Care UK Community Partnerships Ltd

Invicta Court

Inspection report

Invicta Court, Gidds Pond Way
Weavering
Maidstone
ME14 5FY

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16 July 2021

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05 October 2021

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Invicta Court is registered to provide nursing, personal care and accommodation for 75 older people and people living with dementia.

At this inspection there were 39 people living in the service. The accommodation was on three self-contained floors with a central kitchen and laundry service. The ground floor was reserved for people who needed residential care. People who needed nursing care were accommodated on the second floor. The top floor was about to be opened for people living with dementia.

People's experience of using this service and what we found
A person living in the service said, "The staff are wonderful to me and I needn't have worried at all about coming here." A relative said, "The service is indeed very good and I can see my mother is settled and among friends."

People were safeguarded from the risk of abuse and received safe care and treatment. Medicines were managed correctly in line with national guidance. Enough staff were on duty and safe recruitment practices were followed. Lessons were learned when things went wrong and infection was prevented and controlled. People received joined-up care when moving between services and medical attention was promptly sought when necessary.

People's care needs and preferences were assessed before they moved in. Staff had received training and had the knowledge and skills they needed. People were supported to eat and drink safely and to have a balanced diet.

People and their relatives were involved in making decisions about the care provided. There was a full calendar of social events. Complaints were managed and quickly resolved. People received compassionate and thoughtful end of life care.

Quality checks ensured people received the care they needed. There was an open culture and staff were supported to work as a team. The registered manager understood the duty of candour requiring the service to be open and honest when things go wrong. The service worked in close partnership with other agencies including local health care providers and commissioners.

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

Rating at the last inspection
The service was registered with us on 24 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service is registered with us.

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 caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings.	**Outstanding** ☆
Is the service well-led? The service was Well-Led. Details are in our Well-Led findings below.	**Good**

Invicta Court

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 registered 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.

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 one inspector.

Service and service type
Invicta Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission 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 registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service including the information the registered provider sent us in the provider information return. This is information registered 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 all this information to plan our inspection.

During the inspection
We spoke with eight people who lived in the service and observed some of the care three more people received in communal areas. We spoke with five care staff, two nurses, a lifestyle lead, two housekeepers and the maintenance manager. We also spoke with a team leader (senior care worker), the clinical lead, deputy manager and registered manager.

We reviewed the care plans for six people. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures.

After the inspection
We continued to seek clarification from the registered provider to validate evidence found. We also spoke by telephone with four relatives and corresponded with two health and social care staff based in the community to obtain feedback about the service.

Good

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 support staff to keep people safe from harm and abuse
• People were safeguarded from situations in which they may be at risk of experiencing abuse. The people using the service told us they felt safe when in the company of staff. A person said, "The staff are good to me and I've never seen anything but kindness here."
• Staff had received training and knew what to do if they were concerned a person was at risk. They were confident if they raised a concern with the registered manager action would quickly be taken.
• The registered manager had quickly responded to any concerns about a person's wellbeing including notifying the local authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management
• People received safe care and treatment. Each person had a care plan describing the care they needed and wanted to receive. People were being assisted to keep their skin healthy and not develop pressure ulcers. Some people had been provided with special pressure-relieving mattresses and they were also helped to regularly change position when resting in bed. Nurses had taken prompt action when a person had been admitted to the service with a pressure ulcer using the correct wound management techniques to help the person's recovery.
• People were supported to promote their continence. This included staff correctly using a range of continence management aids. Also, nurses were following the correct procedure to support a person who used a catheter to directly drain urine from their bladder.
• Environmental risks to health and safety had been properly managed. There was a modern fire safety system to contain and manage fires. Staff had received training and knew how to correctly respond if the fire alarm sounded. Hot water was temperature-controlled and radiators were cool-touch to reduce the risk of scalds and burns. The passenger lift, hoists and other equipment had been serviced and confirmed by contractors to be in good working order.
• The maintenance manager regularly checked the accommodation for defects such as broken fitments and any necessary repairs were quickly completed.

Managing medicines safely
• Medicines were managed safely in accordance with national guidelines. There were enough medicines in stock and they were stored in hygienic temperature-controlled conditions.
• Nurses and team leaders assisted people to use medicines in the right way in accordance with their doctor's instructions. When administering a medicine staff carefully checked it was being given to the right person at the right time. After giving a medicine staff completed an accurate record.
• Staff had received training in medicines management and there was comprehensive written information about each person's individual requirements. This included information about known allergies and possible

complications.
• The deputy manager who was a nurse regularly checked how people were being assisted to manage medicines safety. This included making sure enough medicines were in stock and records showed they had been used in the right way.

