

Ideal Carehomes (Number One) Limited

Launton Grange Care Home

Inspection report

Skimmingdish Lane
Bicester
OX26 4XJ

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

Summary of findings

Overall summary

About the service

Launton Grange Care Home is a residential care home providing accommodation for persons who require nursing or personal care. The service can host up to 66 people. It provides support to elderly people, some of whom may live with dementia, mental health support needs or sensory impairment. At the time of our inspection there were 36 people using the service.

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

People living at Launton Grange Care Home received excellent care from a passionate and dedicated staff team. Staff valued people and their life experiences, and they knew people thoroughly. They provided care that was tailored to individual needs of each person, including their likes, dislikes and preferences. People told us that staff went over and above the call of duty which made a difference to their lives. The culture at the home encouraged and nurtured people. Relatives of people told us the way the home was run meant their family members received exceptional care. The individualised care and liaison with the local community led to outstanding outcomes for people. For example, people remained active and involved in working with local schools in spite of Covid-19 restrictions. This gave them a new purpose and encouraged them to share their thoughts, likes and life histories with students from the local schools.

People were supported to retain active presence in the local community and to pursue their personal interests and hobbies. An activities team alongside care staff all worked together to organise a rich programme, whereby different things to do for fun and interest were offered for those who wished to participate. People had opportunities to maintain and develop relationships with visitors to widen their social networks. There were examples where staff had done their utmost to ensure people were able to fulfil their wishes.

People and relatives told us staff were extremely caring. People had built extremely trusting and caring bonds with staff who supported them. Relatives of people highlighted these bonds had a very positive impact on their family members' wellbeing. Staff ensured they promoted people's rights to dignity, privacy and independence.

People received safe care from staff who had been appropriately trained to protect people and identify signs of abuse. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing. Robust recruitment procedures helped to ensure only suitable staff were employed at the service.

Risks were assessed, managed and reviewed to help ensure people's safety. Staff were deployed appropriately, and capacity of staffing hours was closely monitored. People were assisted with their medicines safely and told us they received them on time.

People were supported to have maximum choice and control of their lives. Staff provided them with care in

the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in an effective, responsive and personalised way. Staff supported people to choose food they liked and to eat healthily. People received enough food and fluids to remain healthy and staff monitored this when required.

People were encouraged to express their opinions and supported to have their voice heard. People were fully involved in planning and reviewing their care and support needs. There was a complaints procedure in place and people felt confident to raise any concerns either with staff or the registered manager if they needed to. People were supported at the end of their lives in ways which reflected their choices and wishes.

Staff told us they were supported by the management team who showed empathy and understanding. The provider had systems in place to monitor and improve the quality of the home including high quality communication sharing good practice and achievement across the organisation.

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

Rating at last inspection

This service was registered with us on 13/10/2020 and this is the first inspection.

Why we inspected

This was a planned inspection of the 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 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally 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 ●

Launton Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

This inspection was carried out by two 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

Launton Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The service was run by a manager who had applied to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did 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 reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with five people using the service about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with five members of staff. We reviewed a range of records which included care records for three people and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, audits and quality assurance systems were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the provider's policies. We contacted five relatives of people, other professionals and different organisations working in partnership with the service. We contacted 13 more residents to obtain their views on the quality of care.

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 for 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

- People told us they felt safe and comfortable with the staff that supported them. One person said, "Launton Grange has made my quality of life better and I am a lot better here. I am safe and I know no one will hurt me, it's a nice place to be. Where I was before I did not feel safe but since being here, I feel safe and secure." Another person told us, "No, I have no concerns about how staff treat me."
- The provider had policies and procedures to manage any safeguarding concerns, should these occur.
- People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Assessing risk, safety monitoring and management

- Staff were given guidance on how to support people to manage their risks. This included guidance to reduce the number of people experiencing falls and to manage risks relating to the use of oxygen therapy, and poor hydration and nutrition.
- The provider had a system to record accidents and incidents, and we saw appropriate action had been taken where necessary.
- The provider carried out regular health and safety, and maintenance checks. These included fire equipment and water checks to ensure people's safety.

