The Partnership In Care Limited

Prince of Wales House

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service was last inspected on 03 June 2013 and at the time was meeting all regulations assessed during the inspection. This was an unannounced inspection, which meant the provider did not know we were coming.

Prince of Wales House is a residential care home providing personal care for up to 49 older people. The service also provides specialist care for people living with dementia. There were 46 people living at the service when we visited.

Summary of findings

A registered manager was in post. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

There was a strong and visible person centred culture in the service. (Person centred means that care is tailored to meet the needs and aspirations of each individual.) The vision of the service, 'Everyone who comes through our doors will be included in our home and supported to feel safe, secure and wanted' was shared by the management team and staff. The registered manager had introduced a new model of working, referred to as the 'whole team approach'. This meant that all staff had a shared responsibility for promoting people's wellbeing, safety and security. We saw that this 'whole team approach' was at the heart of the service provided, enabling people to have a full and meaningful life.

Staff described working as one big team, and being committed to providing care that was centred on people's individual needs, which had created an environment that was much more vibrant, and friendlier. Staff told us that the management team were very knowledgeable and inspired confidence in the staff team and led by example.

The provider had systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Specific care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed the situation in a consistent and positive way which protected people's dignity and rights. A thorough recruitment process was in place that ensured staff recruited had the right skills and experience and were safe to work with people living at the service. Staff rotas showed that there was consistently enough staff on duty to keep people safe.

We found that the care planning process centred on individuals and their views and preferences. 'My Story' booklets gave a detailed biography of the person's life so far. Staff told us that these were being developed further to encompass people's current interests and relationships because their lives did not stop when they moved into the service. Staff were finding creative ways to support people to live as full a life as possible and to enhance their wellbeing. There was a welcoming and friendly atmosphere in the service with a real 'buzz' of activity.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

People were able to discuss their health needs with staff and had contact with the GP and other health professionals, as needed. People were protected from the risks associated with nutrition and hydration. People spoke positively about the choice and quality of food available. Where people were at risk of malnutrition, referrals had been made to the dietician for specialist advice.

The service had innovative ways of ensuring that staff received the training they needed to deliver a high standard of care. Staff had been trained and appointed as 'champions'. Champions were staff that showed a particular skill or interest in dementia, promoting people's dignity, reducing falls, end of life care and infection control and acted as role models for other staff. Staff told us that they had received a lot of training. One member of staff highly praised the provider for the training it offered to all their staff.

The service had a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, which clearly stated how they wanted to be supported during the end stages of their life. A staff champion had been appointed taking a lead on promoting positive care for people nearing the end of their life. A visiting district nurse described the service as, "Absolutely wonderful and genuine place. The service is well-managed and the staff have a good attitude, they are always upbeat, very helpful, approachable and friendly."

Summary of findings

There was a strong emphasis on promoting and sustaining the improvements already made at the service. The provider was a member of several good practice initiatives, such as the Dementia Pledge, University of Bradford and Stirling Dementia Resources, Social Care Institute of Excellence, My Home Life and Dignity in Care.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Summary of findings

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. The provider had systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. People and their relatives told us this was a very good service and that it was a safe place to live.

Where a person lacked capacity to make decisions we saw that the Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times, to meet the needs of the people who used the service.

Is the service effective?

Outstanding

The service was effective. People, their relatives and health professionals told us that care at the service was excellent and that the staff were kind and caring.

The registered manager used innovative ways of ensuring that staff received the training and support they needed to deliver a high standard of care to people. Staff champions for designated roles had been appointed providing leadership for other staff.

Suitable arrangements were in place that ensured people received good nutrition and hydration. People were supported to maintain good health and had access to appropriate services which ensured people received ongoing healthcare support.

The environment had been arranged to promote people's wellbeing. Staff worked creatively to best use the space to support people's independence and personal identity.

Is the service caring?

Good

The service was caring. Staff had an excellent approach to their work. People and their relatives were enthusiastic about the care provided. People told us that staff were very caring and respected their privacy and dignity.

Staff were highly motivated and passionate about the care they provided. They spoke with pride about the service and the focus on promoting people's wellbeing.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

The service had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate way.

Is the service responsive?

Good

The service was responsive. People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

Summary of findings

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing. Staff were creative in finding ways to support people to live as full a life as possible.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Outstanding 

The service was well led. The registered manager had developed a strong and visible person centred culture in the service. Staff were fully supportive of the aims and vision of the service.

There was a strong emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the management team were very knowledgeable and inspired confidence in the staff team and led by example.

