

# Care UK Community Partnerships Ltd

# Chichester Grange

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Chichester Grange is a residential care home providing personal and nursing care to up to 75 people. The service provides support to people with physical disabilities, people living with dementia and age-related frailties. At the time of our inspection there were 43 people using the service.

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

People and their relatives spoke highly of the service, comments included, "I'm so lucky to be here I wouldn't want to be anywhere else there are no pressures they look after me so well." And, "I would definitely recommend the home, no hesitation. It's like a 5-star hotel and that's the impression you get when you go in. The staff are so good and everything you need is there."

People told us they felt safe and happy. People and their relatives said they felt comfortable to speak with staff or management if they had any worries or concerns. One person told us, "I love it here when I was in hospital, I wanted to come home and when I said home, I meant here." Staff received safeguarding training and understood their role preventing and reporting potential abuse. Staff told us they were confident the registered manager would take any concerns seriously. A staff member said, "If I was worried about abuse, I would talk to my line manager."

People received their medicines from registered nurses who were trained and competent to administer them safely. People's relatives were kept informed of any changes. One relative said, "They are very good with the medication, keep on top of it. When my relative stays with us, they give us a list of what is taken and when." The service was clean, staff practised good infection control to help protect people from the COVID-19 pandemic and other infectious diseases. A relative told us, "It's spotless, like a top hotel, there's no smell."

People's health risks were assessed and managed safely. Where people required support with equipment to move and position, staff followed care plans to ensure they were assisted safely. Some people were at risk of choking, risk assessments and care plans detailed how staff should support them with their meals. We observed people being served meals at the correct consistency and staff assisted them in line with their care plan.

People were supported by enough staff who knew them well. One relative described the staff as, "Very caring, couldn't have been more caring." Another relative said, "Staff are friendly, efficient, caring, they treat the residents really well, nothing is too much trouble." We observed kind interactions throughout the inspection, people were treated with dignity and respect.

People and their relatives said they were involved in planning their care, this included life histories so staff could learn about people. The activity schedule was planned around people's hobbies and interests. People were consulted on what they wanted to do and were free to use spaces in the service including, the pub, the cinema, the café and various activity rooms. People contributed towards the 'wishing tree' staff worked hard

to grant wishes, such as, helping a person achieve a higher education and granting a life-long dream for a person to sing in a cathedral.

People, their relatives and staff told us they felt comfortable to make suggestions or complain if needed, they were confident the management team would deal with any problems. Relatives told us staff and management kept them up to date with changes to their loved ones. One relative said, "The manager is approachable, we asked about getting pictures put up in [person's] room and it was done the next day." People and their relatives were invited to meetings to discuss and contribute towards the running of the service, their views were listened to.

Quality assurance processes were robust and ensured effective managerial oversight. Audits of care records carried out, had identified some inconsistencies in people's care records in comparison to planned care. The registered manager addressed shortfalls with staff and improvements had been made. Other quality assurance processes were effective in identifying areas for improvement.

Staff and the management team worked closely with health and social care professionals to improve people's care, safety and well-being. Professionals spoke highly of the service. Comments included, "Staff interaction is good, I visited once and [person] was loving some activities. They were enjoying the ball game. [Person] got upset when we took them from the lounge to speak with them. A staff member came over and took them by the hand and calmed her down really well, some really good stuff there." And, "When it comes to [registered manager], they are very engaging with any suggestions I have."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 1 December 2021 and this is the first inspection.

#### Why we inspected

This is the first inspection for this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Chichester Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors 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.

#### Service and service type

Chichester Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chichester Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. We visited the location's service on 15 December 2022.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 8 relatives of people who use the service about their experience of the care provided. We spoke with 3 health and social care professionals who regularly visit the service and 8 members of staff including the registered manager, members of the management team, registered nurses, care workers, the chef and housekeeping staff.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

This is 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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. People told us they were confident to speak with the registered manager or staff members if they felt unsafe. One person told us, "The staff are always approachable [staff name] is very good if there was trouble at mill, I could go to them." A relative said, "My family member is a 100 times better, like a different person, it's the fact they are eating well, has company, feels safe with people around, so is not worried."
- Staff received safeguarding training and clearly described what constituted abuse and what action they would take should they suspect people were at risk of harm. One staff member said, "I would stop, make safe, and report."
- The registered manager demonstrated their knowledge of safeguarding. Where required, safeguarding incidents had been identified and appropriate referrals had been made to the local authority. Investigations included immediate actions taken to reduce risks of reoccurrence and lessons learned were cascaded to staff.