Staffing and recruitment
• People and their relatives said there were enough staff on duty. A person said, "Yes you don't see staff rushing around, they're busy but if I need something they always seem to be on hand." A relative said, "There always seems to be staff present. I think the service is well staffed."
• The registered manager had used a dependency tool to work out how many nurses and care staff needed to be on duty to meet people's care needs. Shifts were reliably being filled by staff who had an appropriate skills mix.
• There were enough staff on duty to ensure people were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed. Records and our observations showed call bells were answered promptly.
• Staff were safely recruited. Employment checks had been completed and references had been obtained. Checks had also been received from the Disclosure and Barring Service to see if an applicant had a relevant criminal conviction or had been included on a barring list due to professional misconduct. The registered manager had confirmed nurses remained registered with their professional body.

Learning Lessons
• Slips, trips and falls were analysed to see what had gone wrong and what needed to be done about it. An example was identifying the locations and times of day when people had fallen so the causes could be identified.
• When things had gone wrong suitable action was taken to reduce the chance of the same thing happening again. When necessary advice had been obtained from healthcare professionals such as occupational therapists and physiotherapists.
• Practical steps had been taken including people being offered low-rise beds fitted with bed rails and soft mats being placed on the floor. These things reduced the risk of people rolling out of bed and injuring themselves.

Preventing and controlling infection
• We were assured the registered provider was preventing visitors from catching and spreading infections.
• We were assured the registered provider was facilitating visits for people living in the home in accordance with the current guidance.
• We were assured the registered provider was meeting shielding and social distancing rules.
• We were assured the registered provider was admitting people safely to the service.
• We were assured the registered provider was using personal protective equipment (PPE) effectively and safely.
• We were assured the registered provider was accessing testing for people using the service and staff.
• We were assured the registered provider was promoting safety through the layout and hygiene practices of the premises. Staff had received training about how to promote good standards of hygiene to reduce the risk of infection. People living in the service and staff had been helped to wash their hands fully by being shown large sponge hands demonstrating where germs are most likely to be found. They were also helped by using a glow box showing when additional hand cleaning was needed.
• We were assured the registered provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured the registered provider's infection prevention and control policy was up to date.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This 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
• The deputy manager had assessed each person's needs for care before they moved into the service. They had consulted with the person and their relatives to establish the service could reliably meet their needs and expectations. The assessment was based on nationally recognised models for establishing how best to support people with nursing care needs.
• Initial care plans and risk assessments were prepared based on preadmission assessments and the knowledge staff had gathered at that time about a person's needs and wishes. These care plans were then developed further as the person settled in and staff got to know them better. A relative said, "When we had decided about using the home the deputy manager asked us lots of questions about what care my mother needed and it was all very thorough."
• The initial assessment also established how to respect each person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage including how they wished to dress.

Staff support: induction, training, skills and experience
• New staff received introductory training before they provided people with care. Staff were also given refresher training. For care staff this included the safe use of hoists, how to support people to promote their continence and emergency first aid. Nurses also received refresher training in clinical subjects including managing healthcare conditions such as diabetes and wound-care. Staff said the registered manager kept their training under review and encouraged them to identify any additional tuition they felt would be helpful.
• Staff knew how to care for people in the right way. This included knowing how to correctly use hoists and other equipment to safely help people with limited mobility. They also knew how to quickly recognise if a person was becoming unwell and needed to see their doctor.
• Staff supported people to maintain good oral hygiene. They noted when a person needed to buy a new toothbrush or renew their supply of denture cleaning products. People had also been supported to attend dental appointments.
• Each member of staff regularly met with a senior colleague to review their work and identify any support they needed. There were also mid-year and end of year appraisals. Staff were encouraged to plan for their professional development and some staff had been promoted to more senior roles. A member of staff said, "There's good team-work here and yes I do feel valued. There's a professional development plan and lots of training.