The registered manager continually strived to improve the service and their own practice. Systems were in place to monitor the quality of the service people received.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Prince of Wales House

Detailed findings

Background to this inspection

We visited Prince of Wales House on 09 July 2014. The inspection team consisted of one inspector and a specialist advisor with expertise in dementia care.

We reviewed the Provider's information Return (PIR) and previous inspection reports before this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people, four relatives, a person's friend and a health professional who was visiting on the day of our inspection. We spent time observing the care people received and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

We looked at records in relation to six people's care and medication. We also spoke with seven care staff, the deputy and registered manager. We looked at records relating to the management of the service, staff training records, and a selection of the service's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives described the service as very good. One person visiting a friend told us, "I visit once a month and my impression of service is very good, I definitely feel that my friend is safe and well looked after." A relative commented, "From what I have seen I feel that my (relative) is safe, there is enough staff. The staff are very kind, caring and respectful of my (relative's) dignity and privacy."

People were safe because systems were in place reducing the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Specific care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed the situation in a consistent and positive way, which protected people's dignity and rights. These plans were being reviewed regularly and where people's behaviour deteriorated we saw that referrals were made for professional assessment at the earliest opportunity. For example, one person's care records showed that staff had noticed subtle changes in their behaviour and suspected that this was early signs of dementia. Their care plan showed that their behaviour was being monitored and an appropriate professional assessment had been sought. Staff confirmed that they had attended training to recognise what could cause people's behaviour to change and techniques to manage these behaviours.

Incident forms were completed following episodes of behaviour that was challenging. These forms described the event, what was good, what had not worked so well and what else could be done to lessen the risks of future episodes occurring. For example, an adverse event form had been completed when an individual was agitated because they could not get out of the front door. Entries showed that staff had managed the situation well and had encouraged the individual to calm down. Following this incident the registered manager made a referral to the local authority for an application under the Deprivation of Liberty Safeguards (DoLS) to be considered.

The registered manager had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Following new guidance the registered manager had made four DoLS applications to the local authority to ensure that restrictions on people's ability to leave the home were appropriate. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

Staff rotas showed that there was consistently enough care staff on duty with the right competencies and experience to keep people safe. The service also employed five activities coordinators, a catering team and ancillary staff responsible for keeping the service clean and in good repair. The registered manager informed us that all staff had been given training to support a 'whole team' approach which helped to promote people's wellbeing, safety and security. We found that this approach was at the heart of the service provided. Seven staff spoken with including care staff, catering, maintenance and activities were clear that their overall responsibility, irrespective of their roles, was to ensure that people who used the service were enabled to have a full and meaningful life.

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. Three staff files looked at contained relevant information, including a Disclosure and Barring Service (DBS) check and appropriate references, to ensure that these staff were safe to work with vulnerable adults. The DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The registered manager informed us that they used volunteers and provided placements for high school students, which enabled young people to experience working in care settings. The service also offered

Good

Is the service safe?

placements to student social workers via universities. Before these people started helping in the service we saw that DBS checks had been undertaken to ensure people's safety.

Before we inspected this service we received information via the local authority safeguarding team, raising concerns about medication practices in the service. We looked at the systems in place and found that the provider had safe arrangements in place for managing people's medicines. Medicines, including controlled drugs were stored securely and safely. A medication file was in place for each person listing their medication and information sheets which alerted staff of the common side-effects. We looked at all the Medication Administration Records (MAR) charts and saw that on the day of inspection these had been completed correctly. We observed that staff supported people to take their medicines appropriately and explained to them what medicine they were taking and why.

The deputy manager conducted monthly medication audits, including the MAR charts, to check that medicines were being administered appropriately. Staff checked the MAR charts at each shift change to identify any errors or omissions so that these were dealt with immediately. The controlled drugs book was in good order and medicines were clearly recorded. The pharmacist had provided medicine training, additionally all staff had attend the provider's safe management and administration of medication training. The deputy manager also provided in house training for staff on medicines and their side-effects. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

Outstanding ☆

Is the service effective?

Our findings

People and their relatives were very complimentary about the staff. One person commented, "I am very happy here, the staff are very kind to me." One relative told us, "I feel that the service is well managed, the staff appear to work as a team and the end result is that my relative receives a good service." Another commented, "Staff are kind and caring and from what I have observed respectful of people's dignity." A friend of a person using the service told us, "My impression of service is very good, I definitely feel that my friend is safe and well looked after,"

The provider had a comprehensive training programme in place. The registered manager had used innovative ways of ensuring that staff received the training and support they needed to deliver a high standard of care. They told us that through observation and supervision they identified staff that "naturally shine" in certain areas. For example, a member of staff who had a good way of supporting people with dementia, had attended specific training and had subsequently been appointed as the dementia champion in the service. Other champions for dignity, falls, infection control and end of life care had also received training. These staff acted as role models for other staff, supporting them to ensure people experienced the best quality of life.