Assessing risk, safety monitoring and management

- People were supported to live their lives according to their wishes. People were empowered to be involved in risk management planning. For example, a person with health conditions was supported to go to the theatre, due to their health conditions this required a robust risk assessment which was carried out with the person. Risks were mitigated by them being accompanied by a registered nurse to ensure clinical support was available if required.
- People who were at risk of choking received diets appropriate to their needs. Speech and language therapists (SaLT) advice was clear in people's care plans. Where SaLT advice was delayed due to waiting lists, staff contacted people's GP to discuss the risks, diets were agreed with people and their GP. Staff were knowledgeable of who received modified diets and at what consistency for them to eat safely.
- People had personal emergency evacuation plans (PEEPs) in place. PEEPs highlighted what assistance people required in an emergency on a red, amber, green system. Staff placed discrete coloured stickers on people's bedroom doors which corresponded with their assessed risk so they, and emergency services could clearly identify the level of assistance needed.
- Health and safety personnel completed regular checks around the premises, these were overseen by the registered manager. The checks included fire safety, legionnaires and electrical safety. Where the fire and rescue service had made some minor recommendations, these were completed in a timely way. Equipment was stored and serviced appropriately, risk assessments were in place for people who required equipment to safely move and position.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager addressed shortfalls in the rota with agency staff and where possible block booked agency staff to ensure a continuity of care for people. A recruitment drive had been held and the registered manager was in the process of screening and training new staff. One relative told us, "Permanent staff know the residents better and can build up a relationship, however, I am aware that this issue is currently been addressed by management."
- Staffing levels were determined from different factors. A dependency tool was used in conjunction with feedback from people and staff. The registered manager told us they increase staffing levels depending of people's needs, rotas confirmed this. We observed enough staff were available to respond quickly to people's requests and staff had opportunities to spend time with people. As the service had newly opened at the end of 2021 the provider had taken a staggered approach to opening new suites, staffing levels was a factor in the timeline of opening.
- Staff were recruited safely. Applications forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Registered nurses were employed at the service, their registration with the Nursing and Midwifery Council were up to date and verified.

#### Using medicines safely

- People were administered their medicines safely by trained and competent staff. People told us they received their medicines at the right time and our observations confirmed this. One person told us, "They administer my medication there's a routine for that and quite happy with the routine." Where people were prescribed time critical medicines, such as, medicines for Parkinson's disease, these were highlighted to ensure administration was at the correct time of day.
- Staff completed training and had their competencies assessed before being permitted to administer medicines to people. The service operated an electronic medication administration record (eMAR) system, staff had been trained and assessed to use the system.
- People had medicine profiles which specified their preferred way of taking medicines, we observed a registered nurse administering medicines in a person-centred way and in accordance to the profile. Staff were guided by protocols to enable them to identify when people needed their 'when required' (PRN) medicines. Where people preferred to administer their own medicines, risk assessments had been put in place which enabled them to do this safely.
- Medicines were stored and documented safely. The clinical lead and nurse manager carried out regular audits to ensure there was enough stock. Staff supported people to attend reviews to ensure they were prescribed the correct medicines and the medicines were effective.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



- People were able to welcome their visitors into any part of the service; the café was well used, and people regularly went out with their friends and family.

#### Learning lessons when things go wrong

- The service had an open culture. Staff knew when and how to report accidents or incidents which resulted in appropriate action being taken.
- Lessons were learned and shared when things went wrong. For example, incidents where a person living with dementia had left the premises without staff to ensure they were safe, had been investigated and constantly reviewed. Safety measures were put in place and staff followed the person's care plan to engage with them and monitor their well-being. The person had settled and had not tried to leave the premises alone following the actions taken by staff.

# 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 is the first inspection for 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.

