Heathview Management Company Limited

Whiteoaks Rest Home

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Whiteoaks Rest Home is a residential care home registered to provide accommodation and personal care for up to 38 older people. The home had two floors with lift and stair access to each floor. At the time of inspection 29 people were being supported.

People's experience of using this service and what we found
People experienced care that was very personalised. The provider provided an extensive and varied range of activities enabling people to live fulfilled lives. There was a strong emphasis on inclusion within the home and ensuring activities were accessible to anyone who wanted to join in. There was a culture embedded, within the home of encouraging people to initiate and arrange activities of their own. The registered manager was passionate about promoting opportunities for people to experience community events and for everyone to have the opportunity.

The provider worked collaboratively with other healthcare professionals and were responsive to their advice. People's communication needs were fully considered so that information was given in line with their needs. The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy.

People and their relatives were positive about the quality of care and support people received. Care plans detailed people's preferences, emotional wellbeing support needs and cultural and spiritual needs. There was a strong emphasis on promoting people's independence. Staff respected people's privacy and dignity. We saw a warm and caring approach by staff with positive and kind interactions between staff and people.

People and their relatives told us people felt safe. Risks to people were recorded in their care plans and there were systems in place to protect people from abuse. Staff were confident that concerns would be acted on. People received their medicines safely and staff completed training in infection control. Incidents and accidents were investigated, and lessons learnt shared. There was an emphasis on consistency of staff and there were sufficient staff to meet people's needs and keep them safe.

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 involved people and worked with other organisations to ensure people received effective health care support. People were encouraged to maintain a healthy, balanced diet, based on their individual needs and could access food and drink when they wanted to.

The feedback we received from people and their relatives was positive, expressing confidence in management, leadership and care delivery. The registered manager promoted both formal and informal opportunities to ask people and their relatives for their views and suggestions. The home employed various methods to ensure people and their relatives were kept informed about what was happening in the home.

The service was led by a management team whose passion and drive to achieve excellence, leading by example, was evident. At the time of inspection, the registered manager was away from the service for a period of annual leave and whilst there was a deputy manager on site they did not have access to all information to be able to manage the home in the registered manager's absence. The risk was mitigated by the registered manager being available to provide telephone support if required.

The registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. The provider had established strong links with the local community and the registered manager was passionate about continuous improvement.

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 28 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Whiteoaks Rest 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
This inspection was carried out by one inspector.

Service and service type
Whiteoaks Rest 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
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with two professionals who regularly visit the home and we spoke with ten members of

staff including the deputy manager, chefs, senior carers, care assistants, the Head of maintenance, a housekeeping member of staff and the registered manager via telephone.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and five records in relation to recruitment and staff supervision.

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.

Good

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people felt safe. Comments included, "Very safe yes", " We know our [relative's name] is safe here and we feel confident about that" and "This is the safest and best home I've ever been in. It really is."
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. One staff member told us, " I would go straight to [registered manager's name], [finance director's name] or [deputy manager's name] and speak to them and if I felt that nothing was being done about it I would go straight to CQC and whistle blow."
- Staff were confident that concerns would be acted on and told us that there was an open-door policy.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans. For example, risks in relation to falls and nutrition.
- The provider had employed a full-time head of maintenance, as well as an assistant maintenance staff member, who completed daily health and safety checks of the communal areas and ensured regular health and safety checks of people's bedrooms were completed. We observed people knew the maintenance team and how they were comfortable directly requesting minor works for their bedrooms. Such as, requesting a shelf to be put up on the wall.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly. A designated environment champion staff member completed monthly health and safety audits of the entire premises and escalated any identified action to the maintenance team for action.
- Since the previous inspection the provider had employed an outside company to carry out fire drills regularly with all of the staff. The company created a realistic fire emergency within the home using a fire stimulator, smoke machine and rescue mannequin. The company acted as an independent observer and filmed the drill, analysed it and provided a debrief and action plan for the provider to make improvements. One staff member told us, "It was brilliant, I thoroughly enjoyed it. I wanted to do it again."
- People's comprehensive personalised plans (PEEP's) were in place to guide staff and emergency services about the support people required in these circumstances.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. People and their relatives told us, "Oh yes, you don't have to wait very long before somebody answers," and "I think there is, I don't know how

