Ideal Carehomes (Number One) Limited

Ash Tree House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Ash Tree House is a purpose-built facility in Hindley, Wigan. The service cares for people who have a dementia type illness and those who require only residential support and has the capacity for a maximum of 60 people to live there. At the time of the inspection there were 57 people using the service.

People's experience of using this service:

Systems and processes regarding safeguarding were in place and staff continued to receive appropriate training.

Risk assessments were in place, reviewed and updated regularly and risks were well managed at the home. The service encouraged positive risk taking, supporting people to be as independent as possible.

The premises were safe and well maintained and medicines systems were safe.

There were robust recruitment procedures in place and staffing levels were sufficient to ensure people's needs were met.

The premises were exceptionally clean and infection prevention and control measures were in place.

Initial assessments prior to admission were comprehensive. Care plans were complete and up to date.

Staff had a thorough staff induction programme, on-going training and refreshers and were knowledgeable and competent.

People told us they enjoyed the food and there were lots of choices. The mealtime was calm and unhurried and was a very happy, relaxed and enjoyable experience. Where diet and fluids needed to be monitored, this was done.

The premises were bright, airy and decorated to a high standard. The building was well-maintained and well-lit, there were coloured doors and some signage for ease of recognition and access.

Verbal consent was sought by staff when offering support and assistance. Consent was referred to within care plans.

The service worked within the legal requirements of the Mental Capacity Act (2008) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Equality and Diversity was embedded within the service's induction programme and individuals were treated in a fair and equitable way.

There was evidence within the care files that people were fully involved in the planning of their care and support, where they were able.

People were treated with dignity and respect. The service was aware of the legal requirements of the General Data Protection Regulation (GDPR) and the need for confidentiality.

People were given full choice and control over their lives where possible.

Activities at the home were chosen by people who used the service in consultation with the lifestyle manager and there was a huge range of activities and outings on offer.

The complaints procedure was made available to everyone in the home and was on public display in the reception area of the home. Complaints and concerns were dealt with appropriately and we saw a number of compliments.

End of life wishes, where these had been expressed, were recorded within people's care records and the service was committed to building staff skills in specialist areas, including end of life care.

People felt the service was high quality and person-centred. Staff felt well supported in their roles and told us training was plentiful and professional development was encouraged and supported.

The service had a registered manager in place, as required. CQC notifications of significant events that the service is required to tell us about, were sent in as required.

Staff felt the registered manager was very approachable and hands on.

Quality assurance systems were in place, regular audits completed, and any actions and lessons learned noted.

The service worked well with other professionals. There was an all-inclusive policy at the home, meaning that no additional costs were required for extra services.

Rating at last inspection:

Our last inspection of Ash Tree House was in August 2016. The overall rating was Good, and this report was published on 21 September 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As the previous inspection was Good this meant we needed to re-inspect within approximately 30 months of this date.

Follow up:

We did not identify any concerns at this inspection. Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for services rated Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
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 well-led Details are in our Well-Led findings below.	**Good**

Ash Tree House

Detailed findings

Background to this 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 was carried out by two adult social care inspectors from the Care Quality Commission (CQC) and an expert 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 expert on this occasion had experience with people with dementia.

Service and service type:

Ash Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who was in the process of registering with the Care Quality Commission.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the

home.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 19 people living at the home and seven visiting relatives about their experiences of the care provided.

We spoke with the manager, a director, two deputy managers, the activities coordinator, the cook and eight care staff.

We reviewed six electronic care files, four staff personnel files, training records, health and safety records, meeting minutes, audits and other records about the management of the home.

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.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Systems and processes regarding safeguarding were in place and staff continued to receive appropriate training.
• Staff had a good understanding of safeguarding procedures, had been issued with the company's whistle blowing policy and were aware of how to report poor practice.