The registered manager told us that they had an amazing and experienced staff team with a lot of knowledge to share. For example, a member of staff had diabetes which they managed through their diet. This member of staff had provided invaluable training to staff based on their own experiences, which had ensured staff understood the implications when supporting people to manage their diabetes. Staff told us that they had received a lot of training. One member of staff described the training as "Phenomenal" and highly praised the provider for the training it offered to all their staff. They confirmed that in addition to mandatory subjects they had also completed training in dementia, end of life care, diabetes and person centred care planning training to support the ethos of the service enabling people to live the life they choose. Additional training had been provided by the deputy manager covering common physical conditions associated with old age, including how to complete risk assessments where people were at risk of malnutrition or developing pressure ulcers. The registered manager stated that they measured the success of their training programme by the number of staff who were either internally promoted or left the service to further their careers.

New members of staff had a three month induction period. During this period staff told us that they received regular supervision and at the end of their probationary period they had a meeting with the registered manager to test their knowledge and suitability for the role before being offered a permanent position. One new employee told us that they had worked with more experienced members of staff so that they got to know people and how they preferred to be supported. They told us that this had been very helpful and had given them the confidence to carry out their roles and responsibilities effectively.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at six people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

The cook told us they received training specific to their role including a national vocational qualification in hospitality, as well as food safety, healthy eating and food processing. They had a good knowledge of specialist diets. They had researched information on the internet about gluten free diets for one of the people in the service. They also provided gluten free meals for a regular visitor so that they were able to enjoy eating their meal with their relative. They confirmed they had been included in the care plan training in line with the 'whole team approach' which meant that they had direct input into people's health and wellbeing, including their nutritional needs. In line with the ethos of the service 'to create a homely place', the cook told us that all meals were prepared using fresh ingredients. They informed us that mealtimes were flexible to meet people's needs and we observed that snacks and drinks were available at any time. Snack boxes, jugs of squash and

Is the service effective?

bowls of fruit were placed about the service for people to consume when they wanted. Menus were displayed in the dining areas with the main choices, individual requests and dietary needs were catered for in addition to these.

We joined a group of people eating their meal. They spoke highly about the quality of the food and choice available. Comments included, "I look forward to meal times", "I do enjoy the meals" and "The meals are fantastic, I think I've put on a few pounds". People visiting the service commented, "The food is very good", and, "My relative really enjoys their meals". One relative commented, "I occasionally have a meal with my relative and have no complaints." Another told us, "My relative has plenty to eat and drink, there are always snacks and drinks available."

During mealtimes we saw that people had several choices of drinks, including sherry, wine, squash and water. The majority of the people were able to eat their meals independently, where people needed support, this was done discreetly by staff. Serving dishes were placed on tables, so that people were able to help themselves to seconds. Where people were reluctant to eat staff provided encouragement and support in a friendly manner, but respected their decision if they persisted. For example, one person was observed telling a member of staff that they did not want their meal, the staff offered encouragement, but took the meal away at the person's request. The staff offered the person an alternative, to which they agreed. We saw that staff respected people's individuality. For example, a member of staff was trying to help a person who was eating with their fingers. Although they offered to help, the individual continued to eat using their fingers. The staff member recognised the individual was comfortable eating in this manner and left them to eat in the way they wanted to, commenting, "Enjoy your fish".

People's care records showed that their day to day health needs were being met. People had access to a designated GP who held a regular weekly surgery for routine consultations and medicine reviews. Staff told us that the surgery was very responsive to all other requests to attend the service outside of these surgeries. Additionally, the district nurses visited the service on a regular basis for routine treatments, such as changing dressings and undertaking blood tests. Records showed that people were supported to attend other specialist services such as the diabetic clinic, audiology and dental services.

The Provider Information Return stated that the service provided specialist care for people living with dementia. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. Staff had worked creatively to best use the space to support people's independence and personal identity. There was a welcoming and friendly atmosphere with a real 'buzz' of activity. One relative commented, "The service is nice and light, with a lovely bubbly atmosphere". All communal areas were in use and had an assortment of decorations and objects to stimulate activity and engagement between people. Doors to rooms had a picture chosen by the person to help them identify their own rooms. Rooms were personalised; many people had brought their own furniture, photographs and ornaments with them. Soft furnishings were used to mask clinical equipment such as specialised beds to keep a more homely feel.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. One person told us, "I am very happy here." One relative told us, "I am very happy to have my relative here, their anxiety levels have reduced, and they appear to be relaxing and enjoying the food and being with the staff." Another commented, "My impression of the service is very good, I definitely feel that my relative is safe and well looked after, they have gained weight since being here, which is a good thing. I have no concerns about the service the staff are very good and caring."

