Dystlegh Grange Limited

Dystlegh Grange

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on the 5 September 2016 and was unannounced.

Dystlegh Grange provides accommodation and personal care for up to 40 people who have needs related to old age or physical disability. The home is located in Disley near to the local golf club and is set within landscaped gardens. It was once the nineteenth hole of the local golf club and since the early 1980's the building has been transformed through a programme of imaginative re-design and development.

The service had a registered manager in post, who was also the managing director of the company that owned the home. He had been in post since the home opened 35 years ago. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to this inspection we received feedback from the local authority contract monitoring team. Their latest quality monitoring report from June 2016 stated "All residents and relatives commented that the home is excellent and whatever they wanted would be provided. The accommodation is of a high standard, the staff and especially the owner will go above and beyond what is required of them".

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. People told us they liked living there and the staff were extremely kind and supportive. One person said "They do it with love". Another said "I can honestly say that I have never regretted my decision to take up residence within this happy community".

The registered provider's philosophy was that the staff were there to help people to make a new home at Dystlegh Grange and support them to live their lives as they wished, consistent with their needs. In conversation with staff, it was clear that they saw their role as supporting people to maintain as much independence and self-determination as possible.

People visited Dystlegh Grange and were assessed prior to admission to determine whether the home could meet their needs. People generally moved there when they had few personal care needs, but if they became more dependent with advancing age or illness the staff, together with local health services, were able to support them.

The interactions we observed between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable, relaxed and happy in their home and with the people they lived with.

People's health and well-being needs were well monitored. The registered manager and staff responded

promptly to any concerns in relation to people's health and were knowledgeable about people's medical history. Staff always accompanied people to hospital appointments and visited them in hospital.

People had their medicines managed safely, and received their medicines in a way they chose and preferred.

People were fully involved in menu planning and the meals were varied and of a high standard. Any special diets were catered for.

People who lived at Dystlegh Grange were supported to lead a full and active lifestyle. Activities and people's daily routines were personalised and dependent on people's particular choices and interests. People were supported to develop their skills and pursue their hobbies and interests.

People were able to express their opinions and were encouraged and supported to have their voice heard. People were fully involved in planning and reviewing their care and support needs.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There was a positive culture within the service, the management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Individualised care was central to the home's philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs. Staff spoke in a compassionate and caring way about the people they supported. A local GP told us, "Staff and management have always placed care at the core of their business plan. The staff are very caring when a resident is unwell and their record keeping and medicine management are exemplary. The whole ambience of Dystlegh Grange is attention to resident's needs, both medically and in a wider sense with social interactions, games, music and trips out".

There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. People who lived at Dystlegh Grange were involved in the recruitment process. Staff were well trained and supported by the organisation.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service and other agencies. Learning from incidents and feedback were used to help drive continuous improvement.

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.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Medicines were administered safely.

The premises and equipment were well maintained.

Is the service effective?

Outstanding

The service was very effective.

People were supported by motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received effective supervision and support.

People's rights were protected and people were involved as much as possible in decisions about their care. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported to maintain their health and well being and eat a varied and healthy diet that suited them.

People's health care needs were addressed. The registered manager and staff had very effective links with, and were respected by, local healthcare professionals.

Is the service caring?

Outstanding

The service was extremely caring.

People were supported by staff who had an excellent understanding of their needs and had developed caring and

supportive relationships with them.

The service provided care and support that enabled people to live fulfilled and meaningful lives.

Kindness, respect and maintaining dignity were integral to the day-to-day practice of the service.

Is the service responsive?

Good

The service was responsive.

People received individualised and personalised care which had been discussed and planned with them. Staff had a thorough understanding of how people wanted to be supported.

People were actively encouraged to engage with the local community and maintain relationships that were important to them and also develop new relationships and new skills.

Concerns were listened to, taken seriously and addressed appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager was also the managing director of the company that provided the service. He provided strong leadership.The staff were confident they could raise any concerns and these would be addressed to ensure people had a good quality of life.

There was a positive culture within the service and clear values that included involvement, compassion, dignity and respect.

People were included in decisions about the running of the service and were encouraged and supported to have their voice heard.

There were systems in place to assess and monitor the quality of the service. The quality assurance system helped to develop and drive improvement.

Dystlegh Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 September 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed all the information we already held on the service. We looked at any notifications received and reviewed any other information held about the service. We also invited the local authority and Healthwatch to provide us with any information they held about Dystlegh Grange.

