Boutique Care Shepperton Ltd

The Burlington

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

The Burlington is a care home for a maximum of 78 older people, including people living with dementia. The home is purpose-built and designed to meet the needs of older people. The ground floor is step-free and all areas of the home are wheelchair-accessible. The home has spacious and comfortable communal areas and a large, well-maintained garden. Each bedroom has accessible en suite bathroom facilities. There were 19 people living at the home at the time of our inspection, one of whom was receiving respite care.

People's experience of using this service:
The home's management and staff recognised the importance of meeting people's individual needs in all areas of their lives. Staff supported people to live meaningful lives in the way they chose and to develop relationships with others, which helped avoid social isolation.

The home had worked hard to become a hub for the local community and had created and established links with local schools, churches and businesses. This had created opportunities for people to make friends and meet others of different generations. If people did experience loneliness, the home had implemented innovative, person-centred approaches, which had achieved positive outcomes for people.

Activities were planned to meet people's individual needs. People were supported to maintain interests and hobbies they enjoyed before they moved to the home. The home recognised and celebrated people's individual achievements. There was a busy programme of events and activities which people enjoyed and valued highly.

Staff were kind and caring and treated people with respect. They encouraged people to make choices about their care and respected their decisions. People were supported to be independent where this was important to them.

People were supported to maintain good health and to access healthcare services when they needed them. The home had established effective relationships with local GP surgeries and the community nursing team. Staff monitored people's health closely and acted promptly if they identified concerns. Medicines were managed safely.

People felt safe when staff provided their care. Measures had been implemented to mitigate any risks involved in people's care. Guidance was provided for staff to ensure they supported people safely and in a consistent way. Staff were recruited safely and understood their role in safeguarding people from abuse.

People enjoyed the food at the home and were involved in the development of the menu. Relatives were able to join their family members for meals and told us they and their family members valued this.

Staff had access to the induction, training and support they needed for their roles. Staff communicated effectively with one another and worked well as a team. Handovers and team meetings kept staff up-to-date

about any changes in people's needs or to working practices.

The home had an effective management team which provided good leadership to staff and communicated effectively with people, relatives and professionals. The provider maintained an effective oversight of the service, which ensured people's care was well-planned and managed. Staff were positive about their roles and were valued by the provider for the work they did.

The views of people who lived at the home, their families and staff were encouraged and acted upon by the management team. People and their families felt able to raise any concerns they had and were confident these would receive an appropriate response.

People's care was designed and planned to meet their individual needs. 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.

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

Rating at last inspection and update
This service was registered with us on 17 December 2018 and this was its first inspection.

Why we inspected:
This was a planned inspection based on the date of registration.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was 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**

The Burlington

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
One inspector carried out the first day of inspection. Two inspectors carried out the second day of inspection.

Service and service type
The Burlington 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
The first day of the inspection was unannounced. The second day of the inspection was announced.

Before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service. We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is

required to send us by law.

During the inspection
We spoke with eight people who lived at the home and five visiting relatives. We spoke with the registered manager and eight staff including the deputy manager, team leaders and care, activities, catering and house-keeping staff.

We looked at care records for five people, including their assessments, care plans and risk assessments. We checked four staff recruitment files, medicines management and recording, health and safety records, quality monitoring checks and audits.

After the inspection
The registered manager sent us additional evidence via email.

Good

Is the service safe?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe at the home and when staff provided their care. Relatives were confident their family members were cared for safely. One person told us, "I feel safe here because staff are around to help if I need them.'' A relative said, "I know that [family member] can get help if she needs it. She is safer here than at home where she had a lot of falls."
- Assessments had been carried out to identify any potential risks to people, including the risks associated with mobility, skin integrity and eating and drinking. Where risks were identified, measures were put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people identified as at risk of falling when alone.
- The home had a business continuity plan to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and we saw documentary evidence of fire, gas and electrical safety. Equipment used in people's care, such as slings, hoists and wheelchairs, was checked and serviced according to manufacturer's guidelines. Risk assessments had been carried out to identify the support each person would need in the event of a fire.
- If accidents or incidents occurred, staff recorded the circumstances and factors that may have contributed to the event. These details were recorded on a central incident tracker, which enabled managers to review individual incidents and to identify any emerging themes. Managers also checked whether appropriate action had been taken to reduce the risk of a further incident and whether the incident needed action under safeguarding or Duty of Candour.