Assessing risk, safety monitoring and management;
• People felt safe at the home. One person told us, "I have been here a long time, I like it here." A second said, "I do feel safe because there are always staff around. I can open the door or pull the bell. They would come quickly. I have no worries about staff." A third person aid, "I am safe here, I would have liked to have been able to stay in my own home, but I know that wasn't possible".
• Risk assessments were in place, reviewed and updated regularly and risks were well managed at the home.
• The service encouraged positive risk taking, supporting people to be as independent as possible. For example, some people liked to do household tasks, such as cleaning and ironing. These had been risk assessed and supported when possible to encourage the maintenance of mobility and coordination and encourage independence.
• Accidents and incidents were recorded and reported appropriately, and actions taken promptly. The premises were safe and well maintained, regular checks were completed on the environment, window restrictors were fitted, equipment was serviced and maintained in line with manufacturers' instructions.
• There was an up to date personal emergency evacuation plan in place for each person who used the service. These were easily accessible for use in an emergency.

Staffing and recruitment
• People thought there were sufficient staff. One person said, "I never have to wait long for assistance". Another said, "The staff are busy, but they always have time for a chat."
• Staffing levels at the home had been increased since the last inspection. The service staffed the home in response to the dependency of people who currently used the service, so the staff team was allocated on a daily basis. Appointments, visits or activities were taken into account when allocating staff.
• There were good staffing levels on the day of the inspection and evidence of sufficient staff on night shifts.
• There were robust recruitment procedures in place.

Using medicines safely
• Medicines systems at the service were safe. The medicines policy was up to date and included all aspects of medicines management.
• Systems for ordering, storage, administration and disposal were understood and managed by senior staff.
• Observations of medicines administration and storage facilities confirmed that these systems were

effective.
• All staff undertook appropriate medicines training and refreshers.
• One person, who had full capacity, was able to self-medicate. They kept their medicines in a lockable drawer in their room and staff checked regularly to ensure the medicines had been taken. This individual they had not locked the medicines drawer on the day of the inspection. The manager addressed this immediately by installing a locking system that would automatically lock when the drawer was closed.

Preventing and controlling infection
• The premises were exceptionally clean throughout with no malodours anywhere in the home.
• The home had scored 5 Stars in a recent infection control audit, which is the highest score available.
• Bedrooms and communal areas were clean and fresh, and bathrooms and toilets had liquid soap and paper towels.
• Staff used appropriate personal protective equipment (PPE), such as plastic gloves and aprons, when undertaking personal care or dealing with food.
• Domestic staff took pride in their work to ensure the building was clean.
• Staff undertook infection control training on induction. There was an appropriate policy and information was available for staff to consult if required.
• In the event of an outbreak the policy was re-circulated to staff to reinforce the protocols.

Learning lessons when things go wrong
• A root cause analysis was carried out for all accidents, incidents and near misses and safeguarding allegations. Actions were identified and completed where required and lessons learned recorded.
• A monthly audit of accidents identified any trends or patterns and used to improve the quality of the service and how care and support was delivered.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Initial assessments prior to admission were comprehensive.
• Care plans were in place for all areas of daily life and these were complete and up to date.
• People on the home's waiting list were invited in to the home to events and for meals to help aid the settling in period once they were admitted.
• Care records were held electronically. Staff were able to access the live electronic system and update it from hand-held devices.
• Issues, such as special dietary requirement and reviews due for completion were flagged up on the system.
• Daily tasks and 'must do' actions, such as monitoring nutrition, were flagged up and any missed 'must do' actions were visible on the system to senior staff, so they could be addressed in a timely way.

Staff support: induction, training, skills and experience
• Staff were knowledgeable and competent. They had a thorough staff induction programme, on-going training and refresher training.
• The service used a training planner to ensure all courses were booked in advance and people's skills and knowledge were kept up to date.
• The service had instigated a new champion scheme with staff members taking leads in specific areas of interest, such as dementia care, end of life care, medicines and some specific conditions.
• Staff received supervision sessions every eight weeks and, if particular themes recurred within supervisions, appropriate policies were circulated and staff with areas of expertise were available to advise people on these areas.
• Annual appraisals were carried out with staff to ensure continual professional development.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they enjoyed the food and there were lots of choices. Comments included; "It is nice food"; "The food is genuine on the whole I enjoy it"; "Oh yes there is plenty of food"; "The food on the whole is very good. It is varied. I can make my own drink if I want to"; "It is pretty good food to a certain extent, plenty, if you want something different they get it. I like a prawn cocktail and sometimes I get one"; "I would like more selection of food"; "It is lovely food."
• The lunchtime meal was observed on two separate floors. One using a SOFI, which is a way of observing care to help us understand the experience of people who could not talk with us.
• The mealtime was calm and unhurried and was a very happy, relaxed and enjoyable experience.
• There was pleasant music playing, which had been chosen by people who used the service. The tables were laid beautifully with tablecloths, napkins and flowers.
• A family member sat at the table at lunch time with their relative, as they wished to.

