WCS Care Group Limited

Drovers House

Inspection report

Drover Close
Rugby
Warwickshire
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Tel: 01788573955

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Drovers House provides accommodation and personal care for up to 75 older people who may live with dementia. Seventy-one people were living at the home at the time of our inspection visit. At the last inspection, the service was rated Good overall and Outstanding in well-led. At this inspection we found the service has maintained an Outstanding rating for well-led and improved the rating from Good to Outstanding in responsiveness to people's individual needs. This has raised the overall rating from Good to Outstanding.

There were two registered managers for this service. 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.

One registered manager had managerial oversight of the service, but did not work at the home on a day-to-day basis. The second registered manager had transferred to another home in the provider's group two weeks before our inspection. A new manager had been in post for two weeks. The new manager was already registered with us as a manager at another of the homes in the provider's group, which had been rated as Outstanding under their leadership. The provider had notified us of these changes.

People were at the heart of the service. Staff and the management team shared and demonstrated the provider's philosophy that, 'every day should be a day well lived'. Staff received training in the provider's values, which included, 'play, make their day, be there and choose your attitude'. People were supported to maintain their purpose and pleasure in life and to plan ahead with staff.

The provider employed lifestyle coaches, who were dedicated to supporting people to make the most of each day through physical activity. The group and one-to-one activity sessions were effective and the positive impact on people's moods was visible. Care staff ran a nightly 'wide-awake' club so people who did not sleep well spent their waking hours in purposeful activity. Healthcare professionals were complimentary about staff's skill and willingness to engage people's interest.

People were encouraged to maintain their preferred and familiar routines and habits, which made them content and relaxed. People were supported to maintain and improve their self-esteem by pursuing their individual interests by running and attending in-house clubs and events and celebrations, with days out in the local community.

The provider was innovative and creative and constantly strived to improve the quality of people's lives. The provider had researched and reflected on how an internationally recognised provider of excellence in dementia care provided care. They had implemented technological systems that promoted undisturbed sleep, ensured staff and management had access to the most up-to-date information at the press of a button and enabled relatives to be fully informed and involved in their relations' care. People benefited from

the technology because staff had more time to care for them.

The registered manager participated in research projects aimed at improving the quality of people's day-to-day lives by encouraging people to spend time outdoors every day with the aim of improving their sleep at night. People, their relatives and healthcare professionals were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences. The provider listened and acted on people's views to improve the service.

People were involved in planning their care with the support of their relatives and staff, to make sure their care plans met their individual needs, abilities and preferences. Staff showed insight and understanding in caring for people, because they understood people's individual motivations and responses.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their individual dietary needs and preferences. People were referred to healthcare services when their health needs changed.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People and their families were included in planning how they were cared for and supported. The registered manager regularly checked the premises and equipment were safe for people to use.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved from Good to Outstanding. People planned their own care in partnership with their families and staff. The provider's vision and values supported and empowered staff to be innovative in providing person centred care, which improved people's well-being. Staff took time to understand people's life stories and supported and encouraged them to participate in community events and to maintain their personal interests and hobbies. People were encouraged to share any concerns or complaints, which were responded to promptly, and used to drive improvements to the service.

Is the service well-led?

Outstanding ☆

The service remains Outstanding.

Drovers House

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 checked 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.

The comprehensive inspection took place on 19, 20 and 25 April 2017. The inspection visit on 19 April included an inspector and two experts by experience and was unannounced. We told the provider two inspectors would return on 20 April and one inspector returned again on 25 April, due to the size of the service. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from relatives, healthcare professionals and the local authority commissioners and reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with eight people who lived at the home, 14 relatives, a volunteer, three visiting healthcare professionals and a regular contractor. We spoke with seven care staff, five support staff, the cook, a care manager, the deputy manager and the new manager about what was like to work at the service. We spoke with the three members of the provider's management team including a service manager, concierge services manager and the head of care services and quality.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and whether they experienced good standards

of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed the care and support staff gave to people in communal areas of the home and we observed how people were supported to eat and drink at lunch time. We reviewed five people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed records of the checks the management team made to assure themselves people received a safe, effective quality service.

Good

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating for safety continues to be Good.

People told us they felt safe because they trusted staff. Relatives told us they were confident their relations were safe, because there were always staff around and the premises were secure. People were able to lock their bedroom doors when they went out, which gave them an increased sense of security. Staff told us they worked with the same people regularly, which promoted trust and friendship between them. The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were of good character and suitable to deliver personal care.

Staff received safeguarding training, and they understood the signs that might indicate a person was at risk of abuse. Staff told us the provider's safeguarding and whistleblowing policies gave them confidence to report any concerns about people's safety. Staff told us, "I have no issues or concerns about the home. I can challenge other staff directly (about their practice)" and "I have no concerns because everyone is doing a good job." The provider had notified us, in line with their legal responsibilities, when they had made a referral to the local safeguarding authority.