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed four care records, staff training and recruitment records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with four people who used the service and relatives of three other people. We spoke with the owner of the company that owns the home, who is also the registered manager, the principal care manager, a deputy care manager and other care staff. We also spoke with two visiting GPs, a trainee GP and a district nurse.

Following the inspection we received feedback from a number of professionals who visit the home.

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Good

Is the service safe?

Our findings

People who lived at the home and the relatives we spoke with told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that this would never happen but said if it did any member of staff would assist immediately. Information on abuse and how to report it was included in the service user guide that was provided to everyone. We observed that staff acted in an appropriate manner and that people were comfortable with staff.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The deputy manager with responsibility for training informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was. One member of staff had previously raised concerns with the registered manager and he had reported and dealt with the matter appropriately.

We saw that there was a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the manager. All staff confirmed that they were aware of the need to escalate concerns internally and report externally if they had any concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

People's medicines were administered safely. We looked at the medicine records, which indicated people received their medicines as prescribed. The residents we spoke with confirmed this. Records showed that all staff who administered medicines had been trained to do so. We looked at the medicine storage facilities and found that medicines were stored properly and the temperature of the medicines fridge was monitored. However, we did note that the temperature of the medicines store room was not monitored. (Medicines that do not require refrigeration should be stored below 25 degrees Celsius). The registered manager said he would monitor this in future. Medicines with a limited life once opened were dated on opening.

On the day of our visit there were 28 people living in Dystlegh Grange. Those we spoke with said that staff met their needs and came promptly when called. Staff told us that there were enough staff to provide a good standard of care. The principal care manager told us that staff rotas were planned in advance according to people's support needs. A dependency tool was used to determine staffing levels, and additional staff were deployed when necessary. We looked at the staff rotas and saw that there were always at least four care staff on duty 8am to 10pm and two from 10pm to 8am. Extra staff were brought in when necessary, for example to escort someone to a medical appointment or provide extra care if someone was unwell. In addition the home employed administrators, catering staff, a handyman and domestic staff.

Staff records showed that all new employees went through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service

(DBS). This helped to reduce the risk of unsuitable staff being employed.

Individual risk assessments were completed for residents and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents. Every resident had a pendant to wear if needed to summon assistance, if they were unable to reach their call bell.

We looked at the maintenance records. Regular environment and equipment safety checks were carried out, which included gas safety, electrical equipment, fire and water safety, environment, lifting equipment and wheelchairs. Any issues regarding equipment safety were reported to the management, who arranged for a suitable contractor to visit the site if the handyman couldn't fix it.

The home had a fire risk assessment in place, which had been updated in May 2016. Staff received fire instruction on their induction and had fire safety training. Some staff were receiving fire safety training on the day of the inspection. All equipment was inspected, serviced and maintained appropriately. Every resident had a personal emergency evacuation plan (PEEP) in the event of fire or other emergency.

The service had a business continuity plan in the event of a significant incident which may include a power failure, flood or fire.

The home was very clean and staff had received training in infection prevention and control. Liquid soap and paper towels were available at all wash handbasins. The most recent food standards agency inspection for Dystlegh Grange was in February 2016. The home was awarded a rating of 5 stars which is the highest award that can be given. People who used the service and their relatives said "The home is always spotless".

Outstanding ☆

Is the service effective?

Our findings

Accommodation was of an extremely high standard. Each person had their own suite comprising, as a minimum, a bedsitting room with kitchen facilities and a separate bathroom. Eighteen suites had a separate lounge. All suites varied in character, style and size and were well-furbished. The suites were spacious with plenty of room for people to bring some of their own furniture if they wished and everyone had their own doorbell. All led onto an outside balcony or patio area with additional seating and a table, where people could sit undisturbed or invite family and friends. The home also had a large garden that people could access. The registered provider had designed the home this way because the natural environment plays an important part in promoting and maintaining health and wellbeing. It can also aid recovery from ill health.

There were also many neighbourhood or social areas providing a mix of pleasant seating and dining areas, conservatories and other areas for people to meet with family and friends. The top floor was known as 'The Pavilion' and comprised a large room which opened out onto a large balcony with views of the surrounding hills. Two people we spoke with told us how they liked to invite family or friends for a meal and that this was served to them in The Pavilion. The home was equipped with three passenger lifts to enable people to move independently around the home. Some adaptations had been made to the environment to assist people with memory difficulties to find their way around. The toilets and bathrooms were signed. Suites were all named and all had the appearance of external house doors. The communal areas were all very different. The home also provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence.

