

Stow Healthcare Group Limited

# Brandon Park Residential and Nursing Home

## Inspection report

Brandon Country Park  
Brandon  
Suffolk  
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Website: [www.brandonpark.co.uk](http://www.brandonpark.co.uk)

Date of inspection visit:  
17 October 2022  
18 October 2022  
25 October 2022

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Brandon Park Residential and Nursing Home is a residential care home with nursing that provides accommodation and personal care for up to 65 older people, some of whom are living with dementia. At the time of our inspection there were 55 people using the service.

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

People were extremely positive about the quality of care provided. Feedback from relatives regarding the management of the service told us people continued to be outstanding with people at the heart of the service.

Staff were kind and respectful of people, recognising their strengths and skills. People were involved in decisions about their day to day lives and staff respected people's individuality and choices. People had their dignity and privacy respected and were supported to maintain their independence and live fulfilling lives.

Risks to people were assessed and staff understood actions needed to mitigate the risk of harm whilst respecting people's freedoms and choices. The service was clean, hygienic and a pleasant environment for people to live in. Infection, prevention and control practices kept people safe from preventable harm.

Staff understood how to recognise poor practice and abuse and knew what actions were needed if they had concerns. People told us they knew how to complain, and said any concerns were taken seriously and responded to appropriately. Complaints and compliments were shared with staff to address areas for improvement and to celebrate successes.

Staff understood the importance of gathering consent from people. People were supported to have maximum choice and control of their lives. 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 were motivated and passionate about their roles. People were supported by staff including activities staff who had the skills to meet their needs. Recruitment practices ensured staff were suitable for their roles. People had their medicines administered safely by trained staff who had their competencies assessed and checked regularly.

Leadership was described by people, their families and staff as outstanding and described the culture of the service as inclusive and supportive. Governance and oversight of quality and safety continued to be well established. This included a variety of safety audits, surveys and staff performance checks. The management team led by example and put people at the heart of the service and in their planning for improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was outstanding (published 6 November 2018).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 Brandon Park Nursing Home 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Brandon Park Residential and Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two Inspectors and an Expert by Experience who made phone calls to relatives off site. 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

Brandon Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brandon Park Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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.

Inspection activity started on the 18 October 2022 and ended on the 25 October 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from health and social care professionals who work with the service. 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

During the inspection we spoke with eight people who used the service, 18 staff, including the registered manager, deputy manager and operations director. We also spoke with 13 family members of people receiving support.

We reviewed eight care records, medicines administration records (MAR) and three staff records. We also reviewed other records, including policies and procedures, and records relating to the quality and safety monitoring of the service.

# 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 has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from the risk of abuse. Staff demonstrated their understanding of procedures in place for reporting and acting on suspected abuse.
- Staff received appropriate training and had opportunities to discuss any concerns they might have with management. Staff had responded appropriately when they identified concerns.
- Staff knew people well and understood their body language and communication so they could identify if people felt unsafe or uncomfortable in situations.
- The relatives of people using the service told us people were safely cared for.

Assessing risk, safety monitoring and management

- People lived free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative said, "They (staff) encourage people to be independent allowing people to take risks but keep them safe."
- Care and risk management plans were clear, comprehensive and up to date. They contained enough information for staff to provide safe care and manage any risks; such as, falls, skin damage or choking using recognised tools for assessing risks such as skin damage and malnutrition.
- Any changes in a persons' needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care.
- Further work was needed to ensure handover records remained up to date with oversight of bowel monitoring and access to baths and showers evidenced. The registered manager told us they had identified this shortfall in their auditing and in response daily monitoring audits were being implemented.
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment.
- We noted several en-suite bath panels were damaged and in need of replacement with sharp edges protruding. The provider took immediate action to rectify this. They also shared plans in place to upgrade en-suite facilities.

Staffing and recruitment

- Staffing levels were assessed by using dependency tools. Staffing levels were regularly reviewed to ensure sufficient staffing levels remain in place to meet people's needs.
- There was a consistent staffing team with bank staff to cover staff absence and limited use of agency staff. This ensured people received consistency of care from staff who knew them well.
- We observed a few occasions where call bells took a little while to be responded to, however, when we spoke with people, they said that ordinarily there was very little delay.

- People and their relatives told us, "There has been a turnover of staff since the last manager left but I think things are settling down now." And, "There is the odd occasion when you have to wait for staff to come when you need them, but on the whole the staff are wonderful and do their best to come quickly."
- Required safety checks when employing staff were in place but further work was needed to ensure all gaps in employment were explored.