many staff but [relative's name] has never had to wait to my knowledge."
● Some people did tell us that they sometimes had to wait after their meal for staff to be available to support them to wherever they wanted to go due to most people requiring staff support to mobilise. However, the provider was aware of this and had responded to people's feedback by ensuring the maintenance and domestic staff were trained in moving and handling to enable additional support to be provided at these times to people. The head of maintenance confirmed that they had been trained to support people at lunchtime to reduce the waiting time.
● There was an emphasis on consistency of staff and the provider told us how they had not had to use any agency staff in the last 20 years. One person told us, "Yes, virtually always the same carers." Staff confirmed that they had time to spend with people. One staff member told us, "I like talking to the residents … To me it is an important part of my job."
● Safe recruitment procedures were followed. Staff files contained the information required to aid safe recruitment decisions such as references and a Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Using medicines safely
● People received their medicines safely in line with their preferences and by staff who knew them well. People told us that they received their medication when they wanted it
● There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
● Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection
● Staff completed training in infection control. Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly. We observed staff wearing PPE appropriately.
● The home was clean, tidy and odour free. One person told us, "It's very good, very clean."
● The registered manager completed annual infection control audits.
Learning lessons when things go wrong
● Where an incident or accident had occurred, the registered manager saw all documentation and had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
● Staff were informed of any accidents and incidents and these were discussed and analysed during handovers between shifts and at staff meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments.
- Since the previous inspection the provider had introduced as part of their pre-assessment process the opportunity for people and their relatives to visit the home to familiarise themselves with the environment and to sample the food. This enabled people to confirm if it was the placement for them before making any commitments.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were well trained. Comments included, "If I become ill I like [staff member's name] near me as she knows what she is doing" and "I do yes, they know what they are doing."
- Staff new to the home were supported with a comprehensive induction which included the shadowing of experienced members of staff and observations with an emphasis on oral hygiene. A staff member told us about their induction experience, "I did it for three months and they watched everything I did and trained me where I needed to be trained."
- All staff received a range of face to face training, e-learning and observed supervisions and competencies to ensure they had the necessary knowledge and skills to do their jobs. A staff member told us, "[Registered manager's name] will ask you if there is any training you would like or need, she is always asking us."
- Training was regularly refreshed and updated. Training which gave staff the opportunity to better understand people's experiences and medical conditions was particularly valued. For example, diabetes and dementia awareness.
- Staff received regular supervisions including face to face meetings, observational checks, competency assessments and appraisals. Staff told us that they were well supported.

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

- People and their relatives told us that the food was good. Comments included, "I can't fault it", "We have three choices of every meal and two choices of every sweet" and "It is lovely, [person's name] is always going on about how delicious the food is. It's the highlight of his day."
- We observed the lunch time experience. The tables were set with tablecloths and napkins with cutlery and condiments. We observed people being offered a choice of drinks with their meal and each person being

asked and served individually.
● People were encouraged to maintain a healthy, balanced diet, based on their individual needs and could access food and drink when they wanted to. The home had a menu with choices available to choose from however people were able to order off the menu whenever they wanted. The chefs made a point to get to know people and their preferences and supported people to have what they wanted.
● We saw people being offered drinks and food throughout the day and were supported by staff who had received food hygiene training. A selection of drinks and snacks were accessible to people throughout the day.
● Information on people's weight was kept up to date in their care records and was monitored. The registered manager had introduced a nutrition and hydration champion who was responsible for ensuring food and fluid charts were completed and that people's dietary requirements and preferences were being catered for. They also ensured that people were involved in the menu planning which was seasonally based and included suggestions from people.
● People were encouraged to be involved in baking and growing fruit and vegetables in the garden which would then be prepared by the chefs and served to them. For example, people had been involved in preparing the Christmas cake for Christmas day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff involved people, and where appropriate, their relatives to ensure people received effective health care support. One person told us, "I've not needed to, but I've been told they'll get a doctor in if I need one."
● The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. Records showed people had been seen by a range of healthcare professionals including GP's, community registered nurses, dentists and Chiropodists.
● People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

Adapting service, design, decoration to meet people's needs
● We saw the environment was designed to support people to move around safely; it was spacious with a lift and accessible grounds and gardens.
● People's rooms we looked at had been personalised to each person's preferences.
● Specialist equipment was available when needed to deliver better care and support

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
● Staff were knowledgeable about the MCA and how to protect people's human rights. One staff member

told us, "I always ask them, give them the choice. Whatever they like we always give them the option and never presume they are going to have the same option each time, they may not feel like it, it's important to ask them."

● Since the previous inspection the provider had introduced 'consent clauses' into people's care contracts to evidence how consent was obtained from people.