People told us the food was good and they had plenty to eat. People were encouraged to invite family and friends to join them for meals. A guest audit showed that people who lived in Dystlegh Grange, on average, hosted 23 people a week. One person said "My family love coming here to join me for a meal, they say it's better than a Michelin starred restaurant". A thank you letter from someone whose relative had resided at Dystlegh Grange for ten years said "The quality of the food and devotion of the chefs is first class".

A chef was on duty daily from 9am to 7.30pm. We spoke with the chef on duty who informed us that a menu plan had been developed which was reviewed periodically in collaboration with residents. Information on people's dietary needs, preferences and allergies was clearly recorded and was accessible for all staff working in the kitchen. We looked at the menus and noted that they offered a choice of wholesome and nutritious meals. In addition there was also an extensive 'larder menu' for people to select alternative options if they didn't want what was on the menu that day. There was a section on the menu order form for people to submit menu suggestions. We saw that snacks such as fruit, biscuits, sweets and cakes were available in the seating areas for people to help themselves to. People were also able to help themselves or ask staff to bring them items such as teabags, coffee, milk, sugar, cartons of fruit juice, packets of biscuits or loaves of bread and jars of jam from the kitchen store to keep in their apartments. Fresh fruit, vegetables and bread were delivered daily from local suppliers.

The physical environment of the home was conducive to relaxed dining. For example, different dining areas both inside and out and kitchenettes in people's apartments.

We discreetly observed a lunch time meal being served. We saw that there was a selection of dining areas around the home. Tables were attractively laid with tablecloths, tablemats, cutlery, condiments and a centrepiece. The meals were well presented and looked very appetising. Wine or beer was available on request. Staff were on hand to serve and support people during lunch time and also sat down to take lunch with the residents. Staff were seen to communicate and engage with people in a helpful and courteous manner. It was evident that mealtimes were unhurried and that people living in the home enjoyed the opportunity to socialise with their friends and staff. The chef was also on hand to receive comments or requests.

Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss had their diet and fluid intake monitored and recorded through the completion of the relevant monitoring charts and fortified diets were provided where appropriate. Everyone was encouraged to have their weight recorded at least monthly and weight loss or gain was noted and acted upon if necessary.

Staff devised bespoke strategies to encourage eating and drinking which, for one person with advanced Alzheimer's disease who was losing their ability to swallow solid food, had resulted in her gaining weight. The person's daughter wrote to us to say that the staff had devised various strategies to encourage the person to eat. For example, the chef went to a great deal of effort to present the pureed food in an attractive manner and staff made mealtimes a social occasion by sitting with her and other residents at mealtimes chatting and encouraging her to eat, offering food and drink during other social events and also bringing milkshakes to her room and chatting while she drank. The relative said " This approach encouraged eating but also promoted Mum's wellbeing in many other ways - she has meaningful relationships, is connected to her cultural environment and takes part in many activities that she used to enjoy before she developed dementia".

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager. 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 were being met. We found that a few people in the home were subject to DoLS applications and we were able to view the paperwork in relation to these. Assessment documentation had been produced to enable staff to undertake an assessment of capacity and to record best interest decision making processes and outcomes in the event this was necessary. Likewise, where necessary, applications had also been submitted to the local authority to request a standard authorisation to deprive a person(s) of their liberty. This would be in the case of people who no longer had the capacity to decide whether they wanted to live at Dystlegh Grange or whether they were safe to go out alone. This did not mean that people could not go out, and in fact they were encouraged to do so, but a member of staff would accompany them.

During our visit we saw that staff obtained people's consent before providing them with support. Staff we spoke with during our visit were aware of DoLS and had received the relevant training.

For 15 years the home has employed the same neuro-physiotherapist on a sessional basis to conduct an exercise class every Monday afternoon and advise on maintaining people's mobility. She also visited regularly during the week for individual physiotherapy sessions. She told us that she enjoyed coming to the home and said "They put a lot of effort into keeping people mobile and as independent as possible".

