

Bupa Care Homes (ANS) Limited

# Wilton Manor Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
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?	Good ●

# Summary of findings

## Overall summary

About the service:

- Wilton Manor Care Home is a care home with nursing. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Both were looked at during this inspection.
  - People living at Wilton Manor Care Home were aged over 65, some of whom had nursing care needs. Some people were living with dementia.
  - Wilton Manor Care Home is registered to provide care for up to 69 people. At the time of inspection there were 58 people using the service.
- For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- People received high quality care that was safe, effective, caring, responsive and well led.
- People and their relatives consistently provided positive feedback about all aspects of the care they received.
- Staff were highly skilled and motivated in their role. Many had taken on additional roles and responsibilities which had resulted in service wide improvements and outstanding outcomes for people's health and wellbeing.
- The provider had ensured excellent outcomes for people in relation to nutrition, hydration, falls management, pressure care and living with dementia.
- The provider was creative in ensuring the environment was suitable for people needs.
- The provider worked with stakeholders to ensure they were following best practice and aspiring for continuous improvement.
- The registered manager was effective in their role and systems were in place to monitor the quality of the service and drive improvements.
- The registered manager had resigned from their role and the provider had appointed a new manager to take over the running of the service.
- People received safe care. The provider mitigated risks associated with people's health and had systems in place to protect them against the risks of abuse and harm.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were treated with dignity and respect. Relatives told us communication by the provider was good and they were welcomed within the service.
- People received personalised care which reflected their needs and preferences. The provider understood the principles of providing empathic and responsive care at the end of people's lives.

#### Rating at last inspection:

- At our last inspection, we rated the service good (report published 14 December 2016). At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.
- The rating has remained good but the service has now improved to outstanding in Effective.

#### Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

#### Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive

## 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 remained Safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service improved to Outstanding.

Details are in our Effective findings below.

Outstanding ☆

### Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained Responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained Well-Led

Details are in our Well-Led findings below.

Good ●

# Wilton Manor Care Home

## Detailed findings

### Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team comprised one inspector, a specialist advisor with experience in nursing and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts for this inspection had experience caring for people living with dementia.

Service and service type:

- Wilton Manor Care Home 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 reviewed the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
- We visited the service on 5 and 8 March 2019. During the site visit we spoke with 17 people and 12 relatives.

- We spoke to the registered manager, the deputy manager, the maintenance manager, the provider's quality manager and 13 members of nursing, care or administrative staff.
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We reviewed seven people's care plans and medicines administration records. We also reviewed audits related to quality and safety in the service, the incident log, the provider's complaints file, the provider's training matrix and key policies developed by the provider.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Wilton Manor Care Home. One person said, "I'm very safe here, it's brilliant." A relative told us, "[My family member] has been living here for over a year now. It gives the family peace of mind that they are in a safe and caring place."
- The provider had systems in place to help protect people against the risks of suffering abuse and harm.
- Staff had received training in safeguarding adults, which taught them the appropriate action to take if they had concerns about people's safety and welfare. Staff were confident in applying this training to their everyday role. One member of staff said, "Safeguarding people is all staff's responsibility. As staff we need to report all concerns and do what is needed to keep people safe."
- The registered manager worked in partnership with local safeguarding teams when concerns were raised about people's safety to help reduce the risk of harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and medical conditions were assessed, monitored and mitigated. This included risks of pressure area injuries malnutrition, dehydration, falls and the use of bed rails. Where risks were identified, staff put effective plans in place to minimise impact and promote wellbeing.
- One person was at risk of falling out of bed. Staff had considered the use of bed rails and medicines to reduce the risk of falling, but discounted these options on the rounds it was too restrictive. The provider organised for a lowered bed with padded mat, which would alert staff if the person left their bed. They also arranged for the person to have a bedroom nearer to the nurses' station. This enabled staff to respond quickly when the mat alarm sounded.
- Risks associated with the environment were safely managed. This included maintenance of essential utilities such as gas boilers and procedures around emergencies such as fires.
- The provider had a business continuity plan to manage risks such as large numbers of staff going sick or people requiring alternative accommodation in the event the safety of the service was comprised.