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

- People's needs were assessed before they moved into the service. The preadmission assessments provided an overview, to include health conditions, wishes, religious and spiritual preferences and lifestyle. The registered manager ensured people's support was reviewed shortly following their admission. One relative told us, "They had a care plan review 2 weeks after admission and it worked out so much better than anticipated." Staff ensured people experienced a smooth admission process. They completed a list which included checking areas, such as, the completion of a lifestyle planning document and introduction of a keyworker to the person.
- People and their relatives told us the admission process was completed smoothly. They were given the opportunity to view the service and choose a bedroom prior to moving in. We were told, "The admission process was very good. [Staff name] showed us round and a week to 10 days later [person] was admitted. They took us to the room, we unpacked, and they sorted labelling the clothes. Everything was straight forward; the paperwork was done smoothly."
- The staff used nationally recognised tools in response to people's individual needs effectively. When assessing risks of malnutrition, staff used the malnutrition universal screening tool (MUST), to ascertain weight loss. The registered manager had oversight of any weight loss, monitored and addressed concerns. Where required, people's weights were monitored weekly, referrals were made to dieticians and kitchen staff were aware to introduce additional calories to people's diet.

Staff support: induction, training, skills and experience

- People told us staff had the right training to meet their needs and our observations confirmed this. Staff received training relevant to the people they supported, for example, training in dementia awareness. Staff skills and competencies were assessed by management. One relative commented, "They (staff) are well trained you can see that by the way they use the hoist and deal with people with dementia and people's frailty, it's done well."
- Staff received a variety of training opportunities and had the knowledge, skills and experience to support people effectively. Further learning opportunities were available for staff who wished to develop their skills. For example, in addition to dementia awareness, staff completed a 'become a dementia friend' course. This helped staff to broaden their knowledge, understanding and communication techniques when caring for people living with dementia.
- Staff received regular supervisions, spot checks and attended meetings; records supported this. Staff told us supervisions were conducted by their line manager and were supportive. Staff said they were able to approach the registered manager any time and did not have to wait for a supervision to discuss issues.
- New staff completed the Care Certificate, the Care Certificate is an agreed set of standards that define the

knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We saw staff had a minimum of 2 weeks shadow training with experienced staff members to get to know people and the service before working on their own.

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

- People were well supported to eat and drink according to their wishes, tastes and health conditions. Menus were designed around people's wishes and feedback. One person told us, "The food is just fabulous I love it it's healthy I like fresh fruit salad and yoghurt you get to choose between two different types of meals I wouldn't eat anything that I don't like, but I do like the food here." A relative said, "[Person] is eating 3 meals a day and hadn't done that in a while, there's good variety, they are not forced to eat what is on the menu, there are alternatives. My relative looks healthier."
- Where people required assistance to eat, staff supported them in a dignified way. People who lived with dementia were asked their meal choices shortly before mealtimes. One person told us, "We can pick just before lunch or supper they always got an alternative we just need to let them know I think about half an hour before the meal is served."
- The chef and kitchen staff understood people's dietary requirements. Meals were prepared with low sugar for people living with diabetes. One relative said, "[Person] likes the food, there's a lot of variety, they keep an eye on the food as my relative is diabetic. They are drinking well, a jug of water a day and diabetic drinks."
- People had control with their mealtime experience and chose to eat meals in the dining room, the café or their bedrooms. There were private dining areas available for people who wished to dine with their families. Fresh fruit was available for people to snack on in the lounges and people could choose to visit the café when they wanted. The bar served alcoholic drinks, beer and wine was available for people if they wished.

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

- The service was clean, and the layout was well thought-out and tastefully decorated to meet people's needs. People and their relatives commented on the décor and felt it was suitable for them. Suites were key coded to ensure people's safety, due to the design and layout people were able to freely access all communal spaces. The service has won a national award for 'care home design of the year,' shared spaces included a café, pub, cinema and activity rooms, all of which were well used throughout our inspection.
- The garden had been designed with consideration to people's ease of access, the garden was flat and wheelchair friendly. We saw people using the garden freely for daily walks. A relative commented, "All in all, it's a lovely place there are lovely gardens it's nice clean and the staff are really nice."
- People were able to walk freely around the service as they pleased, clear written and pictorial signage supported people to recognise shared spaces and bathrooms. Bedroom doorways were personalised with memory box displays to help people identify their rooms independently. Where people preferred not to have a memory box, their wishes were respected. Consideration had been given to people who were visually impaired, for example, the railing and banisters had raised dots to alert the person the railing had ended.
- People were encouraged to decorate and personalise their bedrooms. People had brought furniture from their previous homes and were able to bring items such as, bedding, which was stored for their personal use. Appropriate equipment was available for people, for example, specialist beds, hoists, stand-aids and commodes. People could choose if they wished to shower or bathe using wet rooms or assisted bathrooms.