Staffing and recruitment

- The provider operated a safe recruitment procedure which helped to ensure only staff who were suitable to work with vulnerable people were employed.
- The home employed enough staff to provide care flexibly. Staffing levels during our visit matched the rota and enabled people's needs to be met.
- People, their relatives and staff told us there were enough suitably skilled and experienced staff deployed to meet people's needs. One person told us, "Once when I pulled a red cord from the bathroom, the staff came within mins."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. People told us they received their medicines when they needed them.
- Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up-to-date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance.

- There were clear processes in place to ensure 'as required' (PRN) medicines were given appropriately.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider followed national guidance on visiting arrangements in care homes. Visitors were encouraged to wear face masks. Those visitors who did not feel well were advised not enter the service, even if they had been tested negative for COVID-19, were fully vaccinated and had received their booster.

Learning lessons when things go wrong

- There were robust systems in place to take learning from any untoward incidents at the home, such as people experiencing falls and medicine recording errors. This helped to improve people's safety.
- The provider ensured learning was taken from any incidents in their other homes.

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 and their relatives were involved in the assessment process before people moved into the home. This ensured staff had guidance on supporting people as soon as they moved in.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion or culture, staff could meet those needs.
- People were satisfied with the care and support they received, which we saw was delivered in line with current legislation and best practice guidelines. National alerts were regularly displayed in the home for staff to read to enhance their knowledge of changes in care and guidance.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received training to meet people's needs. Training provided covered a range of topics such as health and safety, dementia awareness, moving and handling, and equality and diversity. Staff told us that, when needed, more specialised training had been provided. A member of staff told us, "Yes, we receive specialised training. We have a person using oxygen therapy, we had people giving us oxygen training."
- New staff completed induction and shadowed experienced staff. They were then assessed and signed off by senior staff to help ensure they were competent before working alone.
- Staff received supervision and appraisals which gave them an opportunity to discuss any issues and concerns and they felt listened to. A member of staff told us, "I had a supervision with [the manager]. I found it very helpful, he is listening to us."

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

- People enjoyed their mealtime experiences and were encouraged to let staff know what they wanted to eat and drink. People who were identified as being at a very high risk of weight loss were provided with fortified meals. Weekly weights and a dietician review were carried out to ensure an appropriate diet and prevent weight loss.
- People's care plans contained information about their dietary needs. For example, records stated a person had diabetes and there was advice regarding this.
- People told us that food offered met their nutritional needs and they could always ask for alternative food. One person told us, "Yes, I have a choice. My food is diabetic, there is also a choice for vegetarians."

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

- Staff worked with external professionals such as dietitians, dentists, care home support service and

district nurses to ensure best outcomes for people.

- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.
- Care records included details of GPs and other relevant health professionals involved in people's care. They also included details of people's medical history and stated how staff were supposed to support people to manage their health.

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

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- The interior of the service premises was dementia-friendly. For example, carpets were free of any patterns that might cause confusion. The design allowed people to walk through the corridors and return to the main communal rooms without being faced with dead ends, which could be frustrating for people with dementia.
- The home contained a number of other facilities which people could use. These included a hair salon, a cinema, garden rooms and library areas.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. Where people could not make such decisions, best interest decisions were made. We saw evidence that DoLS applications had been submitted to the local authority.
- Staff were knowledgeable and aware of the need to assess people's capacity if required, in order to support them to make decisions. A member of staff told us, "The MCA talks about a situation if somebody has got capacity or if someone is making decision for them after the capacity has been assessed."

