

Wardington House Partnership

Wardington House Nursing Home

Inspection report

Wardington House
Wardington
Banbury
Oxfordshire
OX17 1SD

Tel: 01295750622

Website: www.wardington.com

Date of inspection visit:
08 July 2019

Date of publication:
14 August 2019

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

Wardington House Nursing Home is a care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection.

Wardington House Nursing Home accommodates up to 60 people in one adapted building and the majority of people were living with dementia.

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

People, relatives, visitors and professionals were overwhelmingly positive about the care and support people received. One person commented, "They [staff] do give you a lot of attention." A visitor said, "I absolutely think that everyone and everything here is done expertly." Feedback from healthcare professionals was highly complimentary. Two healthcare professionals confirmed they had never seen such good care for people and had nothing but praise for the staff team.

We observed extremely caring interactions between staff and people in the home. There were staff always available for people to chat with or receive support from. Staff were vigilant and aware of when people required help.

People were truly respected as individuals. Staff understood people's needs and gave people time and space to express themselves. People were encouraged to engage in activities but were respected if they choose to spend time alone.

The service was well run. The registered manager and matron promoted an inclusive and person-centred culture at the service. Staff shared the visions and values of the service and these were embedded within service delivery.

Systems were in place to assess the quality of the service provided. Learning from audits and events took place which promoted people's safety and quality of life.

There were various meaningful activities available for people. The emphasis was to offer people time to engage with each other and staff as and when they wanted to. Staff wanted to ensure people were involved, stimulated and supported to maintain their interests.

People received support that met their needs and was in line with care plans and good practice. People were supported to maintain a good diet. Staff worked well with external agencies to meet people's changing needs.

People were protected from the risk of harm by staff who understood their responsibilities to report concerns. Medicines were managed safely.

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

Rating at last inspection

The last rating for this service was good (published 24 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 ●

Wardington House Nursing 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 Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used this information to plan our inspection.

During the inspection

We spoke with four people who used the service, one relative and a visitor about their experience of the care provided. We spoke with various members of staff including the registered manager, the matron, deputy matron, two nurses, two nursing assistants, the activities facilitator and maintenance manager.

We reviewed a range of records. This included five people's care records and 21 people's medicines records. We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living in the home. Staff had built trusting relationships with people and the consistency of staff interactions and responses was comforting to people. A relative said, "It makes no difference what day of the week or what time of the day when we visit here, the atmosphere always exudes calm. It feels like a safe haven."
- Staff had a clear understanding of their responsibilities to identify and report concerns relating to harm and abuse. One member of staff told us, "I would go straight to [matron] or [registered manager]. Information is in the staff room if I needed to go anywhere else. [matron] has always taken action when I raise anything."
- Staff had completed safeguarding training and current safeguarding policies and procedures were available to all staff. Where concerns were raised these were dealt with appropriately. The matron contacted the local authority safeguarding team for advice and guidance when required.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe. Staff promoted people to take positive risks. For example, going outside into the garden with minimal staff support. Doors were not locked during the day and people could freely walk outside and engage with staff working in the garden and maintaining the building. Staff respected and encouraged people to do this so they had a good quality of life.
- There was clear guidance to inform staff how to support people with their individual needs. For one person who was at risk of clenching their hand tightly, there was information on how staff could help the person and eliminate them being in pain or uncomfortable.
- The environment and equipment were very well maintained to ensure people were safe. Equipment was bought as and when it was identified this would benefit people. For example, alarm mats were in place for people at risk of falls. These would alert staff if a person had moved off their bed, so staff could support them safely.

Staffing and recruitment

- There were a good number of staff working to ensure people's needs were met. Staff had time to spend with people. Throughout the inspection staff responded immediately to people's request for support, which included supporting them to go outside.
- Staff told us there were enough staff to meet people's needs. One member of staff said, "We have plenty of staff." Our observations throughout the inspection confirmed this.
- The provider had safe recruitment processes in place to ensure people employed were suitable for their role. This include carrying out recruitment checks prior to staff starting work.