There was a lively and energetic atmosphere in the service. We saw people being involved in the running of their home laying tables, folding laundry, and dusting. This provided an opportunity for people to feel of value and have a meaningful life. A member of staff told us, "I would definitely be happy for a relative of mine to live here." A visiting heath professional commented, "The care is excellent. People are encouraged to do things for themselves," they pointed to a person laying the table for lunch and commented, "This is very good to see, as it enables people to still have a purpose and feel useful."

Staff were highly motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room, they linked arms with the member of staff and went with them to find their room. This person's mood had changed and they appeared happy and relaxed.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. We observed a person peeling potatoes with the cook. They informed us that they enjoyed doing this each morning and would have a good chat with the cook.

We found that the care planning process centred on individuals and their views and preferences. Care plans contained, a booklet called 'My Story' which gave a detailed biography of the person's life so far. This information supported staff's understanding of people's histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life. Activities staff told us that further work was in place developing 'My Story', to encompass people's current interests and relationships because their lives did not stop when they moved into the service. In order to support this ethos the service prioritised and supported people to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service. One relative commented, "I can visit anytime and I am always made to feel welcome."

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

The service had a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, we saw that next of kin and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and where people lacked capacity to make this decision, a mental capacity assessment best interest decision had been made by the appropriate people.

The registered manager informed us that they were planning to provide a room so that relatives could stay to be with their relative at the end stages of their life. A staff champion had been appointed taking a lead on promoting positive care for people nearing the end of their life. The service also had good links with the Hospice at Home and Macmillan services, who provided support, when required.

A tree of remembrance of the people that had lived and passed away at the service was in the main reception. Additionally, in memory of loved ones who had passed away, a board of butterflies, with their names and photograph were displayed in the main dining area. Garden furniture had been engraved in memory of some and located in what was their favourite place in the garden.

Good

Is the service responsive?

Our findings

Six people's care plans confirmed that a detailed assessment of their needs had been undertaken by the registered manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. All staff had a shared responsibility for developing care plans that covered every aspect of people's life and provided a consistency in their support. These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers.

Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff. For example, we saw that where there had been a decline in one person's general health, their GP had instructed that end of life care be commenced. The care plan had been updated to reflect the care and treatment they now required.

We spoke with a visiting district nurse who told us that the service was an, "Absolutely wonderful and genuine place". They confirmed that all staff regardless of their role were involved in people's care. They commented, "The seniors and the manager muck in, and the staff are very, very caring and do their absolute best to help people. This is one of the better homes I visit." They told us, "The service is definitely well-managed and the staff have a good attitude, they are always upbeat, very helpful, approachable and friendly.

Care plans showed that people living with dementia were in various stages of the disease. The staff demonstrated a good awareness of how dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people living with dementia could still live a happy and active life. Staff were finding creative ways to support people to live as full a life as possible, this included aromatherapy, music therapy, and foot, hand and head massage known as the 'Metamorphic technique' used to enhance people's wellbeing.

One of the activities coordinators explained that their role was to provide meaningful activities, which ensured people were able to maintain their hobbies and interests. For example, a person who liked heavy metal music had been provided with a CD player and a set of headphones. Another person liked looking after birds and we saw that they had their own budgies and love birds to look after. They told us activities staff aimed to promote people's wellbeing by offering a lot of one to one time and provided examples of sitting and chatting with people, going for walks and spending time in the garden helping them to water the plants. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included dominoes, film afternoons, carpet bowls, indoor gardening and flower arranging. The activities coordinator told us that following a group session of fruit tasting a session had been planned to make jams at people's request.

Where people had chosen to spend their time in their rooms, they told us that this was their choice and commented, "I like to spend time with my own things around me" and, "I choose whether I go down stairs or not, the staff always tell me what's going on." They told us that staff frequently popped into see them to say hello and enquired if they needed anything. This ensured that people were protected from the risks of social isolation and loneliness.

The activities coordinator told us that people were supported to attend church of their denomination in the community. To support the religious wellbeing of people unable to attend church, a service was held in the lounge every Sunday using a CD of songs, hymns and prayers, followed by reminiscence session. A vicar attended the service once a month to hold communion.