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People expressed their wish to take part in developing their garden into a wildlife oasis. As a result people living at the service participated in the Garden in Bloom national competition where they won the first place. The service involved people and the local community. After an educational tour by a wildlife trust, people decided what they wanted to see in their garden. People's feedback was obtained through a meeting and questionnaires. As people decided to create a wildlife oasis, they painted flowerpots and helped to create a bug hotel using old wooden pallets. Children from a local school made a giraffe from recycled materials which biodegraded with time. Another school donated animals such as a rhino and a flamingo made of wires. People were involved in creating water features with help of the local Green Gym. Green Gym aims to provide people with a way to enhance their fitness and health while taking action to improve the outdoor environment. People told us they enjoyed making bird feeders, bird boxes and painting tiles. We saw evidence that one person did most of the building of the hedgehog house. This was extremely important to them as before their dementia became advanced, they used to be an engineer and were always found in their workshop building furniture from wood. One of the residents told us they enjoyed a spy camera located outside in the garden capturing pictures of deer and foxes.
- During one of the residents meetings one person stated they wanted to do clay pigeon shooting as they used to be a target shooter and would love to be able to do it again. People took part in painting targets and shields and they all enjoyed shooting guns that fired foam darts. They all used the guns outside aiming at the targets and shields that they had made themselves. The provider told us that all people loved it but the person who had come up with the idea was particularly satisfied. The activity brought back some of their memories and increased their self-esteem as they were still an amazing shot and got the bull's eye every time.
- Staff ensured people were supported to make their own choices about how they wished to spend their day. Care records showed that people or, where appropriate, their relatives were consulted when care plans were written.

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

- People valued their relationships with staff and felt they mattered. Everyone said they were treated extremely well, with kindness and compassion. One person told us, "Living here is interesting, very varied, lots of extra things to do, and lots of interesting people. Moving here has extended my life and what goes on here keeps me going and gives me a reason to get up in the morning." Another person's relative told us, "Without exception every member of staff we have encountered seems to have a genuine affectionate interest in the residents and they all work very hard to keep everyone happy and safe."

- People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. This proved to have a huge impact on improving people's quality of life. One person was initially very confused after a period of time spent in hospital. The person needed a lot of reassurance when staff were talking to them because the person believed that they were going to be ill. The person claimed they could not eat or drink and they thought they needed hospitalisation. Staff took their time and convinced the person that they were able to assist them with their needs. They also assured the person that they were not sick and that if they had been, staff would have arranged for them to see a doctor. When at home, the person had been constantly calling 999 believing they had been in pain, however, hospital examination had not been able to find anything wrong. There were no 999 calls since he had started living at Launton Grange Care Home.

- This same person was also not in any way sociable when they were admitted to the home and they would refuse to get out of bed, preferring not to leave their room. The service worked closely with the person's GP which resulted in a full medication review. From speaking to the person and building trusting relationships, staff were able to find out the person enjoyed talking about and watching golf, clay pigeon shooting, and collecting things. As a result, care staff learnt that the person had a great, dry sense of humour and soon the person became very sociable with staff and other residents. The person no longer complained of feeling sick or being ill and was very settled at the service. The person loved spending time in the lounge room with other residents chatting and listening to music. The person became very sociable, enjoying the company of others. The exceptional and compassionate care given to the person had improved and enhanced their quality of life. The person told us, "When I first moved in, I didn't like to get out of bed but now like to join in with what's going on in the home, and I have made friends."

- Staff recognised the importance of ensuring people still had the best quality of life during COVID-19 restrictions, and showed commitment to continuing to provide outstanding care, built on kindness and compassion. During government restrictions staff put a table outside a couple's room so that they could be together and eat outside as a married couple without being separated. Both those people relied on each other's presence in order to have their nutritional, emotional and social needs met. It was particularly important for them as one of them was blind and the other person had dementia.

- Staff encouraged people to learn about different cultures and celebrate appreciation days from around the world. During Covid-19 restrictions people expressed that they wanted to try Chinese food, so the service organised an in-house trip to China. People were given passports and plane tickets and they had a flight simulation to China in the cinema room. People enjoyed this as they were able to see some landmarks of China and they felt as if they had been on a plane. At the end of their flight, they all had a China stamp in their passport. The lounge was decorated for the China Day. The service linked up with a local Chinese restaurant that supplied them with some genuine Chinese food. People enjoyed the food and for some of them this was the first time they had ever eaten Chinese food. For the rest of the day people were able to enjoy other attractions such as Chinese music, Chinese dancing and a Thai chef. People who were self-isolating still got to eat the Chinese food and take part in the Chinese day, the only thing they couldn't participate in was the plane simulation.