Using medicines safely

- Medicines were managed safely. There were systems in place to ensure medicines were ordered, stored and administered in line with guidance.
- Nurses responsible for the administration of medicines completed training and had their competencies assessed before administering medicines unsupervised. One nurse told us, "I did medication awareness training. My competency was assessed in the last 6 weeks and I shadowed and was assessed when I first started before I was able to administer unsupervised."
- Nurses administering medicines took time with people, making sure they were ready to take their medicines. We observed staff gently talk with people about having their medicines, explained what the medicines were for and waited for people to take their medicines.

Preventing and controlling infection

- The service was clean and free from malodours. One person said, "It is always beautifully clean here and smells fresh."
- Staff understood how to minimise the risk of cross infection, using effective hand washing techniques and personal protective clothing.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. The matron investigated all incidents and identified any action required to minimise the risk of reoccurrence.
- There were systems in place to enable the provider to analyse accidents and incidents to look for trends and patterns. This included monitoring falls for each individual and across the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 felt the care they received met their needs. One person said, "I think the care is tailored to our needs."
- The provider ensured people's needs were assessed before they came to live at Wardington House to ensure those needs could be met and individual care plans put in place.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated to ensure staff had all the information they needed.

Staff support: induction, training, skills and experience

- Staff were extremely well supported. One member of staff told us, "Everyone is very approachable. [Nurse] is my mentor, always asks if I need anything."
- New staff completed an induction which included shadowing experienced staff until they were confident to work alone. One member of staff said, "I've been really well supported. Had all training I need, and I have been shadowing. I can ask absolutely any questions, everyone is approachable. There are no silly questions."
- Staff were encouraged to access development opportunities to improve their skills and knowledge. This included nurses attending events arranged by external professional bodies.

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

- People said they enjoyed the food. One person commented, "It was good, I ate what I wanted to."
- People could choose when they wanted to eat their meals and where. Mealtimes were very flexible, and people could snack in between meals throughout the day and night. There were enough staff to support people with nutritional needs.
- The catering staff in the kitchen had a strong knowledge of peoples' dietary needs. They knew which person required a soft diet and another person with an allergy. Audits took place regarding mealtimes and menus to ensure people's preferences were reviewed.

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

- People had a range of needs, with some people's health rapidly declining. However, one visitor said they had seen improvements in the person's character. They commented that the person appeared "visibly relaxed", which they had not been before.
- People's health needs were recorded, and different external professionals worked with the staff team to meet people's needs. A health care professional gave us very positive comments about the home and staff

team. They said the matron was very good and that, "Her communication with us as a practice is excellent. She keeps us updated on all patient changes. She has always prepared notes for each patient we need to see, and she is ready to discuss any issue."

- The matron had been pro-active in developing an oral hygiene care plan. This followed a 2019 Care Quality Commission assessment and report on how people, living in care homes, were supported to maintain good oral hygiene.

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

- The home was bright and welcoming. There were plenty of areas for people to sit and walk around. We saw two people move from the lounge area to the garden where they could have a private conversation. The garden was spacious and safe for people to stroll around and take in the views, the smells of the plants and flowers.

- The provider had ensured that there was an ongoing programme of refurbishment and maintenance of the home. Recognition was given to the areas people enjoyed spending time in and expanding on those rooms to ensure people continued to live in a spacious and welcoming environment.

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.

- The service had a strong ethos of allowing people to live their lives as they chose. This included freedom to move about the home and grounds without restriction.

- Staff had completed training in the MCA and had a clear understanding of how to support people in line with the principles of the act in a truly empowering way. One member of staff told us, "Always assume they [people] have full capacity and support them to make decisions. We would never restrict someone. We might try and distract but I have never stopped anyone doing anything, it is their choice."

- We saw many examples of people being supported in a way that ensured their rights were protected and their choices respected. One person stated they had not received their breakfast. Although staff knew the person had a breakfast earlier, they immediately arranged for another breakfast to be provided. A nurse told us, "Their reality is not ours and their time is not ours so it's important to recognise that and go with them."

