

# New Care West Bridgford (OPCO) Limited

# The Grand

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Grand is a Care Home providing a regulated activity for personal and nursing care to up to 82 people. The service provides support to older people and those living with dementia or who require nursing care. At the time of our inspection there were 82 people using the service. The home was purpose built, split over four floors.

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

The service played a big part in enriching people's lives, which helped them fulfil their wishes and aspirations. People were encouraged to make suggestions to improve their care and well-being. There were stimulating and engaging activities. The service was good at supporting people to relive their memories. There was a dedicated well-being team along with other specific champions to ensure the smooth running of the service.

Technology was used to ensure people stayed in contact with their loved ones. This included using a large interactive tablet purchased by the provider, to help engage and involve people through social media platforms.

People received person-centred care and support. The service used a proactive approach to concerns and complaints. Investigations were comprehensive and included higher management to investigate to form an independent judgement and objective outcomes.

The service was particularly skilled at helping people and families explore and record their end of life wishes. They provided a tailored person-centred palliative care box, which contained sensory items such as hand creams, scent diffusers, sensory mitts and person-centred literature and music to be used when people received end of life care. Religious blessings were organised according to the wishes of people and their families.

The provider had a robust oversight to ensure people were kept safe. Good examples were shared with us, which identified good practice to ensure risks were minimal. Staffing levels were sufficient on the day of our inspection. The registered manager used a dependency tool to support staffing levels and safe recruitment processes were followed. The service participated in the government sponsorship scheme and safely employed staff from overseas.

People received their medicines as prescribed. Staff were trained and their competency tested to ensure safe management of medicines were adhered to. Infection control measures were in place and the service followed current guidelines for Infection control and visitors to the service.

People's needs were assessed prior to moving into the home. The initial assessment document had been reviewed and updated. The service used technology to record people's care and support. This gave staff

access to information in real time.

Staff were supported to ensure their knowledge and training was up to date. The service provided staff with a robust induction when they first started working at the service. Nursing staff were supported to keep up to date with their professional qualifications.

There were good examples of effective care and positive feedback from healthcare professionals. The home was purpose built and included signage for people and visitors to navigate around the home freely.

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.

Staff treated people with kindness and compassion. People were supported to express their views about the service and feedback was captured on the live digital reception feedback report along with meetings for people who use the service and surveys. Where people and staff's first language was not English, support systems in place to ensure everyone could communicate in a way they understood. People were respected and supported to be independent by caring staff that showed empathy and patience for people and their care needs.

There was an open and transparent culture throughout the service. Leadership, and governance of the organisation was well embedded. People and staff were complimentary about the registered manager and how the service was run. Staff were empowered and motivated. We saw improvement to quality management had been made. Legal requirements were adhered to. The service worked in partnership with others to develop joined up care.

Rating at last inspection and update

The last rating for this service was good (published 8 November 2019).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained abuse. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk for reporting safeguards. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grand on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was 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 ●

# The Grand

## 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 2008.

#### Inspection team

The inspection team consisted of 2 inspectors, a Specialist adviser (Nurse) 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

The Grand 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.

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority's commissioning and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 1 visiting relative about their experience of the care provided. We spoke with 10 members of staff including 1 senior manager, the registered manager, a nurse, 2 senior care workers, 2 care workers, staff from the catering, housekeeping and maintenance team. We also spoke with 2 Healthcare professionals.

We reviewed a range of records. This included 9 people's care records and 9 medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were assessed, and managed. Risk assessments were detailed, reviewed and updated. However, some people who were at risk of dehydration and staff had not monitored how much they drank. We identified this as a recording issue. The registered manager addressed this with staff through supervision immediately after we brought this to their attention. For example, if someone was at risk of malnutrition and poor hydration, risk management plans were in place to help reduce the risk.
- There were a number of good examples of how staff managed risks associated with people, such as, 1 person's catheter care plan was detailed. This included when the catheter was last changed, and the specific catheter used. We identified this as best practice.
- People who were at risk of falls had sensors in place when they could not use a call bell. One person told us they were aware a risk assessment had been carried out so that they could use the lift on their own. This meant the service had a positive approach to risk management.
- Environmental risks such as water safety and fire safety had consistently been monitored and managed to mitigate risk.