During our inspection, we observed local GPs and a nurse visiting several people living at Dystlegh Grange in order to provide health care and support. The district nurse said she had been visiting the home for seven years and that she was currently visiting five people to carry out nursing tasks. She said she had no concerns about the care and that the staff were very good at liaising with the district nurse team. One of the doctor's said "It's great, people are very well cared for, care is individualised and they're very good at chasing up investigation results and medical appointments. It's also great that they have a physio to help keep people mobile". The other doctor, who was a GP trainee, said "They clearly have people's best interests at heart and advocate for them". Before we left the home the senior partner of the local GP practice rang to say "We are lucky to have this home on our patch. The care is excellent, they call us out whenever necessary and all the managers know people's full medical history and always follow medical advice". He subsequently wrote to us to say " The team of managers and carers at Dystlegh Grange provide exceptional co-ordination of care. One particular example relates to the extremely complex decision around mental capacity and the tube feeding of a gentleman with an advanced disease. The management staff co-ordinated all the necessary specialists to be in attendance and facilitated the repeated complex meetings and discussions. All was conducted in an extremely dignified and sensitive manner and all concerned parties were extremely grateful for the support provided by the home. The Dystlegh Grange team were also instrumental to the initiation and success of an innovative pilot project earlier this year, when a GP spent protected time in the care home with residents and senior staff establishing shared proactive care plans. These were accurately and effectively documented, reviewed on a regular basis and then eloquently communicated to all health care staff at appropriate times. There are examples where these documents have prevented unnecessary hospital admissions and helped facilitate conversations with residents and their relatives over absolutely vital end of life issues."

Care plan records viewed also provided evidence that people using the service had accessed a range of other health care professionals such as podiatrists, dentists, opticians and audiologists. People were supported to attend hospital appointments when necessary and if anyone required hospital admission a member of staff went with them and stayed until they were admitted to a ward. We saw a letter from a consultant at the local hospital that said " From all my dealings with patients that reside at Dystlegh Grange, I have only witnessed care at the highest standard. The attention to detail, consistent and professional relationships are the best I have seen". A relative (who was also a hospital consultant) wrote to us to say "Dystlegh Grange provides a standard of care which is superior to that provided in any residential or nursing home I have contact with." Another relative of the same person wrote to say "You judge a place on how effective it has been – and that can be difficult to measure - however whilst my mum has aged over the past 10 years and brought all that it does - she has flourished as a person – she is happy, cared for and loved in the Grange- how better can one measure what a home and its staff have done for her."

We saw that key issues such as people's weights, blood pressure, dietary and fluid intake were routinely monitored as and when required. This helped to maintain an overview of the health and wellbeing of people living in the home.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at

the home. Staff had an in-depth knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Most of the staff had worked at the home for many years and had got to know people's needs well.

We saw that staff had the skills to be effective in their role. Staff received a comprehensive induction which covered the Care Certificate Standards (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.) A new member of staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised. This person said that new staff were not allowed to provide personal care until they had got to know the resident and the resident was comfortable with them providing intimate care. They said that staff were actively encouraged to sit and have a cup of tea with residents, or go for a walk in the garden with them to get to know them better. Another member of staff who had worked in the home for 17 years said " I wanted and was encouraged to complete NVQ2 and NVQ3. I then became a senior carer and feel I am a valued member of the team. I am now reaching for NVQ4".

We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service, for example training in how to care for people with Parkinson's disease or stroke. Various training methods and mediums were used, including both internal and external training. This training included classroom events, mentoring, coaching, distance learning and observations. Staff said they were not asked to do anything for which they felt untrained. They said they appreciated the fact that most of the training was face to face, rather than e-learning, which meant they could ask questions if they weren't sure of anything. We saw evidence that staff had received training from a nurse specialist in relation to a rare neurological disorder to further their understanding of how to care for a resident with this disorder. The nurse had subsequently written to the manager saying, "It was a pleasure to speak to such a motivated team".

The registered manager, the principal care manager and the care and training manager had all completed the Registered Managers' Award and all staff were encouraged and supported to complete vocational qualifications in health and social care.

A speech and language therapist told us that she had visited the home over a number of years to assess residents and provide training for staff. She said that staff "go out of their way to help me and show a willingness to learn about swallowing difficulties and the role of speech therapy".

Staff received an annual appraisal and regular supervision to ensure that competence was maintained. Staff meetings were held to impart information and provide staff with the opportunity to express their views on how the service could improve the experience for those that lived and worked at Dystlegh Grange.

Outstanding ☆

Is the service caring?

Our findings

The registered provider's philosophy was that the staff were there to help people to make a new home at Dystlegh Grange and work in partnership with them to help them live their lives as they wished, consistent with their needs. In conversation with staff, it was clear that they saw their role as supporting people to maintain as much independence and self-determination as possible.