Respecting and promoting people's privacy, dignity and independence

- One person moved into the service after they had a stroke and was using [equipment] as they were unable to walk. Due to the dedication of the care team and the physiotherapist, the person was able to walk down the corridor and started to take some small walks outside, even managing to get up a few steps without any help. The person told us, "After my stroke I was unable to walk but now I have been here I have continued to have support from the staff and physio and now I am able to walk, The staff have been so helpful and encouraged me not to give up and every day I am encouraged to walk and get about, without this continued support from staff I would have never got to where I am now." The person's health and wellbeing improved, and their goal was to get fit enough to be able to move back home with their partner.

- The service promoted independence with positive outcomes for people. One person told us that before the admission they had never made their own tea as they had always relied on their family members. The person told us, "It's good here, I've learnt how to make a cup of tea, I always get to listen to music and dance."
- Staff told us they promoted people's independence. A member of staff told us, "We do try to say, 'how about you making a cup of tea yourself or helping me?' This is about not taking away that bit of independence that is left." We saw staff encouraged people to participate in activities matching people's interests and hobbies. Offering activities of familiar experience encouraged people to participate in them and therefore become more active and independent. For example, a gardening session was the first time one person had actually physically participated in an activity instead of just observing it.
- In the summer staff would half fill a watering can so that a person, who never used to leave their room, could water the plants. By making sure there was water in the water can, staff encouraged the person to come out of their room and go outside, as the person had always tended their garden. This gave the person a purpose and a new lease of life.

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.

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

- The service went above their call of duty in preventing social isolation and working in partnership with other organisations. They worked together with local schools and engaged students and people in many activities. Students who were interested in social care had the opportunity to spend time with people and learn about health and social care. People benefited from students' company which had enormous impact on their quality of life. A representative of one of the schools working with the service told us, "The feedback we received from [lifestyle manager] was very positive as some residents did not have any living relative so didn't feel so alone. One resident that is now going blind and hasn't drawn for years (previously an architect) sat with our students and drew a boat from memory. Another resident who apparently does not talk much at all surprisingly started talking about the war to one of our students."
- The service worked well with local schools in spite of restrictions imposed due to an outbreak of Covid-19. For example, the service participated in a Guy Fawkes competition. People created a body of Guy Fawkes with a head given by students from a local school. As a result people, with the help of students, won an award. During the lockdown people attended video conferences via Zoom with children from a local school. The children sang and talked about what they had learnt. People told us they loved the zoom calls and listening to the children. One person told us, "Moving into Launton Grange has changed my life as I am not on my own anymore." Children from a local school made some pictures that were put up around the home. One child made a sock monkey that one person liked to hold and spend time with.
- A lot of people living at the service used to work in the engineering industry, some also had built model steam trains as a hobby. One person was an ex-engineer who worked making patterns for the trains. The person was passionate about trains and railway. The service organised a day trip to Buckinghamshire Railway Centre. There people enjoyed a variety of attractions, such as a steam train, a picnic, and company of children on the train, as this was Thomas the Tank themed day. This led to a reminiscence as one person opened themselves up and told how they had been evacuated on the train during wartime.
- The service participated in a pen pal scheme. People from different parts of the country started to write letters to people living at Launton Grange Care Home. One person particularly enjoyed taking part in this. Having made many many friends via mail, they wrote one letter a night. The person kept folders with all their notes and letters in them. The person always looked forward to receiving a letter as it kept them busy in the evenings when they struggled to sleep. The person told us, "Living here has got me interested in other people. Living at Launton Grange has given me my independence."
- The service was very inclusive and encouraged people to take part in activities in spite of their conditions. For example, people living at Launton Grange Care home had individually painted parts of a picture. Due to their poor eyesight one person was assisted to use a hot glue gun to go around the black lines so that the

person was able to feel the picture and to paint. This lifted the person's spirits as they were able to join in an activity that they normally would not had been able to take part in.