### Systems and processes

- Safeguarding systems and processes were robust. The registered manager had immediate access to all safeguarding's reported. More information was included on incident reports to allow the reader to make a more concise judgement for any action to be taken. Any safeguarding or high impact incidents were highlighted to higher management for oversight to ensure appropriate safety measures were in place.
- People told us they felt safe living in the home and with staff that cared for them. For example, 1 person said the home had made them feel safe. They said, "I feel very safe just knowing there's someone there, day and night."
- Safeguarding champions were in place to ensure staff followed procedures and were up to date with safeguarding training.
- Staff spoken with had good knowledge of safeguarding issues and what constituted as abuse. They felt confident the management would act if concerns were raised.
- The provider and registered manager fully understood their responsibilities to keep people safe and raised relevant safeguarding concerns with the local authority and notified the Care Quality Commission.

### Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. The registered manager told us they used a Dependency Assess Staffing Tool (DAST) system as a guideline for the number of staff required, however they were clear people's needs determined the number of staff required on duty.

- People commented that there were enough staff. One person said, "There is plenty of staff." Other people commented there was always staff about and they had a good rapport with them. Staff also confirmed there were sufficient staff. One member of staff said, "We've just enough staff, I think, everybody gets their needs met, any extra staff would be for the extra things." They meant for extra activities or extra support required for people.

- Safe staff recruitment procedures were followed. The provider was taking part in the government sponsorship scheme for recruiting nurses and were looking at the same process for care assistants.

- We checked a number of staff files and found checks were carried out on staff rights and suitability to work at the service before they were offered employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed, and staff competencies were assessed.

- Systems were in place to ensure people received their medicines effectively and as prescribed.

- Medicines were audited regularly, and action taken to follow up any areas for improvement. Medicine administration records (MAR) were accurate and correct.

- People confirmed they received their medicines as and when required. Relevant assessments were in place for people who were responsible for their own medicines.

#### Preventing and controlling infection

The home was following current guidelines for infection control measures.

- 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 Personal Protective Equipment (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. The home was clean to a high standard. The service had received 5\* for food and hygiene, which told us they were very good and complied with the law.

- 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.

#### Visiting in care homes

- Visiting was supported in line with current government guidance relating to the COVID-19 pandemic. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Hospitality staff were given access to the personal care system so data around fluids can be captured more efficiently.

- The registered manager facilitated a reminder in full team meetings and topic supervision for staff to record catheter emptying amounts. This showed us they learnt lessons when things went wrong.



# 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 our last inspection we rated this key question Good. At this inspection the rating for 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's needs and choices were assessed before they moved into the service. The registered manager gave examples and records showed, people's needs were assessed prior to moving into the service. This included mood, anxiety and distress indicators, there was also a section that identified specific challenges for people.
- The service used technology to help deliver effective care and support. An electronic recording system for care notes, care plans and policies gave the provider access to real-time information on the support staff were providing. Daily notes were recorded by staff on handheld sets, which detailed all care and intervention carried out.
- The service reviewed people's care records with the person and any relevant other, so changes for support needs could be implemented. People confirmed they were involved with their care reviews. One person said, "My daughter supports me with discussion meetings about care."

Staff support; induction, training, skills and experience

- The service had a robust induction in place. This included a twelve-week introductory probationary period that incorporated e-learning and mandatory training.
- Staff received training that reflected their roles. One staff said, "The training is good, we also have refresher training each year which makes sure we don't forget anything." Nurses were supported to keep up to date with professional qualifications. One nurse described training they had attended. We reviewed the training matrix, which identified training staff had completed and was up to date.
- People felt staff were well trained. One person told us they were aware a few staff had been in different care homes over the years and felt they had a lot of experience.' Another said, "They[staff] are very good."
- Staff recruitment procedures were followed. We looked at 5 staff files. The files were organised and easy to follow. Where required the right to work documentation was available and we reviewed this.
- Management monitored the nurses PIN (this is a code given to every nurse registered with the Nursing and Midwifery Council) to ensure their registration were kept up to date.
- Staff felt supported by management and received regular supervision. They attended team meetings, where information and updates on people's care needs were shared with the staff team.