People who lived there and visitors were extremely complimentary about the service provided. Comments included: "The home is excellent"; "It's an attractive place to live. My relative settled immediately and is very happy here"; "They're like my second family".

There were a number of cards and letters that included comments such as: "The care you provided for Mum was simply amazing"; "Thank you for making my birthday so special, the day will stay in my mind for ever"; "My stay has been most memorable and I wish to thank you all for the kindness and caring shown to me"; "There is a life worth living, entirely due to the ambience you have created at the Grange and the quality of care"; "The standards and ethos are an example to all".

When someone moved into Dystlegh Grange the provider committed to provide care for the rest of their lives if at all possible. Staff worked closely with local healthcare providers to ensure that people could be supported to stay in their own suite. The two deputy care managers were champions of end of life care. A local GP told us how well the staff had supported a resident who had lived at Dystlegh Grange for five years to remain in her own suite surrounded by her family. We saw a letter from this person's daughter, which said "We are so grateful for the love and care from all of you. You treated mum as if she was your own mum, your own grandma and certainly as your friend. And you welcomed us into Dystlegh Grange as well - wanting us to be as comfortable and as welcome as mum. We cannot think of anything that would have improved or added to mum's care." The vicar also wrote to us and said "I was recently with a resident in the final days of her life. She'd always kept herself smart and tidy and even in those final days the staff kept her hair neat and nails polished. They sat with her day and night when friends, family and ministers weren't able to be there. It was the kind of care you'd expect from a high quality hospice".

People's spiritual needs were recognised and ministers of different denominations visited the home at the request of people living there. Weekly Communion services were held for those who wished to partake. One of the care managers told us that a resident had been unable to attend her sister's funeral so they arranged for a pastoral worker to say prayers with her at Dystlegh Grange at the same time as the funeral was taking place. The person had found this comforting and helpful to remember her sister in this way.

People's right to privacy and dignity was respected. Staff explained to people who the inspectors were and asked people's permission to enter their suites. People were able to spend time alone in their suites and there were plenty of other areas where people could choose to be alone or mix with other residents and staff.

People were actively encouraged to maintain their relationships with family and friends. They were able to

see visitors in private if they wished and were able to host visitors in their suites. Some of the residents had relatives that lived a long distance away or in other countries. They told us that their relatives were able to visit and stay in unoccupied suites or an extra bed would be put in their suite to accommodate them. Others told us how they could invite friends and family to join them for a meal at the home. We saw an email from one relative who had stayed, which said that staff had given them "a very warm welcome" and their stay had been "comfortable and enjoyable".

If a resident was in hospital the registered manager would always visit the person and, with the resident's permission, provide the family with regular updates on their condition. This helped reduce families' anxieties when they weren't able to be there.

We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, either sitting and chatting or offering support and encouragement. People were comfortable and relaxed with the staff who supported them.

Staff we spoke with told us they enjoyed supporting the people living there and were able to tell us a lot of information about people's needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with the people who lived there.

All new starters received training that included duty of care, privacy and dignity, and working in a person centred way, to provide them with the knowledge and understanding of their caring responsibilities. Some staff were champions of dignity or end of life care. All staff had completed training to ensure that confidential, personal and sensitive data was protected. Staff had also received training in the six steps end of life care programme and one of the trainers told us, "They embrace the concept of end of life care planning and promote a supportive and caring culture where residents and families who wish to discuss this can do so".

People told us that friends and relatives were able to visit at any time without restrictions. The visitors we spoke with confirmed this and told us they were always made to feel welcome. They had strong praise for the staff and the service and said their relatives were very comfortable and happy at Dystlegh Grange.

We saw that people who lived at the home and their family members were involved in planning their care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's suites were personalised and contained photographs, pictures and personal effects each person wanted. One person told us how he had designed the layout of his suite to include an office area with desk and bookshelves and the provider had arranged for the suite to be altered to his specification. He said "My initial problem was storage. During my working life I had accumulated many references and artefacts – business or personal - important to me, and the first problem was how to accommodate these. No problem to team DG – within a few weeks they had identified a spacious suite. Brian Robinson arranged for a member of staff to visit me in my own home and assist me in drawing up plans of my specific requirements. My suite was creatively re-designed to shape fittings to my life-style and to allow much of my previous furniture and fittings to be re-used."

Good

Is the service responsive?

Our findings

People living at Dystlegh Grange experienced a level of support that helped them live a meaningful life. People said that the staff responded to them as individuals and the relatives we spoke with told us that the service responded well to people's needs and requests. One relative said "The key thing is that care is bespoke, it's very nurturing and makes my relative feel they are in control. Staff make people feel they have all the time in the world, and there's also an element of fun in the staff interactions with residents and the activities".