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. People were treated with genuine kindness and exceptional compassion by everyone working in the service. Comments from people included, "They [staff] look after me very well" and "I know that I am always in good hands living here."
- Healthcare professionals were very positive about the excellent care people received. Comments included, "Wardington House is an exceptional nursing home and the best I have ever visited in my professional or personal capability by a long way" and "All staff at Wardington are so kind, caring and support the residents in a manner I have not seen elsewhere. I cannot praise it enough."
- People were supported in an extremely caring way to achieve their desired outcomes. Most people lived with dementia and needed time and patience. We saw staff were always available to talk to people, listen to what they had to say or just offer them reassurance. For example, one member of the housekeeping team recognised a person who seemed to be unsure of where they were and what they wanted to do. The member of staff immediately placed the cleaning equipment safely to the side and walked with the person, chatting and supporting them.
- We observed staff who demonstrated great empathy for people. If people became upset and distressed, there were plenty of staff available to reassure people and if necessary, engage with them. We saw some staff remind people, who might forget where they were, where their bedrooms were and tell people, "That is your room over there." One person confirmed they were well looked after and said, "I am alright, I like living here; I have my ups and downs but they [staff] look after me."
- A visitor commented favourably on staff interactions with people who due to their needs could become agitated. They told us, "I watched a lady, clearly anxious and wandering about. They [staff] just touched her hands and guided her back gently. They all ended up singing and the resident was then relaxed."
- Staff always engaged with people at their eye level, so if people were sitting down, staff knelt down, or sat next to people so they could readily converse with people.
- Staff had a commitment to ensuring people's rights were protected and seeing people as valued individuals. People were supported to be themselves and if this included having meals when they wanted them this was respected and offered to them. One member of staff told us, "Everybody here is very unique, and you approach them as such. It's valuing them as individuals that is true equality."
- Staff took an interest in people and their backgrounds. A staff member told us they had taken a person for a train ride locally as they enjoyed this form of transport. People could also attend religious services held in the home to help them continue to follow their faith. Staff were frequently considering where people might

like to spend time and community places such as the farm, for people who liked animals was accessed. Time and consideration was always given to ensure people were not bored but could also do what they wanted to at their own pace.

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

- People were always supported to be involved in decisions about their care. Although people might struggle to inform staff on how they wanted to be supported, without exception staff helped people to take the lead in deciding what they wished to do. One person was walking around the service and showed signs of tiring. The member of staff gently approached the person and suggested, "Would you like to come this way and we'll find a seat somewhere." Staff regularly asked people if they were "alright" and if they needed any help.
- Staff made sure people got the support they needed and wanted, and were particularly skilled when exploring and trying to resolve any conflicts and tensions. For example, staff worked hard to understand people's preferences and provided care in the best way possible. One person had been agitated where they had previously lived and attempted to get out of their bedroom window which had led to them injuring themselves. Therefore, consideration by the matron, prior to the move to this home, was given as to which bedroom was the most suitable to offer the person. Their bedroom was just outside the main building and this gave the person the freedom and space they wanted to come and go from their bedroom without them feeling anxious or upset. Staff confirmed this person was now much calmer.
- Staff developed positive relationships with people and their relatives. For one person they required being in a bedroom on the ground floor so that their relatives could easily visit them. A room was quickly adapted for the person to ensure they had their loved ones with them when they were receiving end of life care.
- There was an awareness and sensitivity that a sudden and immediate major change might be upsetting for some people living with dementia. Therefore, in preparation for Christmas, the decorations were put up gradually over a period of time. People were encouraged to help in making personal decorations to join those already in place. By taking the time to introduce changes, people did not become overwhelmed or confused by things that looked different in the home.
- The service ensured that staff focused on building and maintaining open and honest relationships with people, their families and friends. A relative commended the matron on how they were kind and considerate to both the person and to them. They told us, "[Matron] is always on the phone to us, the communications have been exemplary, she might ring us just to say we might like to know that [person] is ok and sitting quietly with a carer."
- Staff spoke with people and their relatives to find out what people enjoyed. We saw for one person the activities facilitator had a list of all the things the person liked. This included, favourite films and music. We saw staff play certain pieces of music that they knew individual people enjoyed and responded to. This showed staff made considered choices about how they supported people.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People were encouraged to maintain as much independence as possible. The culture of the home was to support people to be both inside and outside the building whenever they wanted. We saw people spending time in different areas of the service and doors were open, so people could freely access the garden. Staff confirmed, "People have so much freedom to live their lives." We saw people who appeared quiet and disengaged with staff and people when inside the home, changed when outside. For example, one person spent time looking at the plants and the marquee that was coming down following the annual garden party. They were more animated and seemed happier when they could move freely in the garden.
- We were told of many examples of where people became more independent and less frail when they