• People were served with fresh orange juice or tea and coffee and were offered choices of food.
• Staff washed people's hands prior to the meal and wore appropriate protective clothing, such as plastic aprons, to serve the food.
• Most people were able to eat unassisted, but some required prompting at times. Staff did this in a sensitive manner.
• One person refused the meal but was asked a few times and decided to have soup and a sandwich.
• No pureed meals were required but staff confirmed they knew how these should be served when required.
• One person required a different diet due a medical condition, staff were fully aware of what this person could and could not have and alternatives were sent on the trolley from the kitchen.
• We discussed with the manager use of pictorial menus and large menu boards to help people with choices.

• The live electronic recording system ensured that, where diet and fluids needed to be monitored, this was done.
• Records were monitored regularly, to enable the service to plan further interventions or referrals to specialist services when required.

Staff working with other agencies to provide consistent, effective, timely care
• The service worked well with other agencies and professionals.
• Timely referrals were made where required, for example, to the falls team, and followed up with joint plans and actions.
• The service was in the process of changing people to a local GP surgery, subject to their agreement. The local GP was now holding surgeries on a weekly basis at the home, affording people more comfortable access to health services.

Supporting people to live healthier lives, access healthcare services and support
• Care files included a hospital pack to be used if the person needed to be admitted to hospital. This included information to keep people safe and comfortable in hospital.
• The service offered support to individuals to attend appointments.
• The home had recently identified a high number of falls. In response they had organised for some people who used the service and staff to have training with the falls team. They hoped this would help reduce the number of falls and encourage better mobility.

Adapting service, design, decoration to meet people's needs
• The premises were bright, airy and decorated to a high standard.
• People had their own en-suite rooms which were decorated and furnished to their taste and with their own personal items if they wished.
• There were a number of communal areas, such as adapted bathrooms, lounges and quieter seating areas.
• The home included a cinema room, a coffee bar, a hairdressing salon and 'Ash Tree Social Club', which included a bar. The service was creating themed areas and rooms, such as a market and a library, to enhance people's everyday life.
• There was a very pleasant, safe garden area for people to access.
• There were two areas of the home that offered care to people living with dementia. The manager worked with the Bradford University model of providing dementia care and support.
• There were appropriate pictures to aid reminiscence.
• The building was well-maintained and well-lit, there were coloured doors and some signage for ease of recognition and access.
• Bedroom doors had photographs, names and numbers on the doors. Bathrooms were fitted with contrasting colours, for example, blue toilet seats and grabrails. Bathroom walls had painted window on the walls with outside scenes painted inside the frame, which gave the appearance of looking outside.

• The service was in the process of acquiring more signage for the area where people were living with dementia.
• The carpet in a communal area on the ground floor needed replacing. Following the inspection, the process of purchasing new flooring was commenced.

Ensuring consent to care and treatment in line with law and guidance
• Verbal consent was sought by staff when offering support and assistance. Consent was referred to within care plans.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People's mental capacity and general mental health were assessed on admission.
• Where necessary there were restrictive practice assessments. These helped ensure the least restrictive practices were put in place for those people who lacked capacity to agree to restrictions. These decisions were reviewed on a monthly basis.
• Best interests meetings were held and included all relevant professionals and family members where required.
• Information about DoLS authorisations was in place.
• The systems allowed the service to monitor when authorisations needed to be reviewed and re-applied for.