Staffing and recruitment

- People told us that staff were available when they needed them. They said they did not have to wait when they needed support and did not feel rushed when staff provided their care. Relatives told us staff were always available to meet people's needs when they visited and a professional reported, "Staff were visible around the home at all times during my visit."
- The registered manager had implemented a dependency tool which determined the number of staff required based on people's assessed needs. The management team checked call bell response times as part of their monitoring of the care people received.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and understood their responsibilities in protecting people from

abuse. Staff were able to describe the signs of potential abuse and the action they would take if they observed these. One member of staff told us, "If I saw something that wasn't right, I would speak to the person in charge." Safeguarding and whistle-blowing were discussed at team meetings and staff reminded of their responsibilities in these areas.

● The registered manager and deputy manager explained how they ensured that staff were aware of their responsibilities around safeguarding. The registered manager told us, "We want to make sure [staff] feel comfortable reporting concerns. It starts at the interview. We ask, 'What do you understand by safeguarding?'" The deputy manager said, "We also raise it with staff at probationary reviews and supervisions. We ask, 'Do you know how to recognise abuse? Do you know how to report concerns? Do you know who to report to?'"

● People had been given advice about safety and security. For example, the police and a bank had visited the home to talk about fraud and how to avoid becoming a victim of it.

Using medicines safely

● Medicines were managed safely. People told us staff helped them take their medicines when they needed them. A relative said, "They give [family member] her pills on time. She needs them at set times and they make sure she has them."

● Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent. Staff who administered medicines during our inspection demonstrated good practice. For example, the member of staff explained to people what each medicine was for and ensured they had taken the medicine before recording its administration. The member of staff was joined by a colleague to administer and record controlled drugs.

● There were safe and effective systems for the ordering, storage, administration and disposal of medicines. The sample of medicines administration records we checked were up-to-date and accurate. Medicines were audited every month by the management team and by an independent pharmacist on a quarterly basis. These audits confirmed that staff managed medicines safely.

● People were able to manage their own medicines if they wished to do so. Any support people needed to do this safely was recorded on a risk assessment. No-one was receiving their medicines covertly (without their knowledge) at the time of our inspection.

Preventing and controlling infection

● People and relatives told us that staff kept the home clean and hygienic. Cleaning schedules were in place to ensure hygiene was maintained in all areas of the home. These were signed off by housekeeping staff when completed and checked by senior staff.

● Staff attended infection control training in their induction and regular refresher training. Staff demonstrated good infection control practice during our inspection and used personal protective equipment, such as gloves and aprons, when necessary.

● Standards of infection control were checked by the operations director as part of the provider's quality monitoring processes. The home had a nominated infection control champion who advised that the home's annual infection prevention and control audit was scheduled for the week after our inspection.

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

This was the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain good health and to access healthcare services when they needed them. There was no weekly GP round at the time of our inspection as the number of people living at the home did not warrant this. However, the home had established effective relationships with two local surgeries which provided GP visits as and when required. People were visited by district nurses if they had ongoing healthcare needs. For example, one person was being visited by district nurses for wound care and another for catheter care at the time of our inspection.
- Staff monitored people's health closely and acted promptly if they identified concerns. A relative told us, "[Family member] has not looked so well for three years. At home, she was in and out of hospital with infections. Here, if they have any worries, they get the doctor out the same day." The relative said early contact with the GP meant their family member had been prescribed antibiotics before an infection became serious enough to require a hospital admission. Another relative told us, "They did all the registration with the doctor when [family member] moved in and they noticed things on her leg that we hadn't noticed. They got the district nurse in and that's all fine now."

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

- People told us they enjoyed the food at the home. They said their contributions to the menu were welcomed and that they could have alternatives to the menu if they wished. One person told us, "The food is lovely and I can ask chef if there is something in particular I would like. We have different things on offer and they are good meals."
- Relatives told us they could join their family members for meals, which they and their family members valued. They said their family members had benefited from the availability of good quality meals that they enjoyed. One relative told us, "The food is very good - the cakes are delicious – and we can join [family member] for meals if we want." Another relative said, "Since [family member] moved here she has started eating better. She has put on some weight, which is good as she wasn't eating properly in her flat."
- People were regularly asked for their views about the food and their feedback was listened to. The chef spoke with people at mealtimes and the menu was discussed at residents' and relatives' meetings. If people said they did not like a dish, the chef had removed it from the menu and if people had made suggestions for new dishes, these had been incorporated into the menu.
- People were encouraged to join others in the dining room at lunchtime but their choice was respected if they preferred to eat in their room. Staff offered people a choice of meals and checked that they were happy with the option they had chosen when it arrived. People who needed support to eat were assisted by staff in a dignified and unhurried way. The home had a private dining room which people could use if they had

guests or for a special occasion.
● People's needs in relation to nutrition and hydration were recorded during their initial assessment. If needs were identified, care plans were developed to ensure people were supported to maintain adequate nutrition and hydration. There were systems in place to ensure that people's dietary needs were communicated to catering staff.