We asked whether call bells were responded to promptly. People said staff responded quickly if they asked for assistance.

Care and support was planned proactively in partnership with individuals. For example, before anyone came to live at Dystlegh Grange the registered manager would visit their home and meet them to get a full understanding of their needs, wishes and preferences. If the prospective resident did not wish to be visited at home they were invited to visit Dystlegh Grange for a meal and to meet with the registered manager. People could visit and look around several times, and this was actively encouraged. People were originally admitted on a short-term basis to allow them to ensure the decision to make their home there was the right decision for them. One person said "The manager came to visit me at my apartment and we discussed all aspects of my requirements. He suggested that I visit to look around, stay for a meal and meet the staff and other residents. I reserved the new suite, which was altered slightly to suit my requirements."

We looked at the files of four people living at Dystlegh Grange. We found that an assessment of all needs had been undertaken before people were admitted and on an annual basis thereafter. The care planning system comprised a care manager and care partner (key worker) for each resident. A care planning guide had been written to provide guidance to care partners to provide creative person centred care. Care plans had been produced that were centred on people's individual needs, preferences and goals. Supporting documentation was completed and included such information as; preferred priorities for care, essential support, active goals, strengths and positive or negative factors affecting their quality of life. The emphasis was very much on people setting their own goals and how staff would assist them in that. Care plans were reviewed when people's support needs or goals changed. One person told us "I am constantly involved in my care and support, which is always discussed with me."

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

Dystlegh Grange is very much part of the local community and people were encouraged to visit their family members and to keep in touch. People were encouraged to continue with hobbies and interests that they were involved with before they moved to Dystlegh Grange. There were many examples of this, and one was that Dystlegh Grange held Girl Guiding (Brownies) events for one resident, who was heavily involved with Girl Guiding. People were also supported to continue attending local groups such as bridge, sewing and book

clubs that they had enjoyed before moving to Dystlegh Grange.

People were encouraged to maintain and develop new relationships. We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests. Many residents were local or their relatives lived locally, some had family members or friends who had lived at Dystlegh Grange previously and as a result had chosen it for themselves in later life. One visitor told us she had been visiting the home for many years because three people she knew had lived there. She said "Dystlegh Grange is a great part of Disley village and its community. It invites many societies to hold various events there, thus giving its residents the opportunity to partake in the events and be part of the village life".

People were encouraged to continue in their role of Mum or Dad, Grandparent, etc. For example, one family held a wedding lunch at Dystlegh Grange so that Grandma could take part in the celebrations.

As often as possible people were taken out to community events, such as afternoon tea and entertainment in the parish church. As part of the Disley Festival the provider, in consultation with the people who lived at Dystlegh Grange, was planning a musical event in the grounds with a string quartet and afternoon tea. Every year residents were involved in making a tableau for Disley Well Dressing event. The home also had links with a local school and international Bible College. Students from the college sometimes visited the home and people enjoyed sharing with the students their own experiences of time spent overseas.

We found that there were a number of activities taking place in the home that were determined by the people who lived at Dystlegh Grange, and a weekly activities planner was given to the residents. The planner showed that activities took place every morning and afternoon, such as morning coffee and crossword, quizzes, board games and discussions over the Sunday papers. A 'thought for the day' was placed on dining tables to also help stimulate conversation and keep minds active.

The registered manager informed us that people using the service were encouraged to follow their preferred routines and to instigate and participate in activities that were geared towards their individual needs and preferences. One person had set up a Knit and Natter group. We saw a letter from a relative of someone who had lived in the home, which said "Rather than these being her declining years she had an enormous amount of fun and enjoyment with you, discovering her talent for public speaking as toast mistress at many of your social occasions".

The home was adapted to provide a stimulating environment. For example, one of the communal areas of the home was known as 'The Bakery'. This was a large open plan kitchen and seating area with an Aga Cooker. The chefs carried out their baking there and people could join in and assist and swap recipes. The results were left out on covered cake dishes for people to help themselves to.