Good

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

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, "We are cared for very well. The staff are lovely", and "I am very happy here; the girls are always smiling and happy to help". Other comments included; "It is lovely having a beautiful home"; "The people are kind here"; "On the whole the staff are nice and genuine, they are kind"; "The staff are kind but so very busy"; "The staff are kind and caring and they will chat with you"; "All the staff go above and beyond"; "It could not be any better, the staff are absolutely wonderful."
• Equality and Diversity was embedded within the service's induction programme and individuals were treated in a fair and equitable way.
• The service offered a hearing loop system, flu vaccinations were promoted and there was a facility for staff to stay at the home in bad weather.
• Staff used a variety of tools to communicate with people according to their needs, including using new technologies.
• All staff positively welcomed the involvement of advocates and worked with stakeholders to help source them if required.
• Policies with regard to equal opportunities for employees and people who used the service were in place.
• The rights of all individuals were recognized by staff and they endeavoured to deliver care with these rights in mind.
• Staff attended to details, for example, one person was seen not to be wearing their glasses and told staff they were broken. The staff member got them mended straight away.

Supporting people to express their views and be involved in making decisions about their care
• One person told us, "I have discussed my care plan with [staff at Ash Tree House] and my family. I go to the meetings."
• There was evidence within the care files that people were fully involved in the planning of their care and support, where they were able.
• The service involved people who used the service in interviews for new staff. This gave people who used the service some influence over the people they were supported by.
• The service had organised dementia training for people who used the service and relatives. This had been set up with the aim of reducing stigma within the home and offering the opportunity for people to add to their knowledge and understanding of other people living at the home who may have memory impairment.
• There were regular monthly residents' meetings, where people were encouraged to have their say.
• Monthly committee meetings, led by the Lifestyle Manager and the committee chair, who was a resident living at the home, were held. A relative supported the group by providing administrative support and assistance.
• Families were encouraged to be involved in the service and some relatives were assisting the activities

coordinator with posters, events and tasks around the home.
• One relative told us, "I have found it really difficult and struggled with having to put my [relative] into care, all the staff are brilliant but [names] have helped me as well."
• The service was in the process of providing secure internet access to relatives to a 'Relatives' Gateway' function. This would allow relatives, with consent from people who used the service, to remotely view care plans, daily interactions and information about their relatives. It would also allow responsive interaction to take place in a timely way.
• There was a service user guide which was being improved as a response to feedback from relatives.
• There was a regular newsletter produced by the service. There was also a notice board containing information about events, activities and other news about the service.
• Customer satisfaction surveys were sent out regularly to provide another way for people to feedback their thoughts and ideas.

Respecting and promoting people's privacy, dignity and independence
• A relative contacted us to say, "My [relative] moved in last year after a very difficult time in hospital. I just wanted you to know that [manager] and their team are wonderful. They have helped my [relative] regain their dignity, mobility and their life back. I want to especially recognise the help given by [relative's] key worker [name], team leader and the activities co-ordinator who have gone beyond their duties to help [relative] and also to help me let go."
• People were treated with dignity and respect. A relative said, "They [staff] definitely respect [relative's] privacy."
• A person who used the service said, "The staff are alright, they encourage my independence."
• People were called by their preferred name.
• Privacy/dignity screens had been purchased to use to screen people who were ill, had fallen or were having simple procedures and did not want to return to their room.
• The home had purchased carpet sweepers, which were quieter to use than vacuum cleaners, to use in people's rooms if they were unwell. This would help minimise the disturbance to the person.
• The service was aware of the legal requirements of the General Data Protection Regulation (GDPR) and the need for confidentiality.
• People were involved in creating and reviewing information and privacy policies so they had complete confidence in them.

