was given to the view people could see and bedroom furniture was rearranged to accommodate this. Nothing was too much trouble. Relatives could stay for any length of time.
- No-one at the time of our inspection was at the end of their life, however we saw details were clearly recorded about people's wishes as well as their relatives' thoughts.
- We saw thank you cards from people who had recently passed away. One relative wrote, "Thank you for the exceptional and personal attention you all provided through my [relative's] time and in particular during their last days, you all went far and above what we could have asked for". Another relative wrote, "Words cannot express our gratitude for your care and attention to detail. It is truly quality, exceptional care". Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- The home's care and support of people was very person-centred. Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal history. They were a comprehensive overview of people's needs and included small details of their preferences. Staff had a very good understanding of these needs, the risks associated with these and how to reduce them. One relative wrote, "One of the team enjoys pop music like my [relative]. My [relative] talks about how she gets a little performance of disco from them every time they visit and relates this to me with glee!".
- People felt that they had complete control over their care plans. One person told us, "I have seen and discussed my care plan with them. They always try to do what they can and always do what they say". Another person told us, "They always take an interest in what we do". Someone else told us, "We would have to go a long way to find anywhere like this".

Improving care quality in response to complaints or concerns

- Staff and people felt confident to provide feedback to the management team about their experiences and told us they were very happy to do so. One person told us, "It is very well organised, and [The registered manager] is always approachable, he always listens".
- There was a comprehensive complaints procedure located in people's rooms and provided when they moved into the home. The registered manager dealt with concerns and these were rarely escalated to formal complaints. We saw this was because all feedback was taken seriously and acted on promptly.
- Staff were accountable and took responsibility if there were errors or mistakes and looked at how things could have been handled in alternative ways.

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.

- The home identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For instance, several people requested large print of crosswords and these were provided.

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 now improved to outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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 had a proven track record of achieving outstanding care and outstanding outcomes. At this inspection, we found the home had maintained and further improved outstanding features relating to the environment, person-centred care, activities and independence and managing positive risk taking found at the inspection in 2016. This demonstrated the leadership and management was exceptional as this level of care had been sustained over this time.
- People, relatives, staff and health professionals said the home provided excellent care and the management were exceptional and distinctive. A health professional told us, "This is outstanding, it's delight to come here. [The registered manager] is an inspirational leader for the organisation". Another professional told us, "One of the things that strikes me is that [The registered manager] is always around and always knows exactly what is happening with every individual. He is always looking at how he can make it better."
- We observed an extremely person centred, warm and inclusive atmosphere in the home. A staff member said, "The Grange supports my belief that everyone is treated as an individual, being supportive when needed, but not to become reliant on, to treat everyone with dignity, respect and how I would like to be treated".
- Staff were highly motivated within their roles and there was a culture of nurturing talent. Staff members were keen to tell us about their increased responsibilities in relation their champion roles and they spoke with passion about their respective specialisms. There was a strong commitment to equality and inclusion with a strategy in place to support staff members with disabilities. One staff member with a disability told us about the support they had received from staff and management that enabled them to do their job effectively.
- There were a well-defined set of values which had been developed by the people living in the home which sat alongside the vision and ethos of the home. These were used in recruitment of staff and ongoing monitoring of staff performance. The home had introduced self-management audits for staff to evaluate their own performance against these values which were discussed in their appraisal to help inform their professional development over the next year.

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

- Governance was fully embedded in the running of the home. There was a strong focus on continuous improvement being maintained. Since the last inspection, the champion roles which had been introduced, formed part of the succession planning for the home. The registered manager had been in post for over 35 years and wanted to ensure the ongoing success of the home.
- Relatives and health professionals told us the home was continually looking for ways to improve and problem solve. One relative told us, "They always talk to me about solutions and it's their little attention to detail". One professional said, "The team of managers and carers at Dystlegh Grange provide exceptional co-ordination of people living with increasingly complex health care needs".
- A comprehensive range of audits and checks were undertaken by the management team, which were highly effective in maintaining a very high performing organisation. The managers all spent time working alongside staff modelling and demonstrating high standards of care.

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

- People were fully involved and led the home. They were involved in the recruitment of staff in a meaningful way. They felt the staff enabled them to retain their independence and they supported every aspect of their lives to enable them to continue to live them as fully as they wished.
- People's and staff champions were looking to improve how the home celebrated diversity. The home had recently been listed as one of very few in the country on the Vegetarian for Life website as being able to cater for vegans and vegetarians. They already acknowledged several festivals and events; however, they were looking to improve this and had signed up to the Silver Rainbows accreditation scheme.
- Staff felt their diversity was celebrated and some staff with protected characteristics told us how welcomed they felt in the home and what support they had received from management so they could fulfil their roles fully and continue to develop.

Continuous learning and improving care

- People felt they were contributing to their own care and future care at the home. The home had been awarded status as a Research Ready Care Home by the National Institute of Health Research and several people had recently taken part in a project with Manchester University looking at meaning and purpose in their lives. People had taken part in local GP initiatives, 'Fit for Frailty' and 'More than Meds' and they had shared thoughts on how the initiatives could be improved which were being acted upon.
- The registered manager was extremely proactive in sharing good practice with others, their success in helping people achieve outcomes was shared with other managers to help improve health and care outcomes in other services. They attend numerous forums to share this practice and had taken part in several pilots that were successfully rolled out across the area.
- There was a strong focus on learning from incidents and adverse events. For example, we saw where things had not gone as well as they could, the home had analysed in detail what had not gone well and what measures needed to be put in place to improve the quality of care.

Working in partnership with others

- Health care professionals were extremely complimentary about the very strong and valuable relationships that had been formed and continued to ensure a high level of continuity of care for people.
- The home had extremely strong links with the local community and people felt fully integrated into the local community. They hosted events and encouraged relatives or people who stayed on respite to continue to use their facilities. They engaged fully with community events and one person had re-established their links with a community event they had previously taken part in and was working on this project during the inspection.
- One person had requested the home purchase a defibrillator. Its use has been extended and registered for

the local community, and they now have access 24/7 in the local area.

- The home acted as a role model and were happy to share their good practice. The management team and people in the home had contributed to Clinical Commissioning Group Care Home Initiatives, whose findings were then shared locally and nationally. People in the home had been asked to contribute to the work of Healthwatch and they had contributed to several research initiatives which informed the current and future state of social care.