There was a grand piano that residents could play and local musicians and a choir also came to entertain people. Speakers were arranged to talk on topics of interest to the residents. Trips out to places like the garden centre or shopping took place twice a week, in addition to individual trips out on request. The provider held restaurant evenings in the Pavilion and monthly themed days, such as a Burns Night evening for a Scottish resident, and Oktoberfest for a German resident, to ensure people's cultural diversity was respected and celebrated. Other themed events included a Chinese themed day for Chinese New Year and a racing day for Royal Ascot. The aforementioned letter also said "Mum loved the constant round of social events with the staff dressing up in fabulous costumes. The restaurant nights were another special event making going out for dinner really easy and fun up in the Pavillion."

The activity planner had a slip at the bottom for people to fill in to request a trip out. People said they could ask to be taken anywhere 'within reason' and the registered manager would either take them or arrange for someone else to. For example, people could ask to be taken to a particular shop they liked or to visit a particular place of interest. They could also ask to be accompanied on a walk at any time. A hairdresser visited the home twice weekly, and some people were supported to travel to their own hairdresser or barber.

The registered manager hosted an evening every Thursday with wine, beer, other beverages and nibbles. He told us that he edited films specifically to shorten them and stimulate conversation. One of the residents liked to take people's drinks orders at this event. We saw a letter from a relative that said "Thursday nights were a big favourite for mum – no matter how she felt – the possibility of a glass of wine with her friends in the lounge watching a video or a music night would rouse her. And she had such pleasure from those Andre Rieu concerts. It was all about the company, the conversation, the convivial atmosphere with wine and snacks and the carefully curated films and DVD's - maximum enjoyment for everyone."

A 'shop' was open weekly where people could purchase small items such as toiletries, sweets, cards and stamps or have cheques cashed.

On the day of our inspection we observed a group of seven residents participating in a crossword session with staff. Likewise, in the afternoon we saw a group of people joining in some gentle exercises with the physiotherapist.

Newspapers, books, board games and magazines were also available. Everyone had a telephone and television with satellite channels and a telephone in their suite. Some had an additional television in their bedroom and wireless internet access was also provided. A few people had expressed an interest in new technology, such as tablets and laptops, and arrangements were made for them to have lessons at Dystlegh Grange. This is an example of how the provider creatively enabled residents to continue their links with the local community, family and friends. It has also helped them to keep their independence by being able to use the internet to their advantage for things like research, reading, games, shopping online and online banking. One person told us how delighted they were that one of the managers had taught them how to use Skype to contact their family.

A complaints procedure was included in the service user guide and people who lived at the home and relatives told us they would feel comfortable raising concerns and complaints. One person told us "I am confident to express my opinions, indeed the culture at Dystlegh Granges encourages this. Ideas are welcomed and Brian and his excellent team are always looking to learn and improve." Dystlegh Grange has used this openness to implement things, such as "Do not disturb" signs after one person mentioned they wanted an afternoon not being disturbed by staff.

We looked at the complaints and compliments file. There had been one concern raised with the home last year, which had been investigated and resolved. The Commission has not received any complaints about this service.

Good

Is the service well-led?

Our findings

The aims and philosophy of the home included assisting people to achieve the best quality of life possible, protecting individuality, helping people to help themselves and promoting people's rights and responsibilities.

Roles and responsibilities were clear. There were detailed job descriptions, role profiles, staff contracts, staff training plans, personal development records, self-management audits and an overall organisation training plan.

A positive culture was evident in the service where residents came first and staff knew and respected that it was their home. The registered manager said "We (meaning myself and the staff) are not the gatekeepers, we're just part of the community of Dystlegh Grange, and the people who live here make the decisions". He said that the people who lived at Dystlegh Grange were at the top of the organisational structure and a lot of the changes made were as a result of their requests and feedback. For example, changes to the environment and menus, staff joining them for meals, changes to the catering staff rota to enable different mealtimes, second interviews with residents for potential new staff, a member of staff to accompany them on medical appointments and the weekly shop. One resident told us "As part of the recruitment process we are asked our opinions as to the suitability of new staff who may be employed to support us in our homes. Recently a person was interviewed and I was asked my opinion. I did not feel they were suitable. I gave my reasons and these were listened to. The person was not employed".

Two of the directors of Dystlegh Grange Limited were the registered manager and the accounts and administration manager, and they were fully involved in the day to day management of the home. In addition, the principal care manager and care and training manager were also shareholders. All managers were trained as Health and Social Care Assessors and were involved in the assessment of staff undertaking their Health and Social Care Diplomas.