Good

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 remained the same. 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 and their relatives were positive about the quality of care and support people received. People told us, "It is excellent. The staff are wonderful", "They never rush you", "It's very good care", "They are always there if I want them, very cheerful." Relatives told us, "They treat [relative's name] with respect" and "I just like the way they are with [person's name] … They really know her."
- A professional told us, "Everyone's looked after really well." The registered manager told us, "We write a welcome note, put out a bottle of water and a bowl of fresh fruit for every new resident who comes into the home just so that they feel welcomed."
- Visitors stayed for long periods and spent meaningful time with their loved ones. People told us that their families could visit when they wanted them to. A relative told us, "I don't tell them when we are coming, we just turn up when we want to, we're very welcomed."
- Since the previous inspection the provider had implemented a new initiative 'celebrating family' where relatives had been invited to celebrate significant events with people. Such as birthdays, anniversaries and bank holidays.
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, when observing people being supported with their medication, staff were observed to discretely promote people's privacy and dignity by closing curtains or doors and kneeling to be at eye level with people. We observed them spending time chatting with people and supporting them in a calm, unhurried way at the person's pace.
- Staff spoke about people with genuine interest and affection. Staff told us, " I really enjoy going around in the afternoons with the menu and speaking to them and getting feedback from them and asking if there is anything they prefer that we do", "Being able to speak to the residents and build friendships with residents. They know about you and you know about them. Can have a chat and get on well" and "I like to spend one on one time with them and get to know them and make sure the decisions being made are the ones they want and are making."
- The provider had an initiative where they purchased each resident a gift for Christmas day, so that it ensured everyone had something to open. To make these gifts personal to people each staff member would purchase a gift for a person they knew well. The staff told us how much they enjoyed this initiative and how much enjoyment they got from seeing people's reactions to the gifts that they took time and care over choosing for people.
- People were supported to have detailed personal histories, preferences and likes and dislikes. Care plans detailed people's preferences, emotional wellbeing support needs and cultural and spiritual needs. One person told us, "They did bring me a hot drink at 21:30 but I wasn't ready for it, now they bring it at 22:30

which works for me." Another person told us, "I can't eat pork but there is always an alternative."

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

● Feedback from people and their relatives about people's involvement in making decisions about their care was positive. Comments included, "Once a month [registered manager's name] come and asks you for feedback", "Oh yes they ask you", "They seem to know what you want and your preferences" and "I've altered what time I go to bed now as I was going to bed too late, so I told them, and they've altered it."

● There was evidence of risk assessments and care planning to meet people's specific needs. Care plans were updated regularly. There was a strong emphasis on promoting people's independence. One staff member told us, "Encourage them to be as independent as possible. We have one lady where we get her to wash her top half herself and we'll wash her bottom halve, she likes to do as much for herself as possible. You encourage it."

● People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

● Since the previous inspection the provider had implemented an electronic care planning system. It included a facility for people to be able to verbally record their involvement in care planning. The registered manager had plans to introduce this option to people.

Respecting and promoting people's privacy, dignity and independence

● Staff respected people's privacy and dignity. We saw they were discreet when people needed assistance with personal care.

● Staff ensured doors were closed and protected people's privacy and dignity when they supported them. One staff member told us, "When you go in you always knock on the door before going in, it's their room, their private area. Always introduce yourself to them, closing curtains, cover them up, give them dignity and privacy. Asking them their preference, give them the option of washing themselves, give them the option of how they want their personal care carried out."

● People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. A person told us, "If I wanted to, I have access to church. [Person's name] goes every Sunday to church."

● Independence was actively promoted and maintained for people. People told us, "I'm very independent actually" and "I choose my clothes. They'll get me anything I want from the wardrobe."

● The provider had implemented comprehensive policies and procedures in response to changing legislation. People's private information was kept confidential. Records were held securely.

Outstanding ☆

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 now improved 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

● The provider provided an extensive and varied range of activities enabling people to live fulfilled lives. Such as, having available everyday bingo, games night and cards night. Other activities included, a knitting club, regular interactive creative talks on various topics such as, 'women who changed the world', musical entertainment, baking classes such as 'icing masterclass', arts and crafts, theatre shows, gardening, films, themed events and parties and live entertainment.

● People and their relatives were positive about the activities available. Comments included, "I join in most of them, we have a lady who does armchair exercises", "We have all sorts of games … sewing, knitting, crocheting, quizzes, flower arranging. It is very good", "They always try and do something for us", "It is unbelievable, in her room at the moment are two sheets of paper and every morning and afternoon there is something to do every day for the residents" and "There is lots to do here which is good for [resident's name]."