#### Using medicines safely

- People's behaviour was not controlled by excessive and inappropriate use of medicines.
- People were supported with access to regular reviews of their medicines to ensure prescribing met their current health and wellbeing needs.
- There were systems in place to ensure time specific medicines were administered as prescribed, such as medication to treat people diagnosed with Parkinson's and antibiotics.
- Where people were prescribed creams and lotions such as those to prevent skin damage, we found multiple gaps in staff signatures on medicines administration records (MAR) to evidence administration had taken place. Not all topical MAR charts contained clear directions as to the regularity of application required.
- We found the majority of creams and lotions did not have a date recorded when opened in line with best practice.
- Shortfalls in the management of prescribed creams and lotions had been identified by the management team with plans in place to ensure improvement.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was following current government guidance in relation to visiting at the time of the inspection. People and their relatives told us there were no restrictions on visiting.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and used to review the person's care and support as well as reflecting on staff practice.
- Lessons learnt were identified and acted upon following accidents and incidents. Learning was also identified following concerns and complaints received.



# 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 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

- Pre-admission assessments were completed before people were admitted to the service.
- People's care needs were assessed, and a person-centred care plan devised. The plan set out how the person wanted to be supported.
- Care plans detailed up to date health guidance for people who needed support with their health conditions.

Staff support: induction, training, skills and experience

- Nurses were supported to maintain their clinical skills.
- Staff received a variety of training and were complimentary regarding the quality. One member of staff said "The training is very good. it is mostly face to face which I like as it gives us the chance to share our experiences and learn from each other."
- Staff who worked on Maple memory centre received intensive training in meeting the needs of people living with dementia. Staff described this training as, "In depth", "helps us to create a safe, calm, homely environment."
- Staff had handover report meetings between shifts. Procedures had been put in place to ensure staff coming on duty were aware of any updates and changes in people's health and welfare.
- Not all staff received planned one to one individual supervision sessions and annual appraisals. However, staff told us they felt well supported by the management team. Supervision sessions are planned opportunities for staff and management to discuss work performance, plan and discuss any training and development needs. The registered manager told us plans were in place to equip senior staff with training and development to improve this provision.

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

- People and their relatives told us. "The food is excellent. (Person's relative) told me that they've discussed food at the resident's meetings and asked people what they want. (Person's relative) has put on weight, which is good as they were losing weight before they came here."

And, "I think the food here is really good, but I think the menu is a bit institutional and repetitive, there could be slightly more variety. There is always a choice of two meals at lunch and dinner."

- The management team were proactive in seeking people's views regarding the quality of meals provided. We noted action taken to make changes in response to feedback received.
- Where people were at risk of losing weight, fortified foods were provided, and weight monitored with referral to specialists when needed.

- Our observations and records showed people were supported to eat and drink healthily and provided with a choice of meals according to their preferences and needs. This included a choice of meals provided to people at risk of choking and requiring a soft diet.

Adapting service, design, decoration to meet people's

- People lived in a homely, clean and pleasant environment.
- People had access to outside space which was well maintained to ensure ease of access and enjoyment.
- Each bedroom had en-suite toilet, bath and wash hand basin. In addition, there were communal assisted bathing facilities and shower rooms. The registered manager told us there were plans to update people's en-suite facilities.
- The service had suitable equipment such as hoists, stand-aids and profiling beds to mobilise people safely.
- People were encouraged to personalise their bedroom with pictures, photographs and small items of furniture.

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

- People's health needs were assessed, and their care and support needs were included in their care plan.
- Staff worked with a number of health and social care agencies to ensure provision of care and support was effective.
- Care records evidenced appropriate referrals to GP's, dieticians, speech and language therapists, physiotherapists and wound care specialists.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's representatives were included in decisions regarding the person's care. One relative said, "We are involved in discussions about [person's] care."
- The registered manager had recently written to all people's representatives to invite them to be involved in the review of care and risk management plans.