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

- Staff demonstrated awareness of people's dietary needs and understood the risks associated with eating and drinking.
- Staff were very passionate about providing good food for people, all the food looked very appetising and

the chef had excellent knowledge of people's needs. They had information that identified who was at risk of choking or who required different food textures. This was updated monthly and prior to people moving in.

- The service worked closely with dietitians to ensure people made healthy choices. People told us the food was, "First class, delightful and cannot be beaten."
- Staff told us everything was made fresh and they asked people what they wanted. One staff said, "We make sure anybody who is on a pureed meal look exactly as they should with moulds." We looked at some pictures and found this to be correct.

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

- There were good examples of effective care on care plans we viewed. One person was identified as having episodes of non-responsiveness, their care plan was very detailed and instructed staff exactly what to do when these episodes happened. We observed staff carry out their duties according to the care plan.
- One person had been rehabilitated through support of the service. Professional feedback given to the service of how amazing the person had responded to care and treatment. The person was talking about their future rather than just day to day living. They were awaiting appropriate accommodation, so they could be supported to move into the community.
- The service worked well with health care professionals and we received positive feedback during the inspection. This included the service working with the NHS in relieving hospital pressures. Local Care Home Teams (pharmacist, dietitian, geriatrician, advanced practitioners) had input and involvement as a Multi-disciplinary team (MDT) and links with GP practice that covers the home, were all working collaboratively.

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

- The home was built over four floors and the décor was bright and modern. There was signage to help people navigate around the home and brail on people's bedroom doors along with names and number of the room.
- The home was calm and relaxed throughout the day of inspection. One person said, "Most people seem quite content and happy. I have been here quite a while, it's alright quite lively, even though it might not seem it." Another person said, "Basically people get involved here, everyone gets on with each other, cleaners, maintenance, they all work well together." The person referred and praised the staff team when they were needing help.
- Bedrooms were personalised, and furniture was secured to the wall to prevent large items falling on people.

Ensuring consent to care and treatment in line with law and guidance

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood and was working to the principles of MCA
- We checked MCA assessments and best interest were recorded in people's care plans, for those who required them, such as, people who used the Acoustic system. This system was a monitoring system that enabled staff to respond more promptly and appropriately to people's support needs during the night.
- People told us staff asked permission before they provided personal care and support. One person said, "They usually say would you like so and so." Another person said, "When staff come to do something, they always give a reason."

# 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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated in a kind and compassionate way by staff. We saw some good interactions with people and staff. All interactions were very caring and staff treated people with dignity and respect.
- People's individual needs were recognised and supported. For example, people were supported to follow their religious belief. They were supported to attend religious services outside of the care home. One person requested to attend Mass and the home made this happen. The person was able to see the congregation and feel fulfilled.