● There was an emphasis, and culture embedded, within the home of encouraging and supporting people to initiate and arrange activities of their own. People told us how much they enjoyed setting up their own social activities. One person told us, "We can organise our own thing like knitting, dominoes or cards."

● We observed people being engaged in various activities throughout the inspection; people doing puzzles, reading newspapers, a live pantomime entertainment show and a quiz. The home had various spaces to sit and do different activities and there were many books, puzzles and newspapers available to people. We saw festive decorations that people had chosen to make being displayed throughout communal areas.

● People had been supported by the provider to enter a local flower competition run by the local council and were immensely proud to have won an award. The registered manager told us, "We got an award … Nothing to do with me, it was the residents." People were supported to plan, plant and harvest flowers, fruit and vegetables. The garden was accessible to everyone with raised planters. People were supported to make flower arrangements for their dining room from the flowers and to eat the fruit and vegetables they grew.

● There was a strong emphasis on inclusion within the home and ensuring activities were accessible to anyone who wanted to join in. This included families and friends of people. The home had a regular series of events which they encouraged relatives and friends to come to. For example, afternoon teas, cheese and wine evenings, BBQ's, coffee mornings, carols and sherry and mince pies. Relatives confirmed this and could tell us what events were coming up. One relative told us they were attending the raffle event the following week.

● People were encouraged to socialise and engage in activities with the local community. For example, arts and crafts activities and knitting clubs with children from a local school. Local artists were invited into the home to showcase their work.

● The registered manager was passionate about promoting opportunities for people to experience community events and was keen to ensure everyone had the opportunity, not just a small group who would be taken to visit events. To ensure this the provider brought local groups, events and experiences into the home.
● For example, they had created a new annual event; a Christmas market. They had wanted to replicate the experience of a Christmas market for people and so invited stall holders to display and sell their products, such as, jewellery, arts and crafts, paintings and gifts. They also had food stands with different types of food and snacks with takeaway food containers and had invited local children to sing. One relative told us, "The Christmas market was good. There was singing and [resident's name] joined in with that which is good for her."
● Another example, students from the local college who had completed work experience in the home, were supported by the provider to bring the experience of visiting a tea shop to people. They turned the dining room into a tea shop and served afternoon tea. The students had liaised with a local tea shop to borrow serving dishes and cake stands to ensure it was an authentic experience.
● People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
● There was a strong focus on social inclusion and taking activities to people and their bedrooms or having one to one opportunities for activities. Since the previous inspection the provider had employed a 'resident befriender' who would spend time daily on weekdays with people on a one to one basis engaging them in an activity of their choice. For example, offering, games, opportunities to chat about current affairs, their hobbies, personal histories or any concerns they may have or to read the newspaper with, or to, them.
● Another example, the provider worked with a family to celebrate one person's significant birthday. The local mayor and a local councillor attended after being contacted by the registered manager. The person was delighted with the celebration.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People experienced care that was personalised, and care plans contained detailed daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed outlining how these needs were to be met.
● People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
● For example, a relative told us, "I think it is amazing actually, [person's name] has had several major health issues and [deputy manager's name] and [staff member's name] … have picked up things that had they not been on we would just not know."
● The provider worked collaboratively with other healthcare professionals and were responsive to their advice. For example, to support professionals with any investigations into health concerns for people the provider created temporary care plans to record required observations which were then shared with the professional to support the best outcomes for people.
● The provider had introduced an afternoon schedule for walks for people in response to feedback from people that they would like to be supported to be more active. This initiative had grown as more people had observed the walks and wanted to be involved. People were supported one to one by staff to enable people to walk at their pace and to have the opportunity to have social conversations and to check they were happy with their care and if they wanted to make any changes.

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.

● People's communication needs were fully considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs. For example, a person was supported to have additional lighting in key places in their room and on their chair to aid them being able to read.

● Other examples include, for two other people, where English was their second language, they and their relatives were supported by the registered manager and finance director to have conversations in their first languages. Another example is where the provider has carried out tours of the home over Face Time and Skype for people and their relatives who were unable to physically visit the home.

Improving care quality in response to complaints or concerns

● The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly preventing escalation and led a clear culture of learning. People and their relatives consistently confirmed that they knew the registered manager and that they were visible within the home.

● People and relatives knew how to complain if they needed to and felt they would be listened to. People told us, "[Registered manager's name] regularly asks you if there is a problem. She wants you to tell them if not happy" and "I've no faults with the home." Relatives told us, "No (complaints), the care here has been outstanding" and "We are very happy."