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

- People had access to healthcare agencies, including opticians and dentists. Where people found it difficult to attend off site services, the management had arranged for clinics to be held in the service. Relatives told us, "[Staff member] is always very helpful, they arranged for the mobile dentist to come in." And, "They are

very good at getting the doctor in and are keeping on top of [person's] bloods. The GP service is good, and I have learnt more about my relative's health since they have been at this home than before. I have taken [person] to some appointments and they take them for others, such as, the hearing services."

- Staff worked with external agencies to provide good outcomes for people. One healthcare professional told us, "They listen to my advice, our teams and our doctors' advice. Staff follow advice well; they know how to get our team back involved. The manager has my email address, any issues they drop me a line, it's about working together."
- Records confirmed people were supported to access healthcare such as, chiropody and audiology. People were involved in the decisions and care plans guided staff on how to assist them.

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments had been carried out in relation to people's care needs. Where people lacked mental capacity to make their own decisions best interest decisions were made with people, their relatives and professionals. A relative told us, "I am fully involved in best interest decisions and in the care plan, I am kept fully in the picture, they made sure we were happy with a medication change for example." Staff had received MCA training and demonstrated their knowledge by involving people decision making.
- DoLS applications were made appropriately, the service had assessed people's mental capacity and made applications in people's best interests. Where conditions were imposed on authorisations, we saw evidence they had been met. As a result, people were restricted in the least possible way.
- Where required, the registered manager had engaged with advocacy services and independent mental capacity advocates (IMCAs). This ensured people who lacked mental capacity and were un-befriended had their voices heard when making important decisions.

# 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 is the first inspection for 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.

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

- People were involved in their care and support and were encouraged to express their views. One relative told us, "[Person] decides what they want to do, they go out for a walk in the garden twice a day. My relative likes being with people but after the evening meal they goes off to their room to watch TV, the room is very nice, it's kept tidy and they can go in there when they want to."
- Staff told us they worked closely with people to understand their needs and wishes. One staff member told us, "It's all about fulfilling lives getting to know people, this place has a beating heart." Where people were unable to communicate their views about their care and support, staff said they would watch carefully to make sure people appeared comfortable and responded well to the assistance; our observations confirmed this.
- We observed, and people told us staff asked consent prior to supporting them. People were empowered to make decisions, for example, they were asked how often they wanted staff to pop into their rooms for well-being and comfort checks. One person who required assistance to change their position to maintain skin integrity had requested to not be disturbed at night. Staff made sure they were fully aware of the potential risks of sustaining pressure damage but respected their decision. The person agreed to pressure relieving equipment to lessen the risk.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by respectful and caring staff. All staff received equality and diversity training and demonstrated their knowledge through observations and positive feedback. People told us, "All the carers are lovely here, I can't really pinpoint if I've got a favourite." And, "No regrets in coming here, lovely facility, much safer than at home, carers are kind especially with people who have wheelchairs, they attend to them immediately." A member of the management team said, "The care team show a lot of compassion to the residents here, I see this when I'm going around undertaking observations. There's a very light atmosphere within the home and residents are treated as individuals."
- Staff knew people's preferences but confirmed they would always check with the person what level of assistance they would like. People living at the service have varying needs and staff respected what people could do for themselves. Where people's preferences had been expressed, staff had adhered to their wishes. For example, where people requested a specific gender of staff to support them, this was respected.
- We observed positive interactions between people and staff throughout the inspection. The atmosphere in the communal spaces was light and friendly. A person living with dementia displayed some distress, they were quickly supported by a staff member in a kind manner.
- Staff worked hard to encourage people to express their individuality. One person told us, "I like a good moisturiser and I like to wear makeup I feel it's important and even at my age I like to put my best face