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

- People were supported to express their views about the service and make independent decisions about their care needs. Regularly positive feedback was captured on the live digital reception feedback report.
- We saw meetings for people and survey questionnaires had taken place. There was a you said, we did board to identify action taken. Communication between families through email and monthly newsletters. We saw comments, such as, "A fabulous time was had by all, welcoming family and friends back to the service fairs."
- Where people's first language was not English, their needs were recognised and appropriately supported. For example, where staff and people had the same nationality, staff were able to assess the person's needs more effectively. The registered manager told us other staff had got to know the person well and could understand their needs from gestures and basic English which the person had learnt.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People were free to spend their day in communal areas or private rooms as they wished. One person said, "I am up at 7am, I wash and dress myself." This told us the person was able to make their own choices and be independent.
- The registered manager shared a number of testimonials that highlighted positive relationships between people and staff. This resulted in positive outcomes for people. We saw people looked well and happy.
- Care staff had empathy and were patient and kind. Staff show kindness and respect to people by telling they were completing other tasks before coming to assist the person. One person said, "I think care is very good, really very good and very helpful."
- One staff told us "The best thing about working here is the people, I treat them like I would my own mum."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was a dedicated well-being team who spoke with people regularly to identify any additional needs and wishes. The service worked closely with the local community allowing people, the opportunity to build and maintain friendships with people outside of their usual community. Including student volunteers from local schools.
- The service organised occasions when animals come into the home, for example, during fairs or themed days. These animals included Ponies, Lambs, Exotic animals. Animal therapy builds on people's desire to interact with and relate to animals. This interaction can help people bond and form a calming state.
- The service also used Oomph for promoting people's well-being, this is a platform where people can socially interact, increase their mobility and gain mental stimulation. This helped stimulate people's 5 senses. For example, Cognitive Stimulation Therapy. The sessions were aimed to encourage cognitive and sensory stimulation, as well as light exercise to help improve mobility. Particularly, but not excluded to people with Dementia.
- The service enriched people's lives, by helping them fulfil their wishes and aspirations. The service supported people to reach their goals. For example, they helped 1 person to upkeep their yearly wish of visiting Nottingham War Memorial every remembrance period. The person had done this for their entire adult life before moving into The Grand. This was facilitated by the services 'Let's Go' trips. (this is a service provided by The Grands well-being team to take people out.)
- We saw another person had expressed their wishes to start a choir group during an activity feedback meeting. This was put in place and 'The Grand Choir' practised weekly and performed for the services Christmas fair. In response to people's suggestions, the group has progressed to the 'Grand Singalong' to uplift mood and well-being to all living in the home.
- The service was exceptional at helping people relive their memories. One person and their relative were fans of a well-known celebrity, they had attended many concerts together throughout the years. When the person's illness progressed, The Grands well-being team leader contacted the celebrity's management team and organised a personal well-being/support message to be sent to the person, which was filmed by the celebrity themselves. This was of great comfort to both person and their family.
- A large variety of stimulating and engaging activities included different therapeutic sessions, virtual reminiscence, as well as opportunities to connect with the community. Prior to moving into the service one person had a hobby of Yoga. The person was asked by the registered manager if they would like to instruct a basic Yoga class for others and staff. This gave the person a sense of purpose and routine, which helped the person build initial friendships within their new community and surroundings.
- The service had use of a "Magic" table in the dementia community. This is an interactive digital table with

an interactive projector. The colourful lights respond to hand and arm movement to help both movement and stimulation for people. This was extremely positive for people living with dementia.

- People were very complimentary about the activities, 1 person told us they liked to complete their own artwork, listen to music and independently like to do their own thing. They praised the well-being team who encouraged them and others to participate in other things. Another person told us about quizzes and participating in the choir, they said they were going downstairs to sing in the choir with their friend.
- Staff supported people to use computer equipment, such as tablets, to stay in touch with those important to them. A large interactive tablet had been purchased by the provider, to help engage and involve people. They used this to contact family and friends. Families both nearby and abroad use this service. The registered manager told us, "This service is utilized more if a person had fallen ill or are isolating to ensure they are kept in contact with their families."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain, but said they had no reason to as all minor concerns were dealt with by the registered manager. One person said, "I have no complaints or concerns and if I had a concern or complaint I would report to my family."
- The registered manager told us they had received no formal complaints and clarified any minor concerns were dealt with immediately. The provider's audit of governance also confirmed the service had received no complaints.

End of life care and support

- People's end of life wishes were followed. The service provided a tailored person-centred palliative care box to be used when people received palliative care. (The box included sensory items such as hand creams, scent diffusers, sensory mitts and person-centred literature and music).
- Discussions had taken place where the person and family wanted their wishes known, where this was not to be discussed at this time this was recorded in the persons care plan. End of life care plans were detailed and gave clear guidance for staff what wishes the person had requested.
- The Well-being team arranged any religious blessings according to the wishes of people and their families during a time of palliative care and/or any other time of expressed need.
- People confirmed they had relevant documents such as, DNACPR (do not attempt cardiopulmonary resuscitation) and ReSPECT forms in place, (ReSPECT records information so as to make it rapidly accessible to professionals who need to make immediate decisions about care and treatment in a crisis).
- We received testimonies from families who were supported when their relative came to the end of their life. They told us, "The attention to detail and the whole ethos gave their relative dignity and compassion." Examples were given of how staff showed great care and compassion. For example, a member of staff went with a person to hospital after they had a fall. There were no injuries, but the staff stayed for 16 hours, looking after the person, until they returned to the home. The family felt this was above and beyond any form of duty of care.