# 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 this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong and visible, person-centred culture at the service. We observed staff were highly motivated, offering care and support that was exceptionally compassionate and kind. This positive culture was because staff had built trusting and positive relationships with people they cared for.
- People and their relatives told us how "wonderfully kind" and "extremely compassionate" the staff were.
- People were provided with care and support that was sensitive to their needs. This included respecting and supporting people's cultural and religious beliefs. Activities staff organised events to highlight diverse religious and cultural festivals. We observed activities taking place to highlight Diwali, the Hindu festival of light.
- Relative's told us, "There is a local vicar who visits the home every couple of weeks. (Person's relative) is no longer able to attend church so this means so much to them." And, "The staff are friendly, kind and cheerful. Staff treat people as individuals, and they are treated with dignity. Nothing is too much trouble."
- Comments from the last relatives survey conducted in Autumn 2021 included, "They (staff) have gone the extra mile to ensure residents are reassured during the pandemic and feel safe and cared for as if they are family." And, "The team are a friendly and helpful group who are always willing to help and support my (relative) and family. They do their best to make the residents happy."
- People and their family members also provided extremely positive feedback about the service with comments placed on carehome.co.uk, with the home rated 9.9 out of 10. One relative posted, '(Person's relative) is treated very well by all the staff, who are all friendly, attentive and very professional, going above and beyond. This home is like a family in the way they look after (Person's relative), with the extra benefit of being friends too. It is often said that friends are family you choose for yourself, here at Brandon Park, they are friends who treat you like family, yet remaining professional respectful and courteous at all times. I never wanted to put (Person's relative) in a home, but this is a home from home. It is a pleasure to go to the wonderful setting and meet the delightful staff. I have nothing but praise for them and the service provided. Thank you, is not enough'.

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

- People were asked what was important to them through meetings, surveys and care reviews. Action was taken to ensure this was recognised and reflected in the planning of their care and support.
- One person told us, "I prefer my own company staying in my room and staff respect this. I appreciate them asking me if I want to get involved in activities but I've always been happy in my own company."
- Relative's told us, "The attention to each person and the one to one interactions are excellent. They (staff) engage with the residents and encourage them to do what they can for themselves and at their pace." And,

"The staff are pretty special, they are kind and caring and they make (person's relative) laugh. The staff are polite and well mannered, always observed asking people for their views from anything to food and activities."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their independence promoted. Comments included, "I like my room, it is my private space. Staff knock on the door before coming in. They (staff) have encouraged me to have my own things around me. I have lovely views of the garden from my window." And, "They (staff) encourage you to do as much as I can for myself. I don't want them to take over when I can do things for myself. They are truly wonderful and always respectful."
- Staff supported people to make decisions about their care. We observed staff asking for consent before supporting people with their care needs.
- Staff recognised and understood the importance of empowering people to be as independent as possible. One told us, "It is important for us to remember we are working in someone's home. We respect people's privacy, their personal space and encourage them to keep their independence for as long as possible. I think we do that well here. It's what I would want if I lived in a care home."
- Care records showed the service learned about people's wishes, needs, life history, preferences, interests and key relationships in order to provide personalised care.
- People were supported with appropriate walking aids and equipment, to enable them to be as independent as possible.

## 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 outstanding. At this inspection the rating has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and their relatives told us staff continued to be outstandingly responsive to their needs and preferences. They were highly complementary about the responsiveness of staff and management.
- Since our last inspection one area of the service had been developed into what the provider described as the 'Maple Memory Centre'. Care delivery was based on a nationally recognised best practice model for delivering care to people with memory loss, including those living with dementia. The aim is to provide a non-clinical and homely feel.
- Staff designated to this unit received specialist training and are known as 'Homemakers', supporting people to maximise their independence and find real purpose and contentment in everyday living.
- One relative told us, "My (Person's relative) has Alzheimer's and is now living in the Maple Memory Centre. It is wonderful, they have got their freedom back. They are encouraged to be independent, can now make a drink when they want to, get up when they choose to. How they live their daily life is their choice, and their independence is encouraged in a safe, well-staffed environment." Another said, "Since my (person's relative) has been living on Maple, they have become more content. The staff are excellent in their approach, so very kind and patient. The atmosphere is calm and relaxed, a real sense of family there."
- Staff throughout the service had skills and experience to identify when people's health was deteriorating, and their support needs were changing. This meant that referrals to clinical and social care professionals were made in a timely manner. One healthcare professional said, "There is good, timely communication with us where needed in response to people's changing needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided in ways which people could understand, including large print and easy read, where pictures were used to aid people's understanding. This included information guiding people in how to complain and access to flu and COVID-19 vaccinations.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.
- Relatives shared examples of how staff were skilled in supporting their family member when they were

experiencing distress, or an emotional reaction that they could not always verbalise. One relative said, "They (staff) instinctively know how to respond and create a sense of calm." Another said, "The staff are very good at diverting attention to an activity which (person's relative) enjoys, reassuring them and calming their anxiety. They (staff) are so patient and just know what is needed."