forward." The person told us staff supported them to ensure they had their preferred beauty products.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff received dignity training and demonstrated what they had learned. People told us, "From the top to the bottom they are very respectful" And, "The care is very discreet, they are there when I need them."
- We observed staff knocking on people's bedroom doors and obtaining permission before entering. Staff spoke discreetly with people where needed, for example, when asking people if they wished to go to the toilet. A relative told us, "They let [person] do what they are capable of doing, encourage them to go to activities, exercise sessions, painting - that is respecting independence. They knock and wait before entering the room."
- People were enabled to maintain their autonomy. One person told us, "I do my own personal care I haven't got a bath but like a shower morning and evening twice a day can be excessive but that's my preference." There was a range of equipment available for people depending on their abilities and preferences. One relative told us of equipment used to retain their loved one's independence and said, "They support [person's] independence and treat them with dignity and respect. They are very good about toileting and raised the seat so my relative can take themselves there."
- People's confidentiality was maintained in line with data protection. Care plans records were secured and were only accessible to people, where applicable, their relatives and staff.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained their choices and preferences which empowered them to pursue their goals and wishes. One person said, "They're always asking me if I want to do this or want to do that." A staff member told us, "It's important to listen to people and ask their views to really engage them."
- People's care was constantly reviewed, and they were in control of their day to day support. Staff used a 'resident of the day' system to understand people in depth and review all aspects of health, emotional and social care needs. One relative told us, "The manager makes sure everyone has what they need, they are really keen to provide a personal service to everyone that lives here."
- Personalised care was planned around people's preferences and reactions. For example, one person living with dementia had one to one support from staff. Staff noticed the support was overbearing and was becoming detrimental for the person, the support was safely decreased over a period of time. The person's well-being was noted to be increased following the review.
- People and their relatives were involved in the care planning process. The registered manager told us when planning people's care, people were asked to complete a life history book so staff can provide support holistically. Where people were unable to recall their life histories, staff would collate information from their family members. One relative told us, "[Person] much prefers the radio to the TV and has CDs in their room, which staff put on - this demonstrates that they have read the life history."
- Staff had a clear understanding of what person-centred care meant. They had received person-centred care training, we observed staff speaking and interacting with people differently to suit their preferred manner. Staff clearly described what was important to individuals and demonstrated how they ensured their needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans which guided staff to their preferred method of communication, and any difficulties they may have. Care plans directed staff to ensure communication aids were available to people such as glasses and hearing aids.
- Where people lived with reduced sight, staff supported them to access audio books and read documents aloud when required. Staff would access large print books from the local library at people's request.

- The management team described how the service met the Accessible Information Standards. All documents were available in larger print formats, picture cards were available where needed. The activity schedule and menus were pictorial to assist people to make choices.

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

- People experienced meaningful activities to enhance their well-being. The management and activity staff developed a comprehensive programme of activities to stimulate people's physical, social and emotional needs. Activities were adapted to suit people living with advancing dementia. People were encouraged to continue hobbies such as, potting plants in the garden and baking. One person was making a Christmas cake with staff, they told us they had suggested this, and the staff member was sourcing a good brandy to put in the cake.
- The extensive programme of group activities was planned around people's interests and preferences. There was a large library area, where people could choose books or spend some quiet time. Each suite had an accessible activity room for people to spend time in. We saw people and their relatives crafting together during the inspection. One person pointed at a staff member and told us, "They are amazing, they are the lifestyle lead. I sometimes prefer to spend time by myself, I'm busy here [lifestyle lead] makes sure there's always something to do."
- People had contributed to the 'wishing tree', various wishes had been granted following people's requests. One person's goal was to complete a qualification in physics; staff arranged for them to attend the local college and for a tutor to provide private lessons. The registered manager told us how this had stimulated the person's memory and increased their well-being. Another person's ambition to sing in a cathedral was met, staff worked hard to support their dream.
- One person had a strong interest in painting, their wish was to sell artwork at a gallery. The registered manager set up an exhibition in the café where the person sold their paintings, following this they printed the artwork onto Christmas cards to be sold to people and their visitors. Other people took an interest in painting and requested workshops to be held by the person, this was a regular event on the activity schedule.
- People were encouraged to maintain relationships with their loved ones and received visits in the service without restrictions. Relatives described how they were made welcome when they visited and told us, "We turn up as and when to visit and whenever we go it has always been good. The staff will ask if we are staying for lunch."