Outstanding ☆

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• All the people who worked at Ash Tree House understood that keeping people active maintained good physical health and improved mental well-being. With this in mind the service had developed a fantastic range of recreational activities and stimulation to keep people occupied throughout each day. The service employed a lifestyle manager who, like all the staff we spoke with, was extremely dedicated and committed to listening to people's ideas and requests. Their interaction with people was enthusiastic and it was clear they were passionate in striving to fulfil people's wishes for activities, outings and events. For example, a 'Make a wish/Magic moments' project set achievable targets for each person: they recorded a wish for an activity or an outing that they really wanted to do. Wishes fulfilled so far included theatre trips, a trip home to Spain to see family, trip to see a Westlife tribute act, a ride on a fire engine, first taste of champagne, boat trips, horse and cart ride, trip to a football match, purchasing a table tennis table. Nothing was considered out of reach. These activities had been extremely well received by people who used the service and had a positive effect on their feeling of well-being as well as promoting engagement and interaction with the wider community.
• Activities at the home were chosen by people who used the service in consultation with the lifestyle manager and there was a huge range of activities and outings on offer.
• The service had recruited a number of volunteers who assisted with extra activities in the afternoons, evenings and weekends. This helped ensure people had some meaningful occupation on offer at all times and also freed up care workers to spend time individually with people.
• The home had set up a weekly men's group, as people who used the service were predominantly female, inviting males from local care homes to join in with this. The men felt this gave them some valuable connections and relationships with each other.
• There was also a ladies' group where various activities, chosen by the group, took place. The ladies also felt supported as a group and had made good friendships with each other as a result of the group.
• There were outings to local theatres and events and the home had also cultivated community links with local schools and church, Wigan Historical Group and the local swimming baths. At the baths, trained instructors were leading an initiative and people who were interested had been taken to get used to the environment prior to using the facility.
• Bingo had taken place where external visitors with learning difficulties had been invited into the home to join in. The visitors now came regularly to the home, offering people who used the service positive associations with people from the wider community.
• The home had a Sunday religious service and individual communion for those who wanted to participate. The family of a person who used the service also offered daily bible studies and hymn singing. Many of the people who used the service found a real comfort and benefit in the religious services. There were currently no people using the service who followed religions other than Christianity.

• The company had created a 'This is Me' project and had released a video made in some of the homes where people talked about their lives. The manager had set up workshops to look at the benefits of knowing people who use the service better. This was helping staff to ensure activities and interactions were individual and relevant.
• People were given full choice and control over their lives wherever this was possible. They told us what they did and told us about their preferred activities, which they were encouraged and supported to follow. "I like to dance; "I like quiet time with my [partner] in the sun lounge"; "I like music and singing hymns. The church is brilliant and good for people"; "There is enough for me as I like to read now. I like doing the chair exercises"; "You can be on your own or join in; "There is plenty to do."
• People told us they were supported to make choices about their activities; one person said, "I have my own routine, I make sure the staff understand what I want." Another told us, "I can get up when I want and have a shower, the staff understand me and my needs." One person told us, "They will take you shopping. Occasionally if I had a bad day they would talk to me." People's enjoyment of the activities and the one to one interaction was apparent when speaking with them. They were enthusiastic about upcoming events and activities.
• Background information about people's likes and dislikes, abilities and support needs was clearly recorded and staff understood what was important to them, supporting people to maintain their lifestyle, keep up with their interests and develop new hobbies.
• The home supported people when needs had increased. They had sourced one to one staffing for one individual whose specific needs required extra input at a particular point in time. This enabled the person to continue to live at the home, as per their choice.
• Breakfast was served any time from 7 am and people had a variety of food, which they ate wherever they wanted to. A cooked breakfast, which some people enjoyed, was available daily from 9 am, when the cook was available to make it.
• People at the home were able to contribute to the menus and the service took into account people's favourite meals or cultural preferences. For example, one person originated from another country and traditional food from that country had been added to the menu for them.
• There were juke boxes on all floors and people had their own pick lists of musical favourites. Music on all floors was chosen throughout the day by people who used the service and we heard a variety of music from the 1950s and 1960s playing. People who used the service were seen to be singing along and enjoying the music they had chosen.
• Care file records included individual care profiles. These were created with the individual, where possible and with their families and loved ones if they agreed. The profiles included comprehensive information around people's strengths, abilities, views and preferences. This helped encourage choice and as much independence as possible. Risks were discussed with individuals and their representatives so that informed decisions could be made in this area.
• The service supported positive risk taking. For example, in response to identifying an increase in falls, the home had not looked at reducing the numbers or types of activities and outings. Instead they had responded with further training and guidance for staff and people who used the service to help support better mobility. Similarly, people who used the service, who wished to carry out domestic tasks, were supported to do this as safely as possible, rather than refused the opportunity due to risk.