Supporting people to eat and drink enough with choice in a balanced diet

• People were helped to eat and drink enough. Kitchen staff prepared a range of meals giving people the opportunity to have a balanced diet. People had been consulted about the overall menu and the meals they wanted to have each day. There were show-plates to help people choose which meal they wanted. A person said, "The meals are very good and there's always more than enough for me."
• Dining rooms were neatly presented and tables were laid out with tablecloths, full place settings and condiments. People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff. There was special easy-hold cutlery to assist people with reduced coordination. Some people chose to have their main meal at dinner time. People could have drinks and snacks in between mealtimes.
• People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Nurses and care staff also recorded how much some people had to eat and drink to check enough nutrition and hydration was being taken. Some people were being offered food supplements in accordance with dietitians' advice to help them maintain a safe body-weight.
• Speech and language therapists had been contacted when people were at risk of choking. Kitchen staff and care staff had received training and knew about people who needed to have their meals blended or drinks thickened. This makes them easier to swallow and reduces the risk of choking. We saw staff correctly following the guidance they had been given to support people to eat and drink safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included staff passing on important information when a person was admitted to hospital or if they moved to a different care setting.
• Staff were available to accompany people to hospital appointments if requested.
• The registered manager had developed effective arrangements with local doctors so people could quickly receive any medical attention they needed. This included a weekly remote ward round when nurses liaised with doctors about the clinical care each person needed. A relative said, "I'm very impressed with how quickly my mother has been seen by the doctor and nurse when they've been unwell. Much more so than when my mother was at home."
• People had also been assisted to see other professionals such as chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with the appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose when they wanted to get up and go to bed, what clothes they wanted to wear and whether they wanted to be assisted to have a shower or a bath. A person said, "I can choose when I want to get up, go to bed and when I use my bedroom during the day."

• When a person lacked mental capacity decisions were made in their best interests. Relatives and healthcare professionals had been consulted when a significant decision needed to be made about the care provided.
• Applications had been made in the correct way to obtain DoLS authorisations. The registered manager had followed up these applications when there had been delays in them being processed.
• Some people had made advanced decisions about the care and treatment they wanted to receive if they became too unwell to express themselves. These decisions had been carefully noted in care plans and were known to staff.

Adapting service, design, decoration to meet people's needs
• The accommodation was purpose-built. There was a passenger lift giving step-free access around the accommodation. Hallways and doors were wide to accommodate people who used wheelchairs. There were raised toilets with support frames around them and an accessible call bell system.
• There was enough communal space and signs helped people find their way around.
• Each person had their own large bedroom and private bathroom. People had been encouraged to personalise their bedrooms furnishing and decorating them as they wished. People could lock their bedroom door.
• The accommodation was presented to a very high standard throughout. The gardens were well-kept, level and accessible. However, some decorative trees had died and three people told us they should have been replaced sooner because they looked unattractive. The registered manager told us the trees were due to be replaced in the autumn as this was the best planting season.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with 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.

Ensuring people are well treated and supported; respecting equality and diversity
• People were positive about the care they received. A person living with dementia who had special communication needs smiled and held hands with a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "I like to see the staff around me because I feel safe and they're just so kind."
• Staff had received training and recognised the importance of promoting diversity by respecting the choices people made about their identities and lifestyles. This included meeting spiritual needs through religious observance. People who were cared for in their bedroom had been assisted to use social media to join church services.
• Before moving in the deputy manager asked people if they had any special dietary requirements. The chef said this information was shared with him so arrangements could be made to provide people with culturally appropriate food.

Promoting people's privacy, dignity and independence
• People received care promoting their dignity. Some people had a preference about the gender of staff providing their close personal care. These wishes had been recorded in their care plan and their wishes were being respected. A person was pleased to show us their neatly ironed clothes hanging in their wardrobe. People wore clean clothes of their choice and had been supported to wash and comb their hair.
• People received compassionate care. A welcome letter from people already living in the service had been added to the welcome pack. This gave useful information and reassurance to people when they first moved in. A person had been assisted to bring a musical instrument from their home and had been invited to play for other people's enjoyment. Also, people had been invited to bring favourite shrubs, garden ornaments and planters with them when they moved into the service so they could continue to enjoy them. Special efforts were made to engage a person who had experienced a bereavement just before Christmas. The person was supported to plan the seasonal events in the service and provided treasured family decorations from their own home.
• People's right to privacy was respected and promoted. Staff understood the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible. Communal bathrooms and toilets had working locks on the doors.
• Private information was kept confidential. Staff had been provided with training about managing confidential information in the right way. When discussing the care to be provided staff did this discreetly so they could not be overheard. Most care records were electronic access to which was password-protected so only authorised staff could access them. Other written records containing private information were stored

securely when not in use.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to be actively involved in making decisions about things important to them as far as possible. An example a nurse asking a person if they wanted to have a medical dressing checked where they were sitting in a communal area or if they wanted to return to their bedroom.
• Most people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The service had developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to weigh up information, make decisions and communicate their wishes.