moved into the home. This was often due to their medicines being reviewed and changed. Also, staff supported people to do as much as they could for themselves. One person had been admitted doing very little for themselves, requiring help from staff to mobilise, needed help with eating a meal and was on morphine for pain relief. However, through staff helping them, and having their medicines reviewed by the GP, they could now eat independently, were mobile and were no longer in pain. Over a period of time their pain relief was reduced and then stopped. Therefore, living in the home had raised the person's confidence and given them a better quality of life.

- A further example of how the care people received from staff improved their lives was a person who had come from hospital with a catheter and had been receiving fluids intravenously didn't require this once they settled into the home. They could therefore go to the toilet independently and within a few days could also eat without staff support which meant their quality of life improved. Staff also observed a change in this person's behaviour and they enjoyed music, dancing and having visits from their family.
- People had a wide range of choices. One person at lunchtime we saw sat alone. They confirmed to us they enjoyed eating their meal alone and this was respected.
- People were helped to maintain social relationships. They had access to a telephone and could speak with family or friends in private in their bedrooms.
- People were always treated with dignity and respect. Staff knocked on doors before entering, showed consideration for privacy when speaking with people in communal areas and used people's chosen names when addressing them.
- We saw that many people were supported to wear what they want and if they enjoyed wearing accessories, jewellery and make-up this was respected. One person had tied their own tie, which although was not straight, they had done this for themselves and this was respected by the staff team. This demonstrated that staff knew what people liked and how they wanted to be presented each day. This person-centred detail was all noted in their care plans.
- Staff were extremely positive about working in the service and the support offered to people. One staff member commented, "It's wonderful here. I've never worked in a place that is so supportive. The ethos of care to let people live their lives as they want to. It's more like a family. It is like the reasons that took me into nursing in the first place, really caring for people."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 were supported by staff who placed a strong emphasis on person-centred care. One person said, "They [staff] do give you a lot of attention here." A member of staff told us, "The care is person-centred. Staff value the uniqueness of the person and respect that. Care is tailor made for each person. Everyone has an important history."
- The ethos of the home meant that staff were vigilant in ensuring people were warm and comfortable. Staff noticed if a person was missing their glasses and would look for them. We saw there was a large trunk near the lounge area full of blankets and staff used this resource promptly when a person complained of being cold.
- Staff regularly checked in with people asking if they needed help or if they wanted to be alone. Staff recognised the balance between assessing if a person needed help and when they wanted time alone.
- A health care professional verified the knowledge staff had about people needs and preferences. They confirmed, "The staff know the patients very well, and anyone you speak to can tell you the needs of the person you are calling to see."

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 confirmed they supported people as individuals. We saw staff would kneel to a person, if they were sitting down, as they had a hearing impairment. This ensured the person, who could lip read, would be able to clearly see staff speaking to her and be able to engage in conversation.
- Care plans included people's communication needs and how their needs were met. Throughout the inspection, we observed staff communicating well with people. The matron confirmed information could be made accessible, such as translated into another language or changed to be in a larger print. At the time of the inspection there was no-one requiring this.

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 were supported to spend their days as they chose and were offered the opportunity to participate in activities that interested them. People enjoyed both individual and group activities. We saw people enjoying colouring, singing, chatting with staff and each other.
- Great emphasis was placed on finding activities that could enhance people's lives. Since the last

inspection, the home had a robotic seal, known as 'Sammy'. This made sounds and moved according to touch and the sound of a person's voice. We saw two positive interactions, with one person, once they engaged with the seal, started singing to it and appeared very happy to be touching it. A second person had been walking about and made a sound that suggested they might be agitated. However, once staff gave them time to sit and think about whether they wanted to engage with the seal, they started to relax, stroke and cuddle the seal. Staff said the person was less stressed when they had the seal on their lap. We could see the person appeared calmer and started speaking which they were not doing before.