Improving care quality in response to complaints or concerns
• The complaints procedure was made available to everyone in the home and was on public display in the reception area of the home. One person told us, "If I needed to complain I would speak to the manager or my [relative] would e-mail." Another said, "If I was worried or needed to complain I would find someone here."
• Complaints and concerns were dealt with appropriately and we saw a number of compliments including, "The care and attention given to [name] has been amazing. I would like to comment on your pleasant and

very kind staff. A big thank you for your wonderful care"; "Thank you to all your staff who take care of my [relative]" and "Thank you for all you did for our [relative]. You are lovely and dedicated people. My [relative] was lucky to have you."
• The service had used complaints in a positive way, to aid understanding and empathy with people raising concerns.

End of life care and support
• End of life wishes, where these had been expressed, were recorded within people's care records.
• The service was committed to building staff skills in specialist areas of interest and this included end of life care. Experienced staff had been supported to become champions in this area. This meant that other staff could seek advice and guidance from the champions.
• The champions would also carry out supervision in their area of expertise, which would help to ensure the skills and knowledge were kept up to date.
• Having people's personal wishes with regard to end of life recorded helped the service ensure care was person-centred throughout the person's whole journey. It enabled them to ensure people's desired family involvement, religious support and funeral arrangements could be implemented and gave people peace of mind.

Good

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.

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.
• The statement of purpose outlined the provider's ethos, that 'care and compassion is at the core of everything we do'. The provider stated, 'We take great pride in ensuring our residents receive quality care in a safe caring environment'. This was seen to be the case and people spoken with were very happy with the care and support provided.
• People felt the service was high quality and person-centred. One person commented "Professional, brilliant and amazing – all staff". Others told us, "I think it is so well organised. Everybody does their own bit"; "The manager is very approachable and friendly. It is well organised and whatever they are getting paid it should be double"; "It is well run, they are all approachable. The door always open, day and night"; "The staff always listen to you."
• Staff felt well supported in their roles and told us training was plentiful and professional development was encouraged and supported.
• The service ran employee of the month schemes internally. They had decided to widen this to include votes from people who used the service and relatives. They had included a night team employee of the month scheme as they felt this staff group were sometimes overlooked.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had a manager in place, who was in the process of registering with the Care Quality Commission (CQC) as required.
• CQC notifications of significant events that the service is required to tell us about, were sent in as required.
• Safeguarding issues, accidents and incidents were reported to the relevant bodies and any incidents reviewed to look at lessons learned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The premises had appropriate equipment to aid independence, such as sensors, pressure mattresses, profile beds, moving and handling equipment.
• There was specialist cutlery and crockery for those who required this.
• Some activities were based on sensory stimuli to aid people living with dementia.
• Customer satisfaction surveys were sent out regularly to gain views and improve the service.
• There were also surveys for professional visitors and staff.
• Staff felt the registered manager was very approachable and hands on. Staff said they could approach the

manager at any time.
• Staff meetings, and meetings for relatives and people who used the service took place regularly and actions put in place to address any issues or concerns raised.
• Handovers between shifts were undertaken to ensure any information or changes were passed to staff coming on duty.
• The service offered bereavement sessions and co support sessions for staff when required.

Continuous learning and improving care
• Quality assurance systems were in place, regular audits completed, and any actions and lessons learned noted.
• The service completed monthly reports and sent these to head office.
• There were compliance meetings following the monthly reports to look at actions required to improve the service.
• Quality and safety compliance visits were undertaken on a monthly basis by a senior manager from the company. These resulted in a report and action plan to address any issues identified.

Working in partnership with others
• The service worked well with other professionals and any communication was recorded on the system.
• Referrals were made appropriately to agencies such as dieticians and the district nursing service.
• The service also accessed any training, guidance or support that could be delivered by these services.
• The service had instigated a weekly GP surgery which was working well.
• There were regular visits from agencies such as opticians and chiropodists and the service had recognised that sometimes extra appointments were needed, especially from the chiropodist.
• There was an all-inclusive policy at the home, meaning that no additional costs were required for extra services. Therefore, although the NHS chiropodist visited every 12 weeks, if people required treatment in between, the service arranged this with a private chiropodist for no extra charge.