Outstanding ☆

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 physical and/or sensory adaptive needs and in some circumstances to their carers.

• People had information presented to them in a user-friendly way. Staff chatted with people to explain the care they were providing. The service had virtual hearing aid tablet computers that translated spoken words into text. Extra steps had been taken to support a person who used English as a second language. They had been provided with flashcards in their first language to help them communicate effectively with staff. In addition, the service had identified a member of staff who was fluent in the person's first language. Also, staff had used a technology application to enable the person to watch television programmes presented in their first language.
• Important documents presented information in an accessible way using easy-read pictures and graphics. There was a leaflet explaining the role of the local safeguarding of adults authority giving the authority's contact details.
• Some people lived with hearing-loss. Staff spoke clearly but discreetly with these people making sure they had been understood. They also used a virtual hearing aid application on a hand-held computer that translated speech into text.

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
• Lifestyle coordinators supported people to enjoy meaningful social activities and consulted with them to receive feedback and suggestions. There was a monthly calendar of events, a copy of which was sent to each person and their relatives. The activities included small group events such as armchair exercises and arts and crafts. There was a gardening club and people had been assisted to plant up raised flowerbeds. There were cookery demonstrations and at one of these people had prepared a dish based on a traditional recipe suggested by a person living in the service. Innovative steps had also been taken including inviting people to a spa day to enjoy a pampering session. A further example was escorting people on tours of the service to see areas such as the main kitchen and other service areas they would not usually visit. A person said, "The tour I did was fascinating." Another person had been invited to use their skills as a magician to perform at a garden party held to celebrate the anniversary of the opening of the service.
• Small groups of people attended sensory stimulation sessions. These were provided in a designated quiet

room where a calm atmosphere was created with the use of lighting, aromatherapy and therapeutic touch, such as hand massage.
• The service had completed a technology review to see if people needed extra help when using communication devices such as computers and smart telephones. There was a computer club and lessons had been offered to people on how to stay safe when on-line. Some people had been helped to operate a user-friendly mobile telephone by being given laminated instructions and an example telephone with which to practice.
• People had been supported to prepare accounts of their life-history using photographs and text to describe events, people and interests important to them. Staff had acted on this information an example being presenting a person with a newly colourised picture of the person's wedding. A couple had been supported to celebrate a significant wedding anniversary by sharing a culturally appropriate romantic meal.
• People had been helped to keep in touch with their families and to attend family events. An example was people being helped to use social media to join in real time family weddings and funerals. Relatives were free to visit their family members whenever they wished in line with COVID-19 precautions. A relative said, "I'm always made to feel welcome by the staff and I like how things are organised without being regimented. It's the right balance." The service also had an internet connection and so people could use emails and social media to keep in touch with their families.
• People were supported to celebrate seasonal occasions such as Easter and Christmas and birthdays. At Christmas staff with theatrical skills had presented a pantomime. Children from local schools had visited the service to sing carols at Christmas while keeping to COVID-19 restrictions. They had also sent video greetings cards. A school had presented the service with a collage made from children's handprints. In return the service had sent the school a tree of life picture with messages and photographs chosen by people living in the service. Children had presented people with poems and gifts as part of the service's celebration of its first anniversary since opening.

End of life care and support
• People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
• The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life.
• The service held anticipatory or 'comfort' medicines. This was so they could quickly be given by nurses in line with a doctor's instructions to provide a person with pain relief.
•Innovative steps had been taken to provide compassionate and dignified support after death. Restful lighting and essential oil diffusers were available to create a calm and peaceful atmosphere in a person's bedroom. There was special embroidered bedlinen for use after death to reassure relatives respect had been shown to their family member at the end of their life. Relatives were provided with a Bereavement Support Booklet giving helpful information about what steps they may need to take after their family member's death.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Each person's care plan was regularly reviewed so they accurately reflected the person's changing needs and wishes. With each person's agreement staff kept in touch with relatives so they knew about any significant developments in their family member's care. A relative said, "I very much like the way staff keep me up to date so I know exactly how my mother is. This has been especially important during COVID-19."
• People received personalised care responsive to their needs. During the inspection some people chose to rest in their bedroom, others preferred to sit in one of the lounges while others enjoyed being in the garden. People had been asked if they wanted staff to check on them during the night and could decline if they wished. A person said, "It's like home from home here and of course I can do what I want." In a thank-you

card a relative said, "I just wanted to say what wonderful care mum received from Invicta Court. The staff were exceptional and treated mum with dignity, kindness and respect."
• Some people had special communication needs and did not find it easy to say if they were uncomfortable or in pain. Nurses and care staff had received training and knew how to recognise indirect signs a person needed assistance.
• Staff regularly checked on people who received most of their care in their bedroom. This was to make sure these people were comfortable and had everything they needed. A person sometimes cared for in their bedroom said, "The staff pop in to see me. I'm not isolated."