Staffing and recruitment

- There were enough suitably skilled and qualified staff to meet people's needs.
- Staffing levels on each floor of the service were kept under constant review, with adjustments made when people's needs changed.
- There were effective systems and processes in place around safe recruitment of staff. This included checks into staff's character, work experience and skills.
- Staff were quick and attentive to people's needs. People had access to a call bell, which alerted staff they required assistance. One person said, "There is always somebody here. I just call out or use the call bell and they come." The deputy manager audited the response time of call bells daily. This helped to ensure that

sufficient staff were allocated at specific times of the day and locations within the service.

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People had comprehensive care plans about their prescribed medicines. This information included: reasons for the prescription, possible side effects and people's preferred routines around administration.
- People had access to 'when required' (PRN) medicines if they needed them for pain or anxiety. One person told us, "Whenever I am in pain, the nurses will come and give me my tablets."

#### Preventing and controlling infection

- The home was clean and hygienic. One person said, "It is a very clean home." Another person said, "I like the floor in my room, it's easier to keep clean rather than carpet."
- There were effective systems in place to reduce the risk of infections spreading. This included staff using personal protective equipment such as gloves and aprons when supporting with personal care.
- There were safe arrangements in place for the disposal of clinical waste.
- The service's kitchen had received a five-star rating by The Food Standards Agency in December 2018. This reflected a high standard of cleanliness and hygiene.

#### Learning lessons when things go wrong

- The registered manager logged all incidents such as falls to help identify causes, trends and action to reduce risk of reoccurrence.
- The registered manager shared learning from incidents with staff to promote good practice.
- These measures had been effective in reducing the number of falls people had at the home. One person said, "I used to have a lot of falls at home. Since I have come here, I hardly have had any. I have a walking frame I use and it's reassuring to know staff are nearby." One healthcare professional told us, "The provider has a very proactive approach to falls prevention. Using the data from falls which had occurred to identify any themes or possible causes. They have also considered any equipment to prevent falls and had purchased it when required."

## 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

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

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

- The registered manager made detailed assessments of people's needs prior to admission to the home.
- They used a nationally recognised set of assessment tools to assess the risk of, malnutrition and hydration, falls and pressure injuries.
- Assessments were used to formulate appropriate care plans which met people's needs.

Staff support: induction, training, skills and experience

- People, relatives and professionals told us that staff were exceptionally skilled in their role. One relative said, "Wilton Manor is what a care home should be. Outstanding service provided by the most amazing staff. Each member of staff is exceptional and leads by example." A healthcare professional told us, "The stability of staff as well as regular clinical contact has resulted in opportunities for development and training of care and nursing staff in terms of medical needs of people, in a way that has been difficult to see demonstrated in other homes."
- Staff training was developed and delivered around individual needs and tailored to individual learning styles of staff. Staff had completed specific training around providing highly effective care for people living with dementia. This training included practical sessions which simulated the sensory experiences of people living with dementia, which gave staff an understanding of the challenges living with this condition. Staff had also achieved training and qualifications in meeting the needs of people living with dementia in relation to their nutrition, communication and environment. This was reflected in the high quality and personalised care people received.
- There was a culture of learning and development of staff's knowledge and skills. Many staff had accessed additional training and qualifications in key areas of their role. This included, end of life care, person centred care planning, hydration, continence and falls prevention. Each area of knowledge was assimilated into the wider staff's team knowledge and everyday practice.
- The provider had an embedded commitment to developing staff's skills and knowledge, which was integral to ensuring high-quality care. Staff used their additional training and skills to become 'champions' to ensure best practice was being followed in their chosen field. The 'champions' carried out service wide projects in their areas which bore tangible benefits to people. These included, pressure care, hydration and use of digital technology.
- One project focussed on promoting good sleep for people living with dementia. Staff focussed on identifying the emotional, medical, physical, sensory and environmental factors that effected the quality of sleep people living with dementia. As a result, staff had made specific adaptations to people's care in relation to meeting these individual needs, which had helped to promote improved sleeping patterns for some people highlighted in the project.
- The service demonstrated a passionate and unwavering commitment to providing high quality training