- The day before the inspection was the home's annual garden party. This was held for people, relatives and staff. Many staff and relatives who used to work or visit the home also returned to meet up and socialise. One person said, "It was lovely to see all the little children running about so happily." Another person commented, "It was fun, and we had ice cream."
- Some people responded positively to animals visiting and we were informed that Shetland ponies had visited. They had gone up in the lift to ensure people who wanted to see them had the opportunity regardless of where they were in the home.
- Staff understood the importance of engaging people in a meaningful way. One member of staff said, "So much time and energy are given to keeping people engaged in the world. Every interaction is a wonderful opportunity to get to know people." The activities facilitator developed a monthly activity plan, but this was flexible depending on what people wanted to take part in.
- There were many areas of the service where people could enjoy quiet time if they wished to sit alone or with staff. Throughout the day we saw people enjoying these quiet spaces.

Improving care quality in response to complaints or concerns

- There had been few complaints since the last inspection. All complaints received were responded to and action taken to resolve issues. This included a complaint regarding the laundry service. Changes to the laundry system had been made and the provider was planning to update all the equipment to provide an improved service.

End of life care and support

- People were supported in an understanding way when they required end of life care. One relative commented, "The staff have, and continue to recognise [person's] identity, providing for her interests, for example playing her favourite music and bringing the pat dog to visit her. They [staff] have kept her clean and comfortable and brought pleasure whenever possible to her final days."
- Staff involved relatives and friends in the care of the person as much as possible. One relative was full of admiration of the sensitive, thoughtful and appropriate updates they received from staff about the person's health and welfare. This was important as the person's needs could change quickly.
- A health care professional spoke highly of the support staff gave to people receiving end of life care. They gave an example of where a person's needs were changing. They told us, "Staff acted quickly to a change in [person's] condition. They were responsive to advice and carried this out efficiently enabling the person to improve their quality of life."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People benefited from a service that was truly person-centred. This was promoted at every level and throughout the inspection we saw the management team leading by example.
- Staff were extremely positive about working at the service and the quality of care provided. One member of staff told us, "Very good care here because they get care when they need it. Doesn't matter what they need or when."
- The management team were approachable and were always available. One member of staff said, "[Registered manager] is always jolly and friendly. Very approachable. [Matron] and [deputy matron], I've never met such dedication to people and that includes staff. They will do absolutely anything for anyone."
- Senior staff had worked in the home for many years, understood people's needs and the importance of supporting staff. This meant that people lead positive lives taking part in events they liked. Staff enjoyed working in the home and many returned to work in the home after a period of working elsewhere, or raising a family.

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 promoted an open and transparent culture where people, relatives and staff were empowered to have their say about how the service was run.
- Records of accidents, incidents and complaints showed the registered manager understood their responsibilities under duty of candour.

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

- The registered manager and senior staff monitored the quality of the service provided. A range of audits were carried out that included, care plans, medicines, infection control and the day to day running of the service.
- Staff worked well together and there was good communication throughout the inspection. One staff member told us there was, "Good teamwork, staff will always help each other."

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

- There were consistently high levels of engagement with people, relatives and staff. Relatives confirmed

there was regular communication with staff, so they felt involved and informed about the person living in the home.

- The home produced a monthly newsletter for people, relatives and staff so that any news about the home could be easily shared.
- The culture within the home was to readily engage with people and their relatives. We saw this through the observations of interactions and through the feedback we had from people and staff. One staff member said, "Every interaction is a wonderful opportunity to get to know people."
- Staff had detailed daily handover meetings to discuss people and if they were any problems. The effective communication between staff members ensured people's needs were met in a timely way.

Continuous learning and improving care; Working in partnership with others

- The registered manager and matron strived for excellence through consultation with people and staff and keeping up to date with best practice. The matron was fully aware of the recent national guidance for oral hygiene and for people at risk of choking. The registered manager had only recently retired from chairing a local provider's association where they had spent many years working hard to improve the quality of adult social care across the County.
- Staff were happy with the training opportunities they had. They told us, management were always looking for training opportunities to develop the skills of the staff team.
- Feedback from health care professionals was overwhelmingly positive. They commended staff and the management team. One healthcare professional said, "[Matron's] communication with patients and their families is friendly, caring and respectful, and as she leads by example, all her staff communicate in the same way. All staff at Wardington are very professional and demonstrate a very caring and respectful attitude towards the patients, without exception."