

# Nightingale Care Home Limited

# Nightingale House

## 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

Nightingale House is a care home that provides nursing and personal care for up to 21 older people. At the time of our inspection there were 17 people using the service including those living with dementia. The care home accommodates people in one building.

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

People, their relatives and staff told us that Nightingale House was a safe place to live and work. Risks to people were regularly assessed and reviewed. This meant people could take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough appropriately recruited staff to meet people's needs. Trained staff safely administered medicines and prompted people to take them. The home used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy were up to date.

People and their relatives said that effective care was provided, they were not subject to discrimination and their equality and diversity needs were met. Staff received good training and were supervised. People and their relatives thought staff provided good care that met people's needs. Staff encouraged people to discuss their health needs, any changes to them and concerns were passed on to the management and appropriate health care professionals. This included any necessary transitioning to other services if people's needs changed. People were protected by staff from nutrition and hydration risks and were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

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 provided people with care and support in a friendly manner and paid attention to small details that made all the difference. People felt respected and staff acknowledged their privacy, dignity and confidentiality. People were encouraged and supported to be independent and do things for themselves, where possible. This improved their quality of life by promoting their self-worth. Staff cared about people, were compassionate and passionate about the people they provided a service for.

The provider was responsive to people and their needs were assessed, reviewed and care plans were in place that included any communication needs. People were provided with person-centred care. People had choices, and were encouraged to follow their routines, interests and maintain contact with relatives, friends and interact with others living at the home so that social isolation was minimal. People and their relatives were given suitable information about the home to make their own decisions regarding whether they wished to move in. Complaints were recorded and investigated.

The home's management and leadership were visible with a culture of openness, positivity and honesty. The

provider's vision and values were clearly set out, understood by staff and followed by them. Areas of staff and management responsibility and accountability were identified, at all levels and a good service maintained and regularly reviewed. Thorough audits took place and records were kept up to date. Where possible community links and working partnerships were established and kept up to further minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and met people's needs in a professional, open and friendly way.

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

#### Why we inspected

This service was registered with us on 19 April 2022 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

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

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

## 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 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 ●

# Nightingale House

## 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 two inspectors.

#### Service and service type

Nightingale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 not a registered manager in post. A new manager was appointed on 22 August 2022 and had applied for registration with the CQC.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 15 October 2022 and ended on 7 November 2022. The inspection visit took place on 25 and 28 October 2022.

#### What we did before the inspection

We reviewed all the information we had received about the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers 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.

#### During the inspection

We spoke in person with the manager, and compliance manager. We also spoke with 7 people using the service, 2 relatives, 7 staff and 3 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 3 staff files containing recruitment, training and supervision information, and 4 peoples' files containing care and medicine records, risk assessments, care plans and reviews. We checked a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff rotas and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives said Nightingale House was a safe place to live and staff treated them with kindness and in a respectful way. This was reflected in our observations of people and their body language, towards staff and the manager which was relaxed and positive indicating that they felt safe. One person said, "I'm a lot safer here than I would be at home that's for sure." A relative told us, "My [family member] is so well looked after here by the staff. He's definitely kept safe."
- Staff were trained how to identify abuse towards people, knew the appropriate action to take if encountered, and were aware of how to raise a safeguarding alert. Staff were given a copy of the provider's safeguarding policy and procedure. A staff member commented, "I would tell the manager, the local authority and the CQC straight away if I saw anything bad happen to anyone living here."
- Staff advised people how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People were kept safe by staff who were trained in safeguarding.
- People could take acceptable risks and enjoy their lives safely. This was because staff were aware of and followed risk assessments that included all aspects of their health, daily living and social activities. To keep people safe, the risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- People's care plans addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- The home had a well-established staff team, who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. We observed two staff work in tandem to support a person transfer from a wheelchair to an armchair in a safe way. The staff were patient and continuously explained to the person they were supporting exactly what they were doing and why.
- There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained.
- Most of the fire-resistant doors we tested did not always close automatically into their frames when released, contrary to recognised best fire safety regulations and the provider's own fire safety procedures. In addition, we found not all the care homes radiators were suitably covered in communal areas and in people's bedrooms or ensuite toilets.