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

- Staff were provided with comprehensive details about people's needs and preferences. They were able to be responsive to people's needs as the details were reviewed and shared in real time.
- Care plans were shared with care staff through a hand-held device, all staff were able to review details and input real time interventions provided. For example, when people received care or meals. Staff told us how accurate the information was and how they could access information in an emergency. One staff told us, "It's just a quick glance at the handset."
- People's care was reviewed regularly. People and their relatives told us they were involved in updating their care needs.

- People were able to remain independent in requesting support, which was responded to swiftly on request. People confirmed staff responded well. One said, "Yes, as best as they can."
- Health care professionals were positive about the electronic system giving them accurate information which was valuable in assessing people's ongoing needs.
- In response to a past activity meeting, the service offers a weekly 'Gent's Retreat' as part of the well-being programme. This was run by a male member of the well-being team. The registered manager told us the structure of the sessions were led by people in the group. This included reminiscing and cognitive stimulation activities.
- Innovation was used to ensure people did not feel lonely. They used a hug pillow specially developed for people affected by dementia, including comforting heartbeat and ability to add a person-centred playlist. The registered manager told us everyone needs a cuddle from time to time.

#### 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 supported people to use computer equipment, such as tablets, to stay in contact. For example, the Well-being team utilized WhatsApp to keep families updated with any information, activities or photographs of people engaging in the well-being programme.
- The Grand facilitated the arrangement of an audio book subscription to all people with sight loss or people who had a love for reading and find it difficult to read now. The service also provided braille on people's bedroom doors, so a person with impaired sight can identify the numbers of the room.
- The registered manager shared examples of people's experiences. For example, 1 person who was profoundly deaf, were given a wipe board to help support their communication needs. Another person utilised virtual assistant technology. They listen to their messages, emails and to their choice of music, when they wanted.

# 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 our last inspection we rated this key question Good. At this inspection the rating for 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-centered care.

Planning and promoting person-centered, high-quality care and support

- The leadership, management and governance of the organisation was well embedded and assured the delivery of high-quality, person-centered care.
- Staff were empowered and motivated in their work. This was driven by people having choice and control over their own lives. They had increased people's self-confidence and empowered people to do things for themselves.
- People told us they made their own decision about how to spend their day. One person said, "I can tell and choose the activities I want to do. I like listening to 40's,50's music."
- The exceptional culture of the service was led by a highly respected registered manager. A staff member told us, "[Registered manager] is thoroughly passionate and caring. You can hear it when she speaks about the people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candor responsibility

- Staff were clear about their roles and all were very complimentary of the management team. All staff we spoke with told us they were supported in their roles.
- Ratings from the last inspection was displayed on the provider's website, as well as within the service and notifications about specific events had been sent in line with legal obligations. The registered manager was aware of their legal responsibilities under the duty of candor.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.
- The management team constantly reviewed the service to optimise people's potential. Good governance was fully embedded into the running of the service. There was a strong focus on continuous quality improvement.
- Incidents and accidents were consistently monitored and analysed.
- We received positive feedback from people and staff regarding the management and support.
- The most recent compliance visit from the local authority had overall been positive.

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

- The registered manager knew the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example to ensure people received good quality care. We



received complementary comments about the registered manager and people confirmed they had discussions with them and told us how approachable she was.

- People were involved in decisions made about all aspects of their care. Their views were obtained through regular care reviews, well-being discussions, spot checks on staff, people and staff meetings. The registered manager told us they had an enhanced daily huddle with staff to join up evidence collated on their walk around the service.

#### Continuous learning and improving care

- There was an open and transparent culture. The registered manager told us they discussed any events that occurred, investigated thoroughly and shared findings and lessons learnt. They said, "We Feedback good practice between ourselves as a team also and support each other."

- There had been a recent two-day workshop, Mental Health at work First Aider course and this had been welcomed by many staff in the home in various departments. Feedback received showed how they have benefited from this personally. This meant staff were able to utilise their learning with colleagues and even the people they care for.

#### Working in partnership with others

- There was a good working relationship with specialist nurses' teams. Staff told us they could contact them for advice.

- We spoke with a healthcare professional. They told us the working relationship with the home was second to none. Communication had improved. They told us, with the weekly ward rounds they could identify issues and concerns much quicker, thus keeping people out of hospital.

- People confirmed the weekly GP visit and also indicated they had visits with the dentist and eye optician. This ensured people's well-being, oral health and eyesight was cared for.