We saw that people were provided with suitable equipment in order to maintain their independence, these included mobility aids, crockery and cutlery. Where people needed support to move this was provided in a dignified way. For example we observed a member of staff supporting a person to transfer using a hoist. The member of staff spoke with the individual throughout explaining what was happening in a reassuring manner.

Good

Is the service responsive?

Records showed that 11 complaints had been about the service in the last 12 months. We looked at how these complaints had been managed and found that these had been fully investigated by the registered manager and a full response provided to the complainant.

Concerns and complaints were taken seriously, explored and responded to in good time. The provider's complaints policy and procedure contained the contact details of relevant outside agencies and also gave a list of advocacy services and their contact details. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. People told us that they were comfortable discussing their experience of care with either the management or staff and that they were encouraged to do this. They confirmed that where they had made comments they were kept informed of what changes had been made.

Outstanding ☆

Is the service well-led?

Our findings

The registered manager had been in post for 18 months, during which time they had focused on developing a strong and visible person centred culture in the service. They told us that their vision was that, "Everyone who comes through our doors will be included in our home and supported to feel safe, secure and wanted." To achieve this aim they had introduced a new model of working, referred to as the 'whole team approach'. They had delivered training to all staff, about the true meaning of person centred care ensuring the focus was on each individual as a person. They informed us that this new approach had moved away from a task led service, which had given staff more autonomy. In turn this had created a happier staff team, and with this came a confidence, and richness working towards a common goal and the continued development of the service.

Our observations of, and discussion with, staff found that they were fully supportive of the registered manager's vision for the service. Staff told us that the atmosphere and culture in the service had improved since the registered manager and deputy manager had been appointed. They said that the environment was much more vibrant, less institutionalised, and friendlier. Staff described working as one big team, and being committed to the person centred approach which had greatly improved the outcomes for people living there. Staff said this was because all of the staff were on the 'same page' when supporting the people who used the service.

Staff told us that the management team were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. The registered manager confirmed that being 'on the floor' provided them with the opportunity to assess and monitor the culture of the service.

The management team and staff told us that the directors of The Partnership in Care Limited visited the service on a regular basis, providing management support and guidance, and carried out much of the training. Staff told us that the directors were also very approachable and supportive.

Staff spoke consistently about the service being a good place to work. Comments included, "I look forward to coming to work." and, "This is the best job I have ever had, I love it." Staff said that there were plenty of training opportunities, and that they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the 'Lived experience' of people.

The registered manager continually strived to improve the service and their own practice. They informed us that they were currently undertaking a Master of Arts (MA) in health and social care practice and working on a study in promotion of wellbeing in dementia. As a part of this study they were exploring the care overall at the service and measuring this in terms of people's wellbeing.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team. The results of the annual residents and separate relatives surveys carried out in 2013 were very positive. A survey conducted in May 2014 had asked people for their opinions on how the menu could be improved for forward menu planning. We saw that these choices had been incorporated into revised menus.

Soon after admission people were asked to complete a 'new resident survey' to express their views on the service they were receiving and if any changes needed to be made. A sample of these surveys showed that people had had a good experience when transferring to the service. People confirmed that they had been provided with information about the service, which had helped them decide if the service would meet their needs. They confirmed they had been involved in developing their care plan, including their preferences on how they wanted their care provided. The surveys showed that people were happy with the service, their meals, and felt that staff were friendly and treated them as individuals. Comments included, "Very good, everything I need is here, food is good, and clothes are clean." "They allow you to carry on in your own way." "It's a good place all round." "I think it's all very good, at the

Outstanding ☆

Is the service well-led?

moment I am very content with everything." "Staff are very kind and friendly." "Good staff, clean home, good food, really happy with everything." In these surveys two people had commented about not being informed of activities and saw that the registered manager had promptly addressed these concerns.

There was a strong emphasis on promoting and sustaining the improvements already made at the service. The provider was a member of several good practice initiatives, such as the Dementia Pledge, University of Bradford and Stirling Dementia Resources, Social Care Institute of Excellence, My Home Life and Dignity in Care.

The registered manager informed us that they attended meetings with managers from other services owned by the provider which provided a forum for discussion to help drive improvement and review new legislation and the impact this had on services. Additionally, a range of systems were in place which continuously assessed and monitored the quality of the service. For example the registered manager provided evidence that they carried out regular audits of medication and infection control. Clinical and resource audits were also carried out by the provider twice monthly.

We saw that systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. We saw that concerns and complaints were responded to promptly and were used to improve the service. Records showed that the service worked well with the local authority to ensure safeguarding concerns were effectively managed. Detailed records were made of accidents and incidents that had occurred and the immediate action taken. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.