- The provider responded during and after the inspection. The managers confirmed they had already identified issues with some of the care homes fire resistant doors and radiator covers not being fit for purpose during a recent audit of the premises that they had conducted. The compliance manager assured us they had developed a time specific action plan to address the faults and they were rectified when we returned on the second inspection day to check.

#### Staffing and recruitment

- The provider had a thorough staff recruitment process that records demonstrated was followed. There were enough staff to meet people's needs.
- People told us there were enough staff on duty to meet their support needs. One person commented, "There's usually enough staff about and they do come as quickly as they can when you ask for help."
- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a six months probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Only managers and senior care staff who had been trained and assessed as competent were able to handle medicines, and this training was routinely refreshed. A senior care worker told us, "The manager regular observes me administration medicines to make sure I continue to do it correctly."
- People told us staff ensured they took their prescribed medicine's as and when they should. One person said, "The staff are very good at reminding me when it's time to take my medicines...They [staff] never forget."
- People's prescribed medicines were securely stored in a locked medicines trolley, which remained safely locked throughout our inspection when it was not in use.

#### Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. One person said, "The staff always wear facemasks."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying and managing possible confirmed COVID-19 cases.
- We observed that staff wore masks in line with current guidance and wore gloves and aprons appropriately when required.
- People told us, and we found that the home environment was kept clean and hygienic.



## Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

## Learning lessons when things go wrong

- The home kept regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and care provided appropriately. This meant their needs were met effectively.
- People told us, and our observations indicated that the service was effective. People's positive and relaxed body language confirmed this. The feedback from healthcare professionals was that the service was effective.
- People's physical, mental and social needs were holistically assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- The manager conducted a thorough assessment of people's needs before people moved in with the commissioning body providing assessment information and further information being requested from any previous placements. The manager visited people in their current homes and carried out a pre-admission needs assessment with them and their relatives. People and their relatives were also invited to view the service and were introduced to people using the service and staff to identify if they would to move in. The speed of the pre-admission assessment and transition to the service took place at a pace that suited people's needs. People were able to visit as many times as needed to decide if they wanted to move in.
- Staff knew the importance of being aware of people's views as well as relatives so that the care provided could be focussed on the individual. One person said, "The staff take onboard what I'm saying."

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively.
- The training matrix identified when mandatory training required updating. There was specialist training specific to people's individual needs, with detailed guidance and plans. This included epilepsy, dementia awareness, and diabetes.
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. One staff member said, "Good training." New staff were also able to shadow more experienced ones as part of their induction. This improved their knowledge of people, their routines and preferences.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from the manager to perform their duties well. There were also annual appraisals and monthly staff meetings
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the

knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The expectation was that staff would complete the certificate within three months, although extra time and support was available should staff need it.

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. This meant they kept healthy.
- People told us they enjoyed the quality and choice of meals they were offered at the care home. One person said, "You can choose what you have for your breakfast and there's always a choice of two meals at lunch time. If you don't like any of them, the cook is pretty good at making something else you do like." A second person remarked, "I choose to have the chicken Kiev today, which tasted great." We observed staff respond quickly to people's requests to have specific condiments with their lunchtime meal.
- The atmosphere in the dining room during lunch remained relaxed and congenial throughout the mealtime.
- Staff demonstrated a good understanding of people's dietary needs and preferences. We saw care workers who were filling in for the absent cook had prepared a range of soft and vegetarian meals to meet the needs and wishes of people with specific dietary and nutritional requirements.
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Whilst prompting people to eat healthily staff also supported people to eat meals they enjoyed.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, if required.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep in good health by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- There was written information provided and staff accompanied people on health and hospital visits as required.