Improving care quality in response to complaints or concerns
• There was a complaints procedure reassuring people about their right to make a complaint, explaining how complaints could be made and describing how they would be investigated. A relative said, "I haven't had to complain as little things are quickly sorted out. But if I needed to I'm sure it would be dealt with appropriately."
• There was a procedure for the registered manager to follow when resolving complaints. This included establishing what had gone wrong and corresponding with the complainant to explain what had been done to put things right."
• No complaints had been received by the service since it was registered.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

This 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.

Continuous learning and improving care
• People and their relatives considered the service to be well run. A person said, "This is home for me now and I'm okay with that as I have what I need here." A relative said, "It's definitely well run. When I telephone I can always speak to a member of staff who knows how my mother is doing. If you leave a message it always gets passed on."
• The registered manager and deputy manager completed quality checks to make sure people consistently received the care and treatment they needed. There was a weekly clinical review meeting to check people's nursing and personal care needs were being fully met. Care plans were regularly audited to make sure they were accurate and continued to reflect each person's needs and wishes. The registered manager and deputy manager directly observed the care provided to ensure people in practice received all the assistance they needed.
• Other quality checks were also completed included audits of the management of slips, trips and falls, employment checks and staff training. There were Champions for subjects such as wound care and the promotion of continence. These staff had been supported to develop special expertise to guide colleagues in their work and to pass on national developments in good practice.
• The registered manager periodically completed an unannounced inspection of the service out of office hours. The most recent inspection occurred very early in the morning with the registered manager checking who was on duty, what staff were doing and how well care was being provided.
• There was a robust system for creating, revising and accessing key records. This helped to ensure there was a clear and reliable account of how care was being provided helping to ensure any mistakes could be quickly identified and resolved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
• People, relatives and staff said there was an open and inclusive culture in the service. A person said, "I can have a chat with staff about things to do with the home and they're always receptive." A relative said, "Even though it's a big service it's not impersonal and the staff are fairly settled giving a sense of stability. Invicta Court has a family feeling to it and that's quite an achievement."
• The registered manager understood the duty of candour. This requires the service to be honest with people and their representatives when significant things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could

reliably be given the information they needed.
• It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager said a copy of this inspection report would be conspicuously displayed both in the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been supported to comment on their experience of living in the service. There were residents' meetings and action had been taken to respond to suggested improvements. After having reservations about a particular dish being served people had been invited to a food testing session hosted by the chef. This had been done so they could select some of the branded foods they wanted to be used. Also, the admissions process had been strengthened with a new welcome pack and change of address card being provided after people had reflected on their own experiences of moving in.
• Relatives had been invited to complete questionnaires giving feedback on the service. The results showed relatives were consistently positive. A relative said, "I do indeed feel like my views are valued. There's no us and them between relatives and staff."
• Health and social care professionals had been invited to give feedback about their experience of visiting the service and working with staff. A healthcare professional told us, "Staff are concerned about the welfare of the individuals in their charge and keen to do whatever they can to improve their quality of lives.".
• Staff had been invited to attend regular staff meetings. These meetings were used to promote teamwork and to discuss developments in the running of the service. There were 'Go the Extra Mile Awards' for staff who made exceptional contributions to developing the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There were robust management arrangements in the service. On the ground floor there was always a team leader in charge and on the first floor there was a nurse on duty. The clinical lead managed nursing care services and was accountable to the deputy manager. There was always a senior member of staff on call out of office hours to give advice and assistance to staff. Each day the registered manager or the most senior person on duty met representatives of all departments. They reviewed the operation of the service to ensure a coordinated response was provided to resolve any problems.
• Staff understood their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of equipment including hoists and medical devices.
• Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with nursing care. These journals were shared with staff.
• The registered manager remotely attended infection prevention and control meetings organised by the local NHS. This helped to ensure the service remained up to date with any changes in government guidance.
• The registered provider published a document called Quality Matters. This was copied to staff and gave information about good practice initiatives found to be successful in other services.