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident to raise any complaints. One person told us, "The management here are professional, I don't have any complaints, but I am sure any would be dealt with efficiently." A relative commented, "I've had some grumble since my relative moved in but I'm happy with the way they've been dealt with."
- The registered manager carried out regular reviews of complaints and concerns. They responded to complaints and concerns appropriately and learned from investigations. Learning was shared with the staff team to prevent reoccurrences.
- Information about how to complain was displayed and contained in the information pack given to people and their relatives. The information was detailed and set out what the complainant should expect should they wish to make a complaint, the timescale of responses and how to escalate further concerns.

End of life care and support

- People were supported well when at the end of their lives. People and their relatives contributed towards end of life advanced care planning. Care plans included important aspects to people such as, faith,



preferred music and whether they wanted family with them. We observed staff supporting people in a dignified and caring way.

- The registered manager was keen to ensure personalised end of life care planning and sensitively emphasised the importance in the most recent newsletter. The newsletter invited people and their relatives to complete a document to support conversations about future care.

- Relatives told us they felt supported by staff and were kept well informed of their loved ones changing needs. One relative told us, "We had a phone call when they were concerned about my family member and told us the doctor would go in, they are quick to sort stuff like that. We did the DNR (do not attempt cardiopulmonary resuscitation) and the forms about not going to hospital, they respect my relative's and our wishes, and they have the medication ready."

- Where needed, people were kept comfortable with appropriate equipment, such as, air flow mattresses. Staff engaged with professionals to ensure the right medicines were in place for people to remain relaxed and pain free. One visiting healthcare professional told us, "I made a list of what was needed, and it was put in place, I was listened to. They involved the hospice and sorted everything out, they ordered certain equipment which was supplied."

# 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 is the first inspection for 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager promoted a positive and inclusive culture where person-centred care was at the forefront of the service. People, their families and staff were empowered to be involved in changes and improvements to the service. One person told us, "I would like to think this is the best care home and a first-class place to be." We observed people were comfortable with the registered manager, and told us they could approach them for anything, this made people feel in control of their lives. The registered manager said, "It feels so good, because it's all driven by the residents."
- People were involved in the running of the service through a suggestion box, resident meetings and feedback surveys. The registered manager spent time with people informally to gain their views and feedback, we observed people openly speaking with the registered manager. Feedback was acted upon, for example, people had requested more frequent planned excursions. We saw more trips were arranged based on people's suggestions, for example, an outing to the theatre.
- People were involved in planning their activities and meal choices. The activity lead spent time with people to plan group and individual activities. One person wished to visit an aviation museum; we saw they attended a personal tour and cream tea afterwards. Due to the success of the trip, an invitation was offered to other people. We observed a staff meeting where a staff member gave feedback from some people about a change of breakfast items. The head chef visited the people to discuss options.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a full awareness of the duty of candour. They described the duty of candour as being transparent and admitting mistakes when things went wrong. The duty of candour was considered for any incidents, safeguarding matters and complaints, records confirmed these were completed and documented.
- The registered manager understood their regulatory requirements, they were knowledgeable on legislation and regulations. The registered manager understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.

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

- The registered manager was clear of their responsibilities. They were supported by a wider management team in the service in addition to area managers and compliance managers from the provider's head office.

Managers held areas of responsibility, for example, the clinical lead had oversight of clinical matters and medicines, the head of housekeeping ensured their team understood infection control and cleanliness standards. Managers met twice daily, firstly, to discuss and plan the day; a second meeting was held to evaluate actions and plan further if required.