Staff support: induction, training, skills and experience
● Staff had access to the training they needed for their roles. New staff had an induction when they started work, which included shadowing and completing all elements of mandatory training. One member of staff told us, "The induction was very good. They talked me thorough everything I had to do and explained how everything worked." Another member of staff said, "I worked alongside people before I became a carer to get to know the residents and how they like things done. It's important because everybody is different."
● Staff were expected to complete relevant qualifications, including the Care Certificate, a set of nationally-agreed standards that health and social care staff should demonstrate in their work. Staff told us they were able to complete their training flexibly at times to suit them and that support was available to them if they needed it. One member of staff said, "We can always ask questions if we are not clear about something, just to make sure we have taken it in. If I'm not sure, I always ask." Another member of staff told us, "I had not worked in care before so everything was new to me but I have had good support from my managers and colleagues."
● Staff met regularly with their managers for supervision and appraisal. Staff told us these sessions enabled them to discuss their performance and professional development. One member of staff said they had recently had an annual appraisal with their line manager. The member of staff told us, "We sat down and spoke about how I'm doing and what I could do better. I expressed how I felt."
● Staff communicated effectively with one another and shared information about people's needs. Staff always received a handover at the beginning of their shifts to ensure they were briefed about any changes in people's needs. Each member of staff was assigned specific roles to make sure people received the support they needed. A team leader told us, "We run the shift. We tell the carers what they are doing for the day. We organise admissions and make sure all the staff are aware of their needs." A member of staff said, "We always have a handover. Our team leader comes in early and gets a handover from the night staff. There is good communication. You need that in a place like this." Another member of staff told us, "The team leaders give us all the information because they do the care plan. They will tell us if a resident has an allergy or needs prompting to drink. A team leader will always brief us about a new resident."

Adapting service, design, decoration to meet people's needs
● The home had been purpose-built and designed to meet the needs of older people, including people living with dementia. The ground floor was step-free, including access to the garden, and all areas of the home were wheelchair-accessible. The dementia community had yet to open at the time of our inspection but consideration had been given to its layout and signage to ensure its suitability for purpose.
● The home had spacious and comfortable communal areas, including lounges and dining rooms, a bistro, cinema room, treatment room, library and hairdressers. People had access to a large, well-maintained garden. Ground floor bedrooms opened onto the garden and people were encouraged to personalise and enjoy their garden space. Adaptations and equipment were in place where necessary, including adapted bathroom facilities, and each bedroom had an accessible, en suite bathroom.
● People told us they liked their bedrooms and said they had been encouraged to personalise them to their own taste. One relative said of their family member, "She could bring the personal possessions that were important to her, ornaments and pictures." Another relative told us, "[Family member] loves her room. She brought in the things she wanted to, bits and pieces from home, although this is her home now."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
● People's needs were assessed before they moved to the home to ensure staff could provide their care. People and their relatives said they had been encouraged to contribute their views to the assessment process. One relative told us, "They did the assessment in (family member's) flat so they knew what care she would need. Everything was arranged from the assessment. We were involved in making the care plan." People's care was reviewed on a regular basis or if there was a change in their needs, for example following a hospital stay.
● Care was provided in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. The management team sought advice on practice from relevant healthcare professionals and implemented guidance where appropriate. For example, the local medicines optimisation team had provided advice on the management of controlled drugs, which had been incorporated into the home's procedures.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People's care was provided in line with the MCA. People had recorded their consent to the care they received and said staff asked for their consent on a day-to-day basis. Staff promoted choice and respected people's decisions about their care and support. One member of staff told us, "We are here to care for the residents and listen to their choices; we always ask them what they want." Another member of staff said, "It is important not to assume someone wants something just because it's what they usually have. They have the capacity to choose what they want."
● The provider communicated with representatives legally authorised to act on people's behalf where necessary to ensure that decisions were made in people's best interests. If people were at risk of harm, staff implemented the least restrictive options to keep them safe. For example, staff did not use bedrails if people were at risk of falling from their bed, instead using sensor mats and low beds to reduce the risk of harm.