People's care plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. All the information in the care plans was available to staff electronically in hand-held devices they carried with them. A member of staff told us, "I have all the information I need, the care plan, contact details and medical information." The management team used the risk assessments, care plans and their knowledge of people's dependencies, to calculate the number of staff needed to support people according to their individual needs.

There were enough staff to support people safely. People told us, "I'm quite happy with staff numbers so far" and "Most staff are pretty prompt" (when they rang the bell.) All the staff we spoke with thought there were enough staff to meet people's needs and to help them maintain as much independence as possible. Staff told us, "We are not pressurised" and "We always have enough staff and enough time for everything." A visiting health professional told us, "It is a good staff to person ratio, people are not rushed."

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. Staff told us they had regular fire drills to remind them of the actions they should take in an emergency.

Medicines were managed and administered safely. People told us, "They are in my safe. There are never any delays" and "Staff always wait while I take them," People's medicines were stored in locked cupboards in their own rooms, which minimised the risks of errors. People's care plans included an electronic medicines administration record, which showed the prescribed amount, frequency and time of day they should be

administered. Only trained and competent staff administered medicines and the electronic system alerted the manager immediately if medicines were not administered in line with people's prescriptions.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating for effectiveness continues to be Good.

Staff told us they had training that matched people's needs to make sure people were supported effectively. People told us staff supported them when they wanted support and they were able to choose, when they were supported. Staff told us people's care plans were detailed, which helped them to know and understand people's individual needs, abilities and feelings about being supported. A relative told us their relation could be 'quite challenging' when they first moved in, "But staff are coping with [Name] and they have started to integrate more." Another relative told us, "Within four months [Name] had gained weight and was joining in." A visiting health professional told us, "Staff listen and follow intervention plans. Staff are always learning."

Staff worked with the same people regularly, which enabled them to learn and understand people's usual mood and level of energy. Staff told us, "You need to know the person to understand the reason (for their mood)" and "If people show a preference for certain staff, we support that." Staff shared information about people's appetites, moods and actions at handover meetings, which meant they were regularly updated about any changes in people's needs for support. Staff told us they had plenty of opportunities to discuss and reflect on their practice, because they had regular individual and team meetings with the duty managers.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff, manager and management team understood their responsibilities under the Act, and when necessary, applications had been made to the local authority to deprive people of their liberty. Staff told us, "If people lack capacity, decisions have to be made in their best interests and we consult with their relatives."

People told us they made their own decisions about their day-to-day care and support and staff respected their right to decide. For example, people got up and went to bed when they preferred and ate their meals in the room they preferred. One person told us, "I am beginning to feel I can do what I want." We saw staff offered people choices and respected their right to make their own decisions about their day and how they were supported.

People chose whether to eat their meals in the communal dining rooms or in their own bedrooms. One person told us, "They come in (to my room) and show me the food and I choose. I can go to the dining room but I prefer it here." One person told us, "The food is lovely, beautiful. I have a three- course meal every day", but some other people told us the choice was 'bland' or 'limited'. However, we noted that some people were

on a restricted diet due to their health conditions, and some other people ate a limited diet through their own choice. Staff told us people were asked about their choice for lunch on the previous day, and if people changed their minds, the cook would always prepare them an alternative meal of their choice.

At the time of our inspection, the provider was trialling an external supply of hot meals on the ground floor of the home, while hot meals on the first and second floor of the home, and mid-meal snacks, continued to be prepared in-house, in accordance with a nutritionally balanced, seasonal menu. This variation in meal preparation and delivery also explained people's varied opinions about their mealtime experience. Relatives who visited regularly were confident their relations were offered a choice of meals and were supported to eat and drink enough for their needs. Relatives said, "I've never seen a menu, but [Name] eats well, sometimes has two breakfasts and is gaining weight" and "Within four months [Name] had gained weight."

We saw people were offered hot and cold drinks throughout the day. Staff sat and ate their lunch with people in the dining rooms, which made lunch a social occasion, and encouraged and reminded people to eat. Staff assisted and supported people by cutting up their meals, putting food onto their fork and by talking about their favourite foods, to stimulate people's appetites.

People's care plans included information about their dietary needs, allergies and any cultural or religious preferences for food, which was shared with the cook and food assistants. Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. The electronic care planning system raised a red alert to the management team if people were not weighed regularly, or did not eat well, or if their weight dropped out of an appropriate range for their height, age and health condition.

Staff supported people to maintain their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropodists. Staff were knowledgeable about people's individual medical conditions and were observant to changes in people's moods and behaviours. Staff made sure people saw their GPs to check whether the changes were a symptom of changes in their health Visiting healthcare professionals told us, "Staff demonstrate a good knowledge of the person, take advice and follow the treatment programme effectively" and "Staff monitor the person's diet and behaviour to identify preceding events or triggers to help identify patterns and support accurate diagnosis."