and development opportunities for staff. The provider's internal learning and development programme had resulted in many staff taking on more senior roles and responsibility. The programme identified the key skills, training and competencies required in specific roles in the organisation. The registered manager was dedicated to this programme and actively participated mentored and championed staff development. One member of staff said, "My progress is regularly reviewed and I feel management are heavily invested in me succeeding. I have learnt so much." This system enabled staff to effectively structure their learning, enriching and refreshing key skills in their role and promoting their professional development.

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

- There was an exceptionally strong emphasis on the importance of eating and drinking well which was fully embedded throughout the whole service. One healthcare professional told us, "The work the service is doing around hydration is particularly impressive."
- The provider had carried out a service wide project to improve the hydration levels of people at risk of dehydration or prone to urinary tract infections (UTIs). This included closer monitoring of people's fluid intake and encouraging people to drink more by using adapted cups and offering a variety of different drinks. Staff identified when people preferred to drink during the day and were aware of environmental factors, such as a quieter atmosphere, which encouraged good hydration. This had resulted in people being better hydrated. One relative said, "As far as encouraging [my relative] to eat and drink well, the staff have performed miracles. The benefits to their health and wellbeing have been tremendous."
- Creative ways had been used to ensure food was attractive and appetising when people were on specific diets such as pureed food or thickened fluids. The chef had attended hydration training with the Clinical Commissioning Group and researched ways to adapt food to people's needs without compromising appearance or taste. This included specific ingredients and preparation methods.
- The chef used moulds to shape and present pureed food in a manner like its original form. For example, they used moulds to present pureed cottage pie to resemble its usual appearance. The food we saw presented in this way was highly attractive which clearly encouraged people to eat these meals. The chef told us, "People eat with their eyes and if you can make food as attractive looking and smelling as possible, it wakes people's senses and encourages them to eat well."
- The chef had researched different thickeners to make thickened fluids more palatable. All alternatives were checked by health professionals to ensure they were suitable for use. This helped to encourage people with their hydration.
- Staff were sensitive in meeting people's individual preferences and patterns of eating and drinking. For example, people could have flexible breakfast times, which meant people who wanted an earlier or later meal time were accommodated. This change had helped people previously reluctant to get up for their meals receive appropriate nutrition at breakfast time.
- The service had a mobile 'tuck shop' which visited people throughout the day to offer people free snacks, fruits or drinks. People also had 'snack boxes' in their room. These snack boxes contained people's favourite food and drinks appropriate to their dietary requirements. Some snack boxes had been adapted so they were accessible for people receiving care in bed. This meant they had independent access to food and drink throughout the day.
- Innovative methods were used to encourage those who were reluctant or had difficulty eating and drinking. The chef and deputy manager met regularly and reviewed the dietary needs of people who were unwell or had lost weight. The chef visited these people to identify meals that people would like to eat to encourage good nutrition. The chef had an extensive knowledge of best practice in nutrition for older people or those living with dementia. People also had access to an extensive range of adapted plates, cups and cutlery. This helped to encourage them to eat by making these items easier to identify and use independently.
- The registered manager had introduced other initiatives to help encourage good nutrition and hydration.

For example, a breakfast club which people could attend. This club encouraged people to have a nutritious breakfast in the company of others in a relaxed atmosphere. One member of staff said, "Breakfast club is great as it encourages people to start their day well in terms of eating and drinking. It can become a social occasion too. We get the newspapers out and put the world bang to rights about what is going on in the news!"