- The registered manager was highly regarded by people and their relatives. Comments included, "[Registered manager] is very nice, always comes and says 'hello', they're very approachable. It's absolutely well managed, everyone knows their job. They are so good with the residents; I see them in action, and it couldn't be better. The manager knows every resident by name, there's a friendly atmosphere." And, "[Registered manager] listens to you and seems very caring towards the people in the home."
- Staff were clear on their roles and the management team had listened to their feedback. A new 'buddy' initiative had been set up to support recently recruited staff, this was to ensure they were inducted to the values of the service and had a dedicated staff member they could approach to ask questions. We observed a discussion about the buddy system during a staff meeting, to ensure new staff were appropriately matched with experienced staff.
- The registered manager told us they were proud to lead the service and said, "It's been one of the best homes I have ever worked in. I have been in many and seen many. The way the home has been designed for the residents that live here, feels very community like. I am proud of every staff member who works here."

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

- The registered manager involved people, staff and the public in the running of the service. The service ran a monthly staff initiative called 'going the extra mile award'. This allowed people, their visitors and other staff to vote for a staff member who they felt gave an exceptional service and upholds the provider's values.
- The registered manager was keen to raise awareness within the local area and contributed to building a dementia friendly community. Meetings were hosted at the service to ensure people living with dementia felt understood and valued. A dementia 'simulation' tour bus was brought to the service to give staff and relatives an opportunity to experience the challenges living with dementia and other age-related conditions. A relative told us, "They really listen and give you time. They gave me 1½ hours to tour around the dementia bus to help me understand my family member's condition."
- Staff felt valued and listened to from the management team, they gave examples of suggestions they had been made which had been carried forward. One staff member told us, "[Registered manager] is very open I've never seen such a hands-on manager they're always around. We can suggest anything at the 11 at 11 meeting. [Registered manager] talks about what we need to achieve, and we go through the dashboards for actions to be taken."
- The management team invited visitors and the community into the service. For example, to attend parties and musical production, we observed a band playing and visitors were welcomed. A 'carers café' had been set up for local family members who were caring for their loved ones at home, this was an opportunity for them to share ideas, stories and provide mutual support. Guest speakers attended the sessions to answer questions and signpost carers.

Continuous learning and improving care; Working in partnership with others

- Staff worked hard to continually learn and improve care. The registered manager attended weekly meetings with other managers of the provider's services. The registered manager told us they contributed and shared mutual advice and support. Where lessons had been learned in other services, the registered manager applied the lessons to the service to ensure good care.
- Feedback from people and their relatives were listened to and addressed. The registered manager identified a trend in feedback survey results about communication shortfalls. They increased meetings, initiated weekly update emails, quarterly newsletters and arranged for keyworkers to contact update family

members on the 'resident of the day' date. Relatives told us communication was effective. One relative said, "The communication is proactive, for example recently they have produced a weekly newsletter to let us know what is happening over the festive season. They let us know what activities my loved one has been involved with and what is going on for relatives to join in. They respond to emails quickly and answer the phone promptly."

- The registered manager was keen to continually develop and improve care for people. A visiting health care professional told us they had approached the registered manager to pilot a project to improve hydration in care homes. They told us, "I sent this to all the care home and [registered manager] was the first one to reply and are interested in hydration project. They are hopefully going to start it any time soon. [Registered manager] is quite proactive."
- We received positive feedback from other visiting health and social care professionals. Comments included, "I feel if there are any concerns or they need advice they act on it and I am listened to." And, "[Registered manager] has always communicated well, they would email or phone and would listen to our advice. [Registered manager] is very passionate about what they do."
- Quality audits drove improvements for people. For example, the registered manager completed a dignity in dining audit and identified areas in which improvements could be made to people's dining experience. Findings were shared with staff with a plan on how they could enhance mealtimes. We observed a dignified and unhurried dining experience for people.
- Quality assurance processes were completed and reviewed by members of the management team and overseen by the registered manager. They told us they audited each other's work to ensure nothing had been missed. Any areas identified for improvement were actioned and reviewed again to check the actions were appropriate. Findings of audits and lessons to be learned were shared with staff to ensure they were working towards a common goal. The registered manager added actions required to the overall improvement plan.
- Internal and external auditors were deployed to look at aspects of the service, where shortfalls were found, these were addressed. For example, care records were identified as not always corresponding with care plans. The registered manager held a meeting with staff to discuss training needs and to stress the importance of accurate record keeping. The records reviewed at our inspection were comprehensive and complete.