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

- The home was appropriately adapted, equipped and decorated and furnished to a reasonable standard.
- People told us the service was a relaxed and comfortable place to live. A relative said, "My [family member] is happy here because it's a very homely and relaxed place to be. Always a nice atmosphere in the home, whenever I visit."
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

Supporting people to live healthier lives, access healthcare services and support

- People received annual health checks and referrals were made to relevant health services, as required.
- Everyone was registered with a GP and a dentist. People's oral hygiene was checked daily. People had access to community-based health care professionals, such as district nurses and hospital teams as needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities regarding the MCA and DoLS.
- Everyone using the service who required them, had up to date DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.
- Consent to treatment of relevant persons was obtained and recorded in care 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had their human rights and diversity respected and were treated with compassion and kindness by staff. This meant their rights and dignity were maintained and they were involved as partners in their care.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth. Staff always spoke about people living in the care home in a very respectful and positive manner.
- People told us staff were friendly, supportive and caring. They spoke positively about their experiences of living or visiting the care home and were particularly complimentary about how the staff treated them or their loved one. This characterised our observations of good practice in the way staff interacted with people, often just sitting and talking with them when they were relaxing in the communal areas. One person told us, "Staff are marvellous and ever so friendly...They treat us so well", while a second person added, "The staff do a great job...So hard working and always so kind".
- People's positive and relaxed body language and affectionate response to staff showed that they felt well cared for, enjoyed staff's company and were relaxed in it. People also looked very comfortable with each other, and smiled and laughed a lot, during our visit. A relative commented, "I am very satisfied with the home. I have no concerns and I am happy with the care my [family members] receives at Nightingale House."
- Staff demonstrated a good understanding of people's spiritual needs and wishes, and cultural heritage. For example, all the care workers, including the cook for the day, were fully aware who did not eat meat on religious grounds. One person said, "I'm a Roman Catholic, which the staff know. Sometimes the priest visits us at the home, which is nice." A relative also told us, "My [family member] doesn't eat meat, only fish, because of their religious beliefs. The staff know and respect this."
- The feedback from healthcare professionals was that the service provided a caring environment due to the positive approach and attitude of staff.
- Staff received equality and diversity training enabling them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. Staff treated people as adults, did not talk down to them and people were treated respectfully and equally.

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

- People were supported to express their views and involved in deciding their care. This meant they had control over their lives.
- Staff knowledge and experience of people's likes, dislikes and preferences was built up by people using the service and staff forming relationships, and bonds. It was demonstrated that these methods worked by

people doing various activities they had chosen.

- People told us that they were able to express their choices and live their lives the way they wanted. One person said, "I get to choose what I wear, what I eat and what I do, every day."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff committed to the people they cared for, delivering care with kindness, in an empowering and nurturing way. Their knowledge of people, their wishes and preferences meant people were respected and their right to privacy, dignity and independence was observed.
- People were actively encouraged and supported to maintain their independent living skills. They did as they pleased with staff support. One person told us they could always help themselves to water or fruit juice that was available on the main communal areas. A number of people were observed wandering freely around the care home, often visiting their bedroom or the main communal areas, including the garden.
- People told us staff respected their privacy and dignity and staff were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly. One person told us they had been given a key to their bedroom, which they could lock if they chose. Another person said, "Staff usually knock on my door and don't come in until I've invited them." We observed staff knocking on people's bedroom doors and waiting to be invited in by the occupant throughout our inspection. In addition, we saw a member of staff sitting next to people they were assisting to eat and/or drink. This enabled staff to make good eye contact with the person they were supporting and to engage people in some meaningful conversations about what they were doing and the meal they were assisting them to eat.
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly. This took place in an enjoyable environment and was reflected by positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy. This included discreetly attending to people's personal care needs.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. There was a visitor's policy that stated visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received person centred care that meant they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received.
- The manager and staff at all levels of seniority made themselves available to people and their relatives to discuss any wishes or concerns they might have. People said staff met their needs and wishes in a timely way and manner that people were comfortable with and enjoyed. One person said, "They [staff] are always there to help."
- People and their relatives were encouraged and supported to participate in their care planning. People's care plans were individualised and recorded their interests, hobbies and health and life skills needs. This was as well as their wishes and aspirations and the support required to achieve them. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set.
- Care records were kept in a secure place and access was limited to those with overall responsibility for the day-to-day care of people using the service.