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

This was the first inspection of this newly registered service. This key question has been rated Good. This meant 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 that staff were kind and caring. One person told us, "The staff here are nice; very kind and always smiling." Another person said of staff, "They are all lovely. I couldn't fault them."
- Relatives told us staff treated their family members with kindness and respect. One relative said, "The staff are very good here, they are caring and respectful." Another relative told us, "Everybody here is so lovely. From the girls on reception, everyone's here to help. The main thing is the carers themselves. They are a very caring bunch."
- People told us the home had a friendly, welcoming atmosphere. They said they had been given good support to settle in when they first moved into the home. One person told us, "Everyone has been very welcoming."
- Relatives said their family members enjoyed their lives at the home. One relative told us, "The biggest thing for us is that [family member] says she is happy here." Another relative said, "[Family member] did not want to move into a care home but, once she was here, it appealed to her. Now she says, 'I am lucky to be here.'"

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their privacy and dignity. People told us staff were respectful when supporting them. The provider's quality monitoring processes included auditing people's experience of care. These audits involved observing staff practice to check whether they engaged with people in a way that was kind, caring and respectful.
- Staff engaged with people in a way that was friendly yet respectful. Staff from all departments told us they were encouraged to engage with people during their working days. A member of catering staff said, "Whenever I go past someone's room, I pop my head in and say hello. We are encouraged to do that."
- We observed that staff were quick to respond if people became anxious or upset, offering comfort and reassurance. Feedback we received from a professional following a visit to the home stated, 'All staff were friendly, polite and welcoming. Staff were seen to engage well with the residents and were respectful.'
- People were able to maintain relationships with their friends and families. Relatives and friends were encouraged to be involved in the life of the home and were invited to events. Relatives told us that they could visit at any time and that they were made welcome when they did so.
- People were supported to manage aspects of their own care where they were able and wished to do so. A relative told us, "Staff support [family member's] independence; it is important to her." Staff understood the importance of supporting people in a way that promoted independence. One member of staff said, "We encourage people to do as much as they can for themselves." Another member of staff told us, "The

residents need our help but they want their independence as well."

● Staff understood the importance of promoting choice in the way they provided people's care. One member of staff told us, "There is a focus on choice here." Another member of staff said, "We give the residents choices about what they want to do, what they want to wear, what they want to eat. So, at lunch we don't say, 'Would you like the soup?', we go through all the options to ensure they have a choice." A relative told us, "People are very well looked after here. There are a lot of activities and they get a lot of choice throughout the day."

Outstanding ☆

Is the service responsive?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although there were only 19 people living at the home, and this number could eventually rise to 78, the provider demonstrated the capacity to maintain the outstanding aspects of the service in this domain as the number of residents increases. These outstanding aspects included community involvement, intergenerational work and providing focused support to individuals
- The home had established a key role in the local community and was actively involved in building further links which had an extremely positive impact on people's well-being. Contact with other community resources and support networks was encouraged and sustained.
- Coffee mornings took place each week to which people's families, friends and the home's neighbours were invited. People told us they enjoyed these opportunities to socialise with their families, neighbours and staff.
- The home had introduced intergenerational initiatives, which provided opportunities for people to engage with others of different ages. For example, the home hosted a children's playgroup each week and children from local schools and youth drama groups had performed shows at the home. Two students from a local school visited the home regularly to read to people.
- The home made use of volunteers to supplement activities and outings. Relatives told us their family members benefited from the opportunities afforded to them to go out. One relative said, "They took [family member] to the garden centre so she could buy her own Christmas cards. She bought a present for my wife, too. She hasn't been able to get out for years [before moving to the home]. It gives her her independence back a bit."
- Staff encouraged and supported people to develop meaningful relationships with others, which helped avoid social isolation. A member of staff told us, "We encourage people to socialise. We try and help them get to know everybody." Relatives told us this had enabled their family members to make friends since moving to the home. One relative said, "It is very sociable here. [Family member] has breakfast in bed but she is up for the rest of the day. She has her meals in the dining room and the staff interact with the residents. There are loads of events and she likes the hub [café]."
- The home had established links with the nearby church, local businesses and voluntary groups. For example, people had visited Shepperton Film Studios and the Studios had put on amateur theatre in the home. The 'Dementia Friendly Shepperton' group met regularly at the home to provide mutual support and advice. This group was open to people who lived at the home and people from the local community who were living with dementia or supporting a family member living with the condition.
- The home had adopted innovative approaches to supporting people, which enabled them to live as full a life as possible. For example, some people had reported to staff that they sometimes felt lonely despite the