The registered manager was also the managing director of the company and had been in post since it opened. He was a trained chef with a sound knowledge of nutrition. He had studied gerontology to equip him to provide an appropriate service for older people. (Gerontology is the study of the social, psychological, cognitive, and biological aspects of aging). He also had an interest in applied environmental psychology, which is the study of how the environment influences behaviour and aims at better management of the environment for better life. For example, the arrangement of furniture in a room influences the way in which people in the room interact. He had used his awareness to help him create a nurturing environment for the people who lived in the home, balancing people's needs for both privacy and socialisation. In conversation with the inspectors he demonstrated excellent knowledge of all aspects of the home including the needs of people living there, the staff team and his responsibilities.

People's views on the quality of the service were regularly sought. Feedback cards were placed on the dining tables at mealtimes and in people's apartments. People we spoke with all knew who the manager and directors of the company were and felt they could approach them at any time. They said the registered

manager spoke with them most days to check that they were happy with everything. They said he regularly consulted with them on ways to improve the home. For example, one person told us his bath had been removed and replaced by a shower at his request. The registered manager said that film nights had been started at the request of another of the residents. One person said "His leadership shines through". Another said "Brian talks to us about plans he has and always asks what we think". We saw a comment card from a vocational qualification assessor who visits the home, which said, "Individuals are active partners in their own care, Dystlegh Grange empowers them to question or challenge decisions concerning them". A relative wrote "The whole team take their leadership from Brian and the care managers - that the resident is first, last and everything in between" and "All of them have my mum at the centre of everything that's done".

The local vicar told us, "Brian's standards and ethos cascade down. He is very much hands on in the day to day functioning of the home, whether it is taking time getting to know residents, participating in their many social events, transporting for and attending medical appointments, or taking a turn to sit with someone who is dying".

We saw a letter to the registered manager from a hospital consultant thanking him for the way he cared for the residents. It said, " The details that you provide concerning the patient's day to day life, including issues that relate to medical matters, are of immense help in ensuring the continuity of care; your due diligence in keeping their records and presenting them with the patient during consultation helps us in providing the best possible advice with regard to changes in therapy. Also this helps in providing the crucial link between primary care and secondary care".

The average staff tenure was over 8 years and Dystlegh Grange had never used bank or agency staff, which enabled staff to build long-lasting and meaningful relationships with the people they care for. The staff we talked to also spoke positively about the leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop. This was demonstrated by the investment in training. One member of staff said " Being at Dystlegh Grange is not like being at work. The residents and dedicated team make it a pleasure" and "I have always been encouraged to bring forward and discuss any ideas for improvement". Another said "I see my managers as role models, their commitment to their work is really inspirational. They not only look after residents but care for us too. We are always listened to and encouraged to voice our opinions and ideas, challenging stereotypical methods and institutional pressures."

A business management audit was competed every year, which identified goals for year ahead. The one for 2016 included some refurbishment and additional staff training. The registered manager also walked around the service every day checking the environment, staff interactions and behaviours and resident care and welfare. Regular quality assurance audits (including self-management audits) were also completed to assess the safety and performance of the service.

Dystlegh Grange worked in partnership with other organisations to ensure they followed best practice, and also worked with the local health and social care community to share best practice and information. It was part of the Care Home Quality Improvement Collaborative (Eastern Cheshire Clinical Commissioning Group), where the registered manager contributed to sharing thoughts and ideas for improvement and was signed up for pilot schemes with this group. For example, they were signed up for a fall prevention pilot, together with a pressure area pilot. This resulted in the purchase of a number of pressure relieving cushions and a process for alerting hospital staff if a resident at risk of pressure ulcers was transferred to hospital. It had also resulted in the purchase of variable height beds and alarms to alert if a person at risk of falls got out of bed.

The provider subscribed to relevant care journals in order to keep abreast of good practice and innovative ideas.

The home was taking part in the Care Home Hygiene Award, a quality improvement initiative promoted by Public Health England and were subject to audits by an NHS Trust. Housekeeping staff attended link worker meetings run by Staffordshire Infection Prevention & Control team.

The home had also been audited by a university professor as part of their accreditation for providing end of life care. The professor had put in their report "I was very impressed by the home, the staff and the care".

A root cause analysis was undertaken for any untoward incident to determine the cause and whether any action needed to be taken to prevent a recurrence.

There was an effective 24 hour on call system in place in case of emergencies. The registered manager lived next door and could be contacted at any time. This meant that any issues that arose could be dealt with appropriately. Staff and residents told us that the registered manager was often in the home from early morning to late evening. On one occasion the previous week, when a resident had been taken ill in the early hours, he made himself available to support the person and provide information on their medical history to the paramedics.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.