Staff working with other agencies to provide consistent, effective, timely care

- There was a thorough approach to planning and coordinating people's move to other services. Arrangements fully reflected individual circumstances and preferences. One relative told us, "We were so worried about making the arrangement to move [my relative]. However, staff took care of everything. They worked with us to make the transition almost seamless. We are very grateful it was all handled so well."
- Professionals told us that the service had been extremely proactive in working collaboratively with other stakeholders to improve hospital discharges. One healthcare professional told us, "The service been exemplary in notifying the us with poor and inappropriate discharges and their continued support in this area has been really helpful in influencing positive changes and developing good working relationships with the acute hospital."
- The provider was involved with the 'red bag' initiative, a hospital transfer pathway supported by the local clinical commissioning group. The purpose of which was to ensure the smooth transition of people's information with them to and from hospital.

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

- The service was designed around people's needs and used innovative ways to help people utilise the space. The provider had undertaken a project to improve the accessibility and use of the garden. Adaptations included raised flower beds to promote ease of use for people who wanted to do some gardening.
- The provider had initiated a scheme to 'bring the garden inside'. This was designed for people who were unable to access the garden due to their health. The service had built a mobile gardening facility that could be taken into people's rooms. This enabled people to do some gardening or experience the sensory smells of herbs and flowers.
- Where possible or appropriate, people were encouraged to help with decorating or furnishing the premises. This included painting, making resources for and decorating the home to celebrate festivals and events. Staff told us that these activities mirrored some people's hobbies and skills and that it helped engage people in meaningful occupation.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend regular health appointments.
- When people were unwell, staff quickly made referrals to health professionals such as doctors and implemented changes to people's care as recommended.
- The provider was participating in a programme run by the Clinical Commissioning Group (CCG) called, 'Enhanced Healthcare in Care Homes' The aim of this programme was to improve the quality of life, healthcare and planning for people living in care homes. This was achieved through providers working in partnership with medical and healthcare providers to deliver preventive care to people at risk of having an unplanned admission to hospital.
- Staff kept accurate and up to date records of observations to monitor the health of people with complex needs. This helped to ensure effective treatment plans were in place.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the provider was meeting these requirements.

- Where people lacked capacity a best interest decision was documented involving relevant parties and this had been documented in people's care files.

## 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring and kind. One person said, "They [staff] are all brilliant, all of them from the registered manager to the girls that do the cleaning. They are so good with people. It's like they are family." Another person said, "Staff are always happy here and so nice and caring. They often pop in to see me and have a chat." A relative told us, "They're (staff) all kind and pleasant to talk to, I can't find fault with any of them."

- Staff understood people's likes and preferences. This included when people were not able to verbally articulate their needs and preferences. One person said, "They [staff] are very patient here, they seem to know how you feel." For example, we observed one person sitting in the lounge who became distressed. They were unable to express verbally how they felt. A staff member quickly attended and provided reassurance to the person. The member of staff said, "You get to understand people's body language and how they are feeling. The more you get to know somebody, the easier it is to pick up on what they want and if they are not feeling quite right."

- The provider had specific policies in place to help ensure people's individual beliefs and preferences were incorporated into the care they received. The registered manager told us, "People's care plans consider the things that define people i.e. their cultural background, gender and religious preferences. We believe we can embrace the diversity this brings."

- People's relatives were made to feel welcome by staff. One relative said, "Whenever I visit, staff always meet me with a cheery smile and an update about how [family member] is doing. I can stay as long as I like and am made to feel like part of the family." Relatives were encouraged to get involved in activities and celebrations at the service and there were rooms available if people wanted private spaces with their loved ones.

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

- Relatives told us they were consulted and kept informed about their family members care. One relative told us, "They [staff] ring me promptly, for example if [person] has had a fall. They are very attentive and very co-operative with us as a family." Another relative told us, "It is of incredible comfort to know that we work in partnership [with the provider]. If there are any decisions to be made, then we are all involved."