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.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- The provider met people's communication needs by providing staff with training and information about people's communication preferences, which were recorded in their care plans and guidance on how best to communicate with them.
- The person said staff communicated clearly with them which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

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

- People were supported to develop and maintain relationships, and this meant they avoided social isolation. They were supported by staff to participate in various recreational activities at the care home and in the local community, which reflected their social interests and wishes.
- People told us they were able to pursue leisure activities they enjoyed. One person said, "I like the activities lady. She's always smiling and makes sure there's always lots of entertaining things for us to do."

- People had access to a range of facilities and dedicated spaces within the care home where they could take part in organised activities or just relax. They participated in activities that were individual to them and as a group. People were also enjoying chatting and just interacting with staff and each other.
- The activities coordinator planned and delivered appropriate social activities and events that people had expressed a wish to participate in. Weekly activity schedules indicated people could choose to take part in a variety of meaningful activities every day if they wished. This included regular quiz's, music appreciation, bingo, indoor skittles, chair exercise classes, hand massage, gardening on raised vegetable beds, and day trips to the local parks and the river Thames. During our inspection we observed the activities coordinator initiate various in-house social activities, including a group word guessing game and a gentle exercise class.
- Additionally, children from a local nursery and primary school regularly visited the care home as part of an inter-generational project that enabled the different generations to interact with one another. One person told us, "It's my highlight when the children come and see us."
- To prevent people who were bed bound becoming socially isolated the activities coordinator offered these individuals regular one-to-one support, which included hand massages or listening to their favourite music.
- The feedback from healthcare professionals was that the service worked hard to promote and maintain professional links to ensure that people had access to the external support they required.

#### Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- One person was making a complaint when we arrived which was swiftly brought to a positive conclusion. They were aware of the complaints procedure and how to use it.
- People said any complaints or concerns were appropriately addressed. One person told us, "Staff do listen to any concerns I might have, and they do something about them." A relative added, "I do feel able to approach the managers if I'm not happy. We've had a few issues with laundry and damaged or missing clothing. I raised this with the [registered] manager who took my concerns seriously and is doing her best to stop it happening again I feel."



# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home had a person-centred culture that was open, inclusive, and empowering.
- People told us the home was well-led and this was reflected in people's positive, relaxed body language towards the manager and staff that indicated the service was provided in a way that met their needs. One person said, "Everyone [staff and registered manager] is lovely."
- Relatives said the manager was very good and the home well organised and run. Staff worked hard to meet people's needs, make their lives enjoyable.
- The services provided were explained to people and their relatives so that they understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also set out the provider's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the manager and staff contributing a positive and proactive attitude.

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

- The manager and staff clearly understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there all spoke positively about the way the service was managed. One person told us, "We know the lady in charge whose really nice and easy to get along with." A member of staff said, "I really like the new manager. She's really approachable and a good listener."
- We also received positive feedback from staff about the leadership style of the managers and how well the care home was run. One staff member said, "This is a great place to work. We have wonderful team spirit." Another staff member told us, "We're like one big happy family here. Best place I've worked in care."
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as

accidents and incidents. Staff knew they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected by the praise from people and their relatives.

- The provider, manager, compliance manager and staff carried out regularly reviewed audits that were thorough and kept up to date. These included care plans, falls audit, weight charts, dependency levels, documentation and health and safety. There were also a quarterly provider visits and a development plan. This meant people received an efficiently run service.
- Records evidenced that safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, their relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- People, their relatives and staff told us they had the opportunity to voice their views about the service. The manager, and staff checked throughout our visit that people were happy and getting the care and support they needed in a friendly family environment.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group supervision and work performance appraisal meetings with their line managers. Furthermore, staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the service management. One care worker said, "I feel the care home owners and management are very supportive of all of us." A second added, "We have daily, monthly and quarterly individual and group, meetings with the managers and everyone who works here. The culture here is a very inclusive, can do, one."
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- The home provided people with access to advocacy services and advice, if required and sent out surveys to people, relatives and staff and suggestions made were acted upon.
- Relatives said they visited regularly and had frequent contact with the home. They also told us that they were kept informed, and up to date with anything about people, good or detrimental and adjustments were made from feedback they gave. There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the manager, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as GPs, district nurses, and physiotherapists, as required. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.

- There was a directory of organisations and useful contacts that was regularly added to and updated.
- Healthcare professionals thought the home was well managed and there were good lines of communication.