● A complaints procedure was in place to make sure any concerns or complaints were brought to the registered manager's attention. The registered manager was keen to rectify any issues and improve the quality of the service.

End of life care and support

● At the time of the inspection no one living at the home was receiving end of life care.

● Care records demonstrated that discussions had taken place with people and their relatives who wanted them about their end of life wishes, and these were clearly recorded. People and relatives told us they were confident that the home would respect people's wishes.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards. However, at the time of inspection the registered manager was away from the service for a period of annual leave, whilst there was a deputy manager on site they did not have access to all information to be able to manage the home in the registered manager's absence.
- For example, the deputy manager did not have access to the staff files or some of the quality assurance records. There was a concern that the deputy manager would not be able to manage unexpected incidents fully in the registered manager's absence. This risk was mitigated by the registered manager being available to provide telephone support in the event of an incident, and by the registered manager being able to access electronic records remotely if necessary to enable them to respond to an incident. Following the inspection, the registered manager put measures in place to prevent this situation from reoccurring.
- The service was led by a management team whose passion and drive to achieve excellence, leading by example, was evident. Staff were involved in the running of the home and were asked for ideas.
- The feedback about the registered manager was positive. Staff comments included "[Registered manager's name] is very open and you can speak to her about lots of things" and "[Registered manager's name] very much has an open-door policy."
- There was a stable and consistent staff team who were skilled and motivated.
- The registered manager was clear about the legal responsibilities in line with their registration with the CQC.

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

- The feedback we received from people and their relatives was positive, expressing confidence in management, leadership and care delivery.
- People and their relatives were positive about the registered manager. Their comments included, "[Registered manager's name] is a very nice person. You can talk to her", "I think [registered manager's name is very approachable … I feel like I'm known by [registered manager's name]" and "I know I can always call [registered manager's name]. Once [relative's name] was being difficult and I was so impressed with how well she knew him."
- The registered manager promoted an inclusive, value based and positive culture. They were committed to

developing and valuing staff. For example, staff were supported to access further development training and career progression.

● The registered manager got to know staff and staff were encouraged to make suggestions and were listened to. A staff member told us how their suggestion to purchase different coloured bedding sheets was implemented by the provider. Another staff member told us how they had implemented the daily walks for people following people's feedback and how the registered manager supported them with the initiative.

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

● The provider had established strong links with the local community. For example, a local school and college. The school children and college students visited the home regularly to interact with people and forge intergenerational friendships. Some of the college students were supported by the provider to carry out apprenticeships within the home.

● Another example, local artists were regularly invited to display their art at events held within the home. Such as the summer fayre and Christmas market.

● The home used different methods to ensure people and their relatives were kept informed about what was happening in the home. For example, regular newsletters as well as reviews. The provider had an active Facebook page where they posted regular updates and photos. We saw that they had increased the number of updates following positive feedback from relatives about how much it meant to them and how they would like there to be more. People's relatives and friends were able to give feedback to the provider using the Facebook page.

● The registered manager promoted both formal and informal opportunities to ask people and their relatives for their views and suggestions. Surveys were sent out to people and relatives and people were invited to regular meetings at the home. The provider had invested in an electronic signing-in system which enabled visitors to give immediate feedback and suggestions. The registered manager received alerts for new entries ensuring they responded promptly.

● In addition, people and their relatives were able to leave feedback or suggestions via Facebook, or in person with staff or the registered manager. The registered manager told us how they had implemented 'daily lunchtime rounds' in the dining room to enable people to speak to them.

● Staff were positive about the support they received from the registered manager and management within the service. Comments included, "If I do have questions or concerns or I don't know what the action to take is, I know I can go to [registered manager's name]", "I know that door is always open and I know [deputy manager's name] will always help you" and "They care about your welfare and making sure you are okay and not tired or overworked."

Working in partnership with others; Continuous learning and improving care

● The registered manager had developed links with external agencies ensuring successful partnership working, such as with the local GP surgeries and district nursing team. For example, the home worked closely with their local GP surgery resulting in regular responsive visits promoting consistency and better health outcomes for people.

● Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly.

● A team of staff champions in various key areas had been implemented. Such as, an activities champion, care planning and medication champion, accidents and falls champion and quality assurance and staff champion. They carried out audits which were shared at the monthly audits meeting with the registered manager. These meetings took place before the staff meeting to enable learning to be shared with the staff team.

● The registered manager was passionate about continuous improvement and had plans in place to

develop the home further. For example, to introduce electronic medication administration records, to continue their programme of updates to people's en-suite bathrooms and to develop a sensory garden.