- People received person-centred care. Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and the ways in which they wished to be supported. This knowledge was used to support people so that they felt valued as unique individuals and respected for who they were.
- We observed numerous examples of personalised care which evidenced excellent understanding of people's needs relating to their care and preferences as well as any social and cultural beliefs and backgrounds.
- Care plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.

End of life care and support

- The service went the extra mile in meeting people's end of life wishes. One person receiving end of life care expressed their wish to attend a football match of their favourite football club. The person was a big fan of the football club and had never missed a game, home or away. The person had always watched matches with their beloved partner who had now sadly passed away. Staff reached out to the football club who gifted the person with free tickets. Three members of the football club came in as a surprise and sat with the person who spoke about the football team and how they and their partner always supported them. The members of the football club presented the person with tickets, a shirt and some scarfs. A car rental company contacted by the service provided a Rolls Royce for their journey to a football stadium where the person was greeted by family and friends in the VIP section. The football club arranged a surprise at half time on the football pitch where they invited the person to come out onto the field. The person told us this did not only bring back their memories but also gave them a sense of freedom as they were able to attend a football match regardless of their condition. The person told us, "Living at Launton Grange has given me security that I am being looked after, everyone is very friendly, I am glad I can go out and have my freedom."
- People were able to decide how they wished to be cared for and supported towards the end of their life. Care records included information about their life history, including family relationships, important events and religious beliefs.
- The service worked closely with healthcare professionals and provided outstanding end of life care. People experienced a comfortable, dignified and pain-free death.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the AIS. A member of staff told us, "[Person] loves to read the paper, we are always available to read a newspaper to her or to read food menu to [person]."
- People's communication needs were identified, recorded and highlighted in care plans. This information was shared appropriately with those whom it concerned which ensured people's information needs were met.

Improving care quality in response to complaints or concerns

- A copy of the complaints procedure was displayed within the home and people and their relatives were extremely confident that if they had any concerns, these would be acted upon.
- Although the service had a system in place for recording complaints, none had been received by the time we undertook our inspection.

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 manager had their daily presence at the service felt and led by example. A member of staff told us, "[The manager] is absolutely amazing. He has already given us morale boost. Whenever I ask him, he agrees for me to organize things." Another member of staff told us, "[The manager] is really good, he agreed to increase staffing numbers. The food has got a lot better; this has improved with [the manager]. There are always fresh fruits on the side, and we serve bigger portions."
- People and their relatives told us that the service was well-led. One person told us, "I think the manager is going to be excellent, seems to have been here a few weeks." One person's relative told us, "[The manager] has been in place for just a few weeks but again communication is open and direct. [Person] has commented on good participation between him and the residents in canvassing what changes might be liked and what could be improved."
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

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

- The provider had quality assurance systems in place which were used effectively to monitor key aspects of the service. The management team completed audits and checks on a regular basis and acted to improve the service.
- Daily handovers and regular communication helped staff and the management share information to plan and coordinate ways and means to meet people's needs.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

characteristics

- People and their relatives told us they were asked for their views on the service. We saw there were residents and relatives meetings organised where people discussed activities, menu suggestions and suggestions for themed days.
- The manager said they had an 'open door' policy and said staff knew they would be available to listen to any concerns of staff and to provide solutions to address these.
- Staff told us they felt they worked well as a team because they were supported and their efforts were recognised by the manager. The manager realised that there was a huge potential within staff employed by the service.

Continuous learning and improving care; Working in partnership with others

- People's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.
- The service was working with other organisations such as local schools, charities, Wildlife Trust and Age UK. We received overwhelmingly positive feedback from all the organisations involved. A representative of Age UK told us, "What has impressed me the most regarding Launton Grange is the person-centred care and activities the care home provides. here is always a different activity going on and they are also involving the community which I think is very important. The enthusiasm to work together and in the community it amazing."
- Staff recorded accidents and incidents which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.