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 continued to be a very strong emphasis on the provision of individualised activities that were meaningful to the people living in the service. People were involved in the planning of wellbeing activities.
- Activities staff were employed to provide a wide range of personalised activities covering seven days a week. These staff were passionate in their approach in supporting people to live purposeful, meaningful lives, planning activities to suit the needs of individuals.
- Activities staff went the extra mile to find out what people have done in the past in the planning of personalised activities.
- Designated time was planned daily to ensure people isolated in their rooms received opportunities for one to one wellbeing support. For example, staff described how they took a portable piano to people's rooms to play songs of their choice as well as items to encourage reminiscence.
- People were encouraged to pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. One person told us, "I enjoy gardening, it gets me outside in the fresh air. living here I can contribute to the beautiful surroundings we live in as I am encouraged to have the freedom to garden and do whatever pleases me, it gives me a great sense of satisfaction." Another person said, "I like the music, the singalongs it gives you a boost. There is lots going on here, you can choose to get involved or not, we are free to choose."
- Relative's told us, "The activities are tailored to suit the individual. They ask people what interests them, seek ideas as to what people like and dislike." And, "For the Jubilee celebration (person's relative) got involved in re-enacting 1960s events like the Beatles Abbey Road crossing and holding the World Cup. The Activities Organiser sent me photos of (person's relative) enjoying themselves which I then sent on to other family members. (Person's relative) is often out with staff gadding about in the park, in the gardens and goes to the local park café."
- Trips to enable people access to the community were being planned, such as a trip to a local pumpkin fayre. Staff told us now that visiting restrictions had lifted, plans were underway with invites to a local school and choir to visit the service.

Improving care quality in response to complaints or concerns

- There was a system in place for the management of complaints with regular opportunities for people to express concerns, complaints and compliments.
- The registered manager and wider leadership team took concerns and complaints seriously. Investigations completed were comprehensive. Managers understood reflective learning from complaints was a good way to ensure the needs of people living at the service were met and ensured continuous improvement.
- The provider was open and transparent when dealing with concerns and complaints. People and their relatives told us they felt able and supported to raise concerns when needed.
- Relative's told us, "I recently complained as (person's relative) had been taken into hospital over a weekend, I didn't know and I was very upset. The staff had apparently tried to let me know but the phone number they used wasn't the right one – a teething issue. They took my concern seriously." And, "There is always someone you can talk to; they encourage you to raise issues and they get back to you and take suggestions on board. There's also a suggestion box in reception and they send us surveys seeking our views."

## End of life care and support

- Where preferences for people's end of life had been expressed, details were documented in personalised plans. People's wishes regarding resuscitation and hospitalisation were recorded.
- Relative's reviews posted on carehome.co.uk stated, 'My (relative) spent their final days at Brandon Park where they were always treated with great respect and dignity. All the staff are so caring and compassionate, and nothing is too much trouble for them. (Person's relative) was always clean and shaved and even though he wasn't fully aware of what was happening, the staff always spoke to him to explain what they were doing. My family couldn't have wished for a better place for him to be in his final days. I can't say enough good about all the staff.' And, my (relative) was only in Brandon Park for two months but the care received was second to none. The staff were wonderful and although (person's relative) didn't always know what was going on they were treated with respect at all times. The home is set in beautiful grounds and is always spotlessly clean. My (relative) was happy and content and the family could not have wished for a nicer home for our (person's relative) to see out their final days'.
- Emergency care and treatment plans were in place should any person suddenly become unwell, such as information for hospital admission, or administration of end of life medicines for comfort and pain relief.
- People were supported to have a peaceful, comfortable and dignified end of life care in line with their wishes and national best practice guidance. The home had close links with a local community hospice and staff received training to ensure they knew how to support people appropriately at the end of their lives.
- 'Dying matters week', is a national, annual event organised to bring communities together to talk about death, dying and end of life care best practice. To commemorate this event, the provider organised webinars available for wider professionals and end of life training for staff. There was also with the help of people and their relative's living at the provider's services a legacy recipe book produced, which also formed part of the Queen's Jubilee Celebrations.