availability of group activities and events. This had prompted the home to recruit 'care companions' to support people who experienced loneliness on a one-to-one basis. Care companions had been selected based on people's individual needs and the people they supported had been involved in their recruitment.

● We spoke with a care companion, who told us about the positive outcomes the initiative had achieved for people. The care companion said, "It is completely person-centred to [person]. We go for walks every day. I've helped her with her Christmas card list. I have noticed the difference in her; she is far more relaxed. She is a transformed person, so much more positive."

● The registered manager and staff recognised the importance of enabling people to live active and meaningful lives and the part that tailored activities could play in achieving this. A member of staff told us, "Very quickly people can become institutionalised and reluctant to leave the home. When we are planning activities, we think about their physical, mental and spiritual needs."

● Activities were planned to meet people's individual needs and interests. For example, people who had an interest in gardening before they moved to the home were supported to maintain this. A gardening club had been formed and people had been to the local garden centre with staff to buy plants for the home's garden. A trip to Kew had been arranged to enable people to enjoy the botanical gardens.

● The home acknowledged and celebrated people's individual achievements. For example, one person had displayed an exhibition of work from their career as a professional photographer. This event had been advertised in the home's newsletter and had been well-attended by people from the local community.

● People and their relatives highlighted the opportunities to take part in meaningful and interesting activities as one of the home's strengths. One person told us, "The activities are really good. There is something planned every day. We have music, quizzes, flower arranging." A relative said of their family member, "She loves the activities. There is always something going on. They had a school choir here yesterday."

● Relatives told us their family members were enjoying the seasonal activities staff had arranged. One relative said, "There's lots going on for Christmas. They have a Christmas party and they took the residents to the local pub." Activities arranged over the summer included barbecues and visits from a local radio station, which had broadcast from the home's garden.

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

● People's care and support plans were individualised and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests. Relatives confirmed that they and their family members had been encouraged to contribute to the development of their care plans. One relative told us, "They talked to us about the care plan. They were keen to make sure it was what [family member] wanted."

● Care plans had been developed where needs had been identified in areas including personal care, mental health, continence, tissue viability and oral health. Care plans were detailed and contained clear guidance for staff about how people's care should be provided.

In addition to information about people's needs, care plans also detailed people's personal preferences, which enabled staff to provide care in the way each person chose. For example, one person's support plan informed staff they should not close the person's bedroom door at night because they preferred to sleep with their door slightly ajar.

● Staff understood the importance of providing personalised care to each individual. One member of staff told us, "We recognise that each person is different and wants things done in a certain way." Another member of staff said, "Even if they can't do something themselves, they know how they want it to be done so we work together."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the

Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs had been assessed and individual communication plans developed to meet these needs where necessary.

● Information about the home, such as the service user guide and the complaints procedure, was available in accessible formats such as large print and Braille. A hearing loop had been installed in the home.

End of life care and support

● The home was not providing end-of-life care at the time of our inspection, although had done so in the past. Work had begun on the development of end-of-life care plans to ensure these reflected people's wishes. Meetings had been scheduled with people and their families to discuss what was important to them towards the end of their lives.

● The home had access to support from a local hospice and community nursing team to ensure the effective provision of end-of-life care. The hospice had provided end-of-life care training for staff and further training sessions were planned. The registered manager told us the expertise of hospice staff had supported the home's staff to provide personalised and effective end-of-life care. The registered manager said, "They supported the resident, the family and the staff in conjunction with the district nursing team and the GP. It worked very well."

Improving care quality in response to complaints or concerns

● The provider had a written procedure which set out how complaints would be managed. People and relatives knew how to complain and told us they would feel comfortable doing so. One relative said, "We have not complained but if we make suggestions, they take things on board." Another relative told us, "We have been given information on how to make complaint. I don't doubt they would take it seriously."