- People and their relatives were involved in developing care plans. The provider asked them to identify preferred routines around, sleeping, eating, dress and appearance, daily activity and personal care. This information was incorporated into people's care plans to help ensure they reflected personal preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect. One person said, "Staff are always polite and courteous towards me." One relative commented, "The thing I like about this place is that the staff are

always nice and kind with people. I've heard them in their rooms as well and they speak to people in the same way as when they're in a public place."

- The registered manager promoted staff spending quality time with people and not rushing their care. They told us, "Sometimes the most meaningful activity is spending time with people and listening. Our ethos is one where, relationships are built on mutual trust and respect. These are vital for us to meet the needs of our residents."

- Staff were patient and discreet when supporting people with their personal care. They supported people away from communal areas and were careful not to discuss people's personal issues in public spaces.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were involved in developing and reviewing their care plans. The provider had a system in place where each person's care plan was reviewed at least monthly with people. However, when people's needs changed, their care plans were updated accordingly. The registered manager told us, "Each of our residents have a designated day each month for us to review all aspects of their care and service satisfaction, for those residents that have not got capacity to do this we contact their family and friends to seek their opinions and suggestions."
- People's care plans contained detailed information about their health and medical conditions and the support required to meet these needs.
- People's care plans were comprehensive and reflected their personal goals, skills, abilities and preferred routines.
- People were given a choice about the how their daily routines and personal care were carried out. One person said, "You can choose what time, no one gets you up at 6 or anything like that." Another person told us, "In the evening they come and ask if you're ready to go to bed. If you're not they come back later."
- Staff had a comprehensive understanding about people's individual needs and their personal preferences, which was reflected in the delivery of their care and support. One member of staff told us, "Each person has their own personal way of wanting things done. We are here to help people achieve this."
- The provider complied with the Accessible Information Standard, this is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager told us, "When carrying out our assessment on new residents, any communication needs are identified and planned for. If needed, we can access interpreters and literature can be provided in various formats including Braille or audio recording". The provider gave information in a format that people could understand.
- The provider had a schedule of activities in place which focussed on supporting people to remain active and give them meaningful occupation. One person told us, "I play games in the lounge. There are things to suit everyone." A relative told us, "The staff have been patient in encouraging my relative to continue with their knitting. Before they came here, they had given up on it, but she is now back to enjoying it again."
- Staff worked with people to identify their interests and provided activities to meet these needs. This included providing activities to encourage male residents to socialise together and supporting people to carry out familiar domestic activities such as folding clothes or washing up. The registered manager told us, "I believe that helping people find meaningful occupation is a lot more important than merely entertaining people."
- The provider had a scheme running which enabled people to experience special activities of their choice. In one example, one person told staff they were interested in tennis. They were supported to attend a communal viewing of the Wimbledon tennis tournament, which was broadcast via a giant screen. In another example, staff had identified wheelchair friendly fishing lakes to enable a person to go fishing.

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

- The provider had policies in place to respond to complaints and concerns.
- People and relatives told us they were confident that the registered manager would listen to their concerns. One person said, "If I had anything to discuss I'd see the lady in the office". Another person told us, "Nothing to complain about here. I'm sure the manager would sort anything out if I asked her to." A relative commented, "The registered manager is so open and approachable, I would have no qualms about raising an issue."
- The registered manager kept a record of all complaints and concerns that had been raised. These records were monitored by the provider's senior management. The registered manager investigated concerns thoroughly and wrote back to people with outcomes of investigations. This helped to assure people their complaints had been taken seriously.

### End of life care and support

- The service had achieved accreditation in the Six Steps Programme. This is a nationally recognised best practice approach to providing responsive and compassionate end of life care.
- Staff worked with people and relatives to identify preferences around care arrangements when people were nearing the end of their life. People had an end of life care plan in place which reflected these preferences. The registered manager told us, "We try to help enable people to pass away in a relaxed calm environment, away from the acute setting, where families can stay if they wish."
- The provider worked in partnership with other stakeholders such as doctors and district nurses to ensure people had appropriate care and support in place to make them as comfortable and pain free as possible.
- The provider gave emotional support to families leading to after people passed away. This included providing private spaces to spend with loved ones, providing food and toiletry packages if they had extended visits to the home and providing support after people passed away.
- There was a memorial area in the garden. This was used so relatives and staff could have a place to remember people who were no longer them.

# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us the registered manager was effective in their role, making significant improvements since starting at the service. One relative told us, "The registered manager is top class. The place is unrecognisable from a couple of years back. The quality of care is so much better."
- People and relatives told us the registered manager had fostered an ethos within the service to support people to get out of bed and remain as active as possible. One relative told us, "Before [the registered manager] came onboard, you would see everyone in bed all day. As you can see now, people are up about and doing things. The registered manager told us, "When I joined about 80% of people were in bed all day. We have been working towards supporting people to get out of bed if well enough. Now that level is about 10% [who stay in bed]."
- Staff told us that the management team were supportive and understood the day to day challenges of their roles. One member of staff said, "The registered manager and deputy manager are always willing to help. They understand people's needs as they work alongside us [staff]." The registered manager told us, "As managers we understand the need to be consistent, lead by example and be available to staff for guidance and support."
- Health and social care professionals told us they had been impressed by the person-centred approach of the registered manager and leadership of the service. One healthcare professional told us, "My team has been really impressed. The level of falls is low and the positive changes that the registered manager and her team have brought about in this area has been exceptional."
- Commissioners of care consistently reported confidence in the provider's capability to deliver high quality care to meet people's complex needs.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.

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

- There was a registered manager in place. However, they had recently resigned from their role. The provider had appointed a new manager who had yet to start working at the service. The deputy manager was going to manage the service until the new manager started work.
- There was a clear management structure in place. The registered manager was supported by the deputy manager who was the clinical lead for the service. There were teams of senior nursing and care staff who took on day to day responsibilities and supervision of other staff. All staff were clear about their roles and motivated to provide high quality care.
- The provider also had a regular senior management presence at the service. The regional director and

quality assurance manager visited the service at least monthly to carry out audits and support the registered manager with the running of the home.

- The registered manager had an effective series of audits in place to monitor the quality and safety of the service. These audits included medicines, health and safety, infection control, call bell response times and audits of care related documentation and recordings.
- The registered manager understood their regulatory requirement to inform CQC about significant events which occurred at the service.

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

- The provider sought feedback from people, families and staff to gain feedback and make improvements to the service. This included questionnaires, staff and resident's meetings.
- The provider had a scheme which recognised staff who demonstrated outstanding working practice and innovation. This helped to create an environment where staff's suggestions and ideas were championed.
- The provider had made links with local shops and businesses to raise awareness around dementia. This helped enable people to continue to use local shops and amenities, as business owners were aware of the complexity of people's condition.
- The provider fostered community involvement in the service through local schools, businesses and volunteers, who were invited to take part in events and celebrations at the service.

Continuous learning and improving care

- The provider had embedded effective quality improvement systems.
- The provider's senior management carried out periodic audits and inspections, which assessed the quality and safety of the service.
- The registered manager used feedback from these audits, inspections, resident's meetings and surveys along with information from their own audits to formulate a 'manager's continuous improvement plan'. This plan detailed all areas where improvements could be made and set timescales for actions to be completed. This tool had been effective in driving improvements in the service.

Working in partnership with others

- The provider worked in partnership with other agencies to help provide positive outcomes for people.
- The registered manager made referrals to appropriate external professionals when people had complex care needs or their health condition changed. This included, hospices, palliative care nurses, speech and language therapists, tissue viability nurses and mental health professionals. This helped to ensure that people had appropriate plans of care in place.
- The service worked in partnership commissioners and healthcare professionals to review the care the service provided to optimise opportunities to make improvements. This included reviewing falls management and pressure sores care, which helped to ensure the service was following best practice in these areas.