# 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 outstanding. At this inspection the rating has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Since our last inspection there had been a change in management of the service with a new registered manager appointed in August 2022. There was also a new, recently appointed deputy manager.
- Feedback from relatives regarding the management of the home told us it continued to be outstanding with people at the heart of the service. Comments included, "The new manager is very nice, she listens and appears to be very experienced, she understands (person's relative) very well and knows what they need." And, "It is early days but I think the new manager is fitting in well. The service is as good as it has always been."
- There was a clear management structure that passionately promoted person-centred values and a strong commitment to outstanding care.
- Staff spoke positively about the management team and said they were well supported. Comments included, 'We are adjusting to the change in manager. We miss the old manager, but the new manager is very nice. Change is not always easy but they (management team) have settled in well and staff respect them.' And "The new manager has a nice manner, calm and listens to you."
- The registered manager, whilst only a short time in post, had identified areas requiring improvement. They also understood their responsibilities under the duty of candour.
- Staff told us they attended staff meetings where they could share ideas and learning. One staff member said, "We are listened to. Suggestions I have made in the past have been put in place. It helps you to feel valued."
- Staff at all levels were motivated, proud to work at the service and passionate about the delivery of high quality care. Comments from staff included, "I love working here, it is the best home I have worked in. We have very good training, most of it is face to face. The management really care about the people who live here and value the staff. The senior management team are visible, they know us, visit often and are open to ideas and suggestions we make." And, "The new manager is caring and listens to us staff. They are showing they care and want to make a difference for the residents. That's reassuring to us staff who care also."
- The provider had a track record for being an excellent role model for other services. The operations director belonged to various forums and initiatives. This included involvement in the outstanding society and national care provider forums. They told us they contributed to various provider groups, sharing advice and support to improve care outcomes for people.

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



- There was a positive culture which was person-centred, open and inclusive. The provider had a clear vision for the direction of the service which demonstrated ambition to be the very best they could be, with a desire for people to achieve the best outcomes possible.
- There was excellent and open communication between the provider, registered manager, staff and people who used the service to ensure everyone's voice was heard and people's views contributed to the delivery of high quality, person centred care.
- There continued to be a strong emphasis on learning from feedback, striving to improve. Staff spoke positively about the provider and registered manager. They told us they were very well supported, which in turn motivated them further to go above and beyond.
- Feedback from people and relatives was extremely positive. People told us, "You could not get better care than here. We are very well cared for." And, "The management are organised, friendly and everyone treats you as a person, not just someone old and past it." Comments from people's relatives included, "The new manager is very nice, she takes time to listen to you." And, "I am very impressed with the new manager, she is a breath of fresh air. I think the atmosphere is calmer and more organised."
- Staff commitment and skills were recognised, and their morale was high. Staff were recognised through the provider's annual awards ceremonies. One told us, "I received an award which made me feel very proud of myself and to work here." Staff described how the provider sent thank you gifts to all staff during the COVID-19 pandemic. One said, "This was unexpected and made us feel appreciated for what was a very difficult time for us all."
- Staff were empowered to make suggestions to improve the lives of people, they gave examples of where they had approached management with ideas which had been followed through. One told us, "I made suggestions to give people living with dementia more independence at meal times and this was put in place."

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

- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We found incidents had been recorded, investigated and reported as required.
- Openness and honesty formed part of the service's values.

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

- Governance and oversight of quality and safety continued to be well established. The provider had a strong framework of systems for monitoring and managing service quality. This included a variety of safety audits, surveys and staff performance checks.
- Information from analysis of incidents and accidents, feedback from people and their relatives was used to continually reflect learning and improve the service being provided.
- Staff told us due to management changes there were gaps in opportunities for staff to have planned one to one supervision support and annual appraisals. However, these were gradually being reintroduced. Staff meetings were being provided and staff felt able to contribute and share their opinions and ideas.

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The management team saw learning and improvement as a continuous process.
- The provider had a clear vision for the direction of the service which demonstrated ambition.
- Quality assurance processes were in place, audits were completed and reviewed by the staff who were responsible for the area. Any areas identified for improvement were actioned and reviewed again to check

actions were appropriate. Findings of audits and lessons to be learned were shared with staff to ensure they were working towards a common goal and to minimise reoccurrence following an incident or complaint.

- People were at the heart of the service and were encouraged to have a say in how they lived their lives.
- Regular residents' meetings were held where people, whatever their communication skills, were listened to.
- The provider has received a variety of care home awards, including in the last year 'Best Innovation in Care' for the development of the Maple, memory centre project. Staff involved told us, "I feel proud to work here and be involved with what we have achieved. I have learnt so much."

#### Working in partnership with others

- People benefitted from positive joint working with health and social care professionals. The registered manager and staff worked effectively in partnership with others.
- People had access to weekly visits from the GP's. Multi-disciplinary team working improved health and wellbeing outcomes for people.
- Feedback from one health professional said, "We are making progress, working with the management and educating the nurses to avoid the over use of antibiotics and unnecessary administration of anti-psychotic medicines." They described examples of how this joint working had greatly improved the quality of life for individuals.