● The registered manager demonstrated a positive approach to concerns, using these as opportunities for learning and improvement. The registered manager told us they encouraged people to raise any concerns they had so that action could be taken to address them. The registered manager said, "I have never seen complaints as a negative. We have residents' and relatives' meetings where they are informed who they can ring, who they can speak to [if they have a concern]. They are encouraged to stop a team leader. It is a reassurance for them."

● The home had received no formal complaints since it opened but issues or concerns raised verbally were recorded, along with the action taken to address them. This record demonstrated that any issues people raised were responded to. There were systems in place to ensure that any complaints received and the response to them were monitored by the provider's senior management team.

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

This was the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 home was well run. They said they could always speak to the registered manager or a member of senior staff when they needed to. Relatives told us the home communicated well with them about their family member's care. One relative said, "They are good at keeping in touch." Another relative told us, "If there are any changes [to family member's care], we get a phone call straight away."
- Staff told us they received good support from their managers and senior colleagues. One member of staff said, "Any concerns, I can speak to [registered manager] or [deputy manager]. They ask us how the shift is going. They are very supportive." Another member of staff told us, "All the managers are approachable. The team leaders are great, I can't fault them. If I need help, it's there."
- Staff were positive about their roles and enjoyed the work they did. One member of staff said, "It is a good team to work with and great management to work for." Another member of staff told us, "It is a nice home and I really like working here. It is a great environment to work in."
- The registered manager told us the management team aimed to create a working environment in which staff at all levels supported each other to achieve good outcomes for people. The registered manager said, "The culture we have created is not to do with hierarchy. We are all here with one goal."
- The provider had introduced an award scheme for staff which recognised outstanding contributions in categories including 'Care and Compassion' and 'Service Improvement and Innovation'. Nominations for awards could be made by people and their families, professionals or staff.
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

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

- People who lived at the home and their families were encouraged to give their views about the service and these were listened to. The registered manager told us they worked collaboratively with people and families to identify effective solutions to any issues raised. The registered manager said, "They are encouraged to help me solve an issue. We work together to find a solution."
- The registered manager gave us an example of how this collaborative approach had worked. Families reported they had to wait longer to access the home once the receptionist had finished work for the day. Initially the receptionist changed their working hours but this did not prove a satisfactory solution. A relative suggested issuing families with a door code for their use only, which would enable them to access the home

when they arrived. This was implemented and families were satisfied with the solution.
● Residents' and relatives' meetings took place regularly and a quarterly newsletter was distributed to keep people up-to-date with developments in the home, such as staff changes, events and outings. Residents' and relatives' meetings were also used to seek people's views about the home and suggestions for improvements.
● Staff told us the management team encouraged and implemented their ideas about improvements. For example, one member of staff said they had suggested towel rails should be installed in people's en suite bathrooms and this had been carried out. Another member of staff said of the home's management team, "They say, if you've got any ideas, come and see us. Anything to improve and make it as good as possible for the residents." The registered manager told us, "We introduce something and then we monitor it. The way we monitor it is we speak to our staff as they are the ones who have to deliver it."

Continuous learning and improving care
● Staff at all levels met regularly to discuss people's needs and the care they required. This ensured that people's care was provided in a consistent way. All heads of departments met for a 'huddle' meeting each morning to plan the day ahead, including any admissions, appointments, activities and events. The notes of these meetings were uploaded to the home's care management system, which enabled staff to read key messages about events or changes in people's needs.
● The home's management team also met regularly to ensure people's care was being delivered to meet their needs. The registered manager told us, "We discuss anyone who is unwell, medicines processes, falls prevention, hydration, any equipment needed. We look at our residents' needs and whether we are meeting them."
● Senior leadership meetings involving the provider's managing director, operations director, registered manager and HR and training manager were held each month. These meetings were used to monitor the home's service development plan and key areas of the service such as staffing and recruitment.
● There were effective systems of quality monitoring, which ensured that people received well-planned and managed care. Key areas of the service were checked and audited regularly. These areas included people's assessments and care plans, standards of infection control, medicines management and health and safety. Any untoward events that occurred were reviewed to ensure learning and improvements took place.

Working in partnership with others
● Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs and district nurses. Professionals were encouraged to leave feedback about the home following their visits. The feedback we read from professionals was positive about the care people received and the way in which staff provided it.
● The home had taken advice from specialist healthcare professionals to improve systems and processes. For example, the community medicines optimisation team had provided training for the home's medicines technicians and advice on medicines systems. Managers and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.