The provider had made improvements to the process for people to be supported by healthcare professionals. The manager had taken charge of contacting GPs, community nurses and other healthcare professionals, instead of individual care managers of the six households. This resulted in a single point of contact for the healthcare professionals, with a single list of all the people who needed to see them.

The manager had made provision for district nurses to keep essential supplies and records securely at the home and the community nurse team had appointed a lead nurse, to provide continuity of care. The duty manager accompanied doctors on a round of everyone who needed to see them. A community nurse told us, "Staff are updating their skills to promote the best outcome for people. Staff check skin and waterlow (risks of skin damage) more frequently than before under this arrangement. Workload was never due to poor care, but to too many calls from individual households." A GP told us, "The duty manager accompanies me on my round, twice a week and we talk on the phone. There is less call on GP time and people get good care."

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating for caring continues to be Good.

People were encouraged to personalise their bedroom as they would their own home. We saw people had brought their own furniture, photos and personal treasures when they moved into the home and the management team checked they were happy with their arrangements. One person told us, after they moved in, they had wished they lived on a different floor of the home, closer to a friend and the staff had made it happen. They told us, "Staff packed up my possessions and moved it all for me to the middle floor - clothes and furniture, and put the pictures back up. It's a wonderful place."

People told us, "Everybody is the same, all so kind", "I talk to the care staff, they are very nice. There's one I call the flower girl, she's lovely" and "The staff are marvellous, all of them". Relatives told us they thought the staff were, "Very kind with [Name], "Kind and welcoming" and "Respectful." Care staff told us they enjoyed working at the home and cared for people, "Like family." One member of care staff told us it did not feel like 'work', because it felt like being at home. They told us they enjoyed supporting people with their everyday needs for washing, dressing, making drinks and food and tidying up, just as they did in their own life.

People's care plans included information about the person's preference to socialise or to spend time alone and their preferred routine. Staff shared their experiences of how people responded to their approach so all staff could adopt the same strategy and techniques to better support people who did not, or could not, express their feelings easily.

People told us they appreciated staff's presence and their company. Two people said, "They are 'just there' and friendly" and "I did not want to be lonely and I am never lonely now. You are never on your own." Staff's thoughtfulness and understanding was effective in creating relationships with people based on mutual trust. During a conversation between one person and a member of staff about the garden and the weather, the person suddenly stopped mid-conversation and said to the staff, "I love you, I really do", before continuing their conversation.

The provider's policy of appointing named care staff as 'keyworkers' for each person, meant that staff had clearly defined responsibilities for making sure that people's individual personal needs were met according to their preferences. The provider had implemented a 'matching interests' tool, to match people with staff who shared their interests and enthusiasms. The matching process was effective and had resulted in one member of staff supporting a person to fulfil their dream of having a holiday. The member of staff told us they felt rewarded by being able to see the pleasure on the person's face throughout the trip. They told us the person loved looking at the photos together and we saw the look of pleasure on staff's face as relived the emotion while they showed us photos of the trip.

Keyworkers were responsible for supporting people to maintain a supply of toiletries and to keep contact and share relevant information with their relatives. Relatives told us they felt well informed about their

relations' health and welfare. Relatives told us, "Any problems and they phoned me straight away" and "The girls have been so good, like a replacement family." One person said they liked the fact that staff looked into their room to say goodnight to them sometimes and another person told us, "Two ladies come in at night to make sure I'm alright."

We saw care staff's subtle approach to supporting people promoted their dignity and independence. People were confident to spend their day in their preferred way, as if they were in their own home. People spent time relaxing in the lounge or their own room, entertaining their visitors and talking among themselves, while care staff busied themselves with domestic chores in the background of people's lives. Relatives felt welcome to visit anytime and felt relaxed enough to make themselves a hot drink, as they would in their relations' own home.

The provider implemented specific measures to support people's privacy, dignity and independence. They had made arrangements with a local, voluntary 'befriending' service, to make sure that people who did not have regular visitors or family members still had an opportunity to share their thoughts, feelings and beliefs with someone outside of the staff team.

Outstanding ☆

Is the service responsive?

Our findings

At this inspection, we found the provider had implemented innovative systems and practices to enable staff to be more responsive to people's needs, interests and motivations than during the previous inspection. The rating for responsiveness has improved from Good to Outstanding.

People told us they liked living at the home because they were able to carry on living their day-to-day lives in the way they preferred and had opportunities to socialise and engage with others. People told us, "Staff are very attentive", "It is wonderful" and "Honestly, it's been lovely living here." A visiting health professional told us, "Staff are good at encouraging activities and exercise and music to stimulate memory."

The newly implemented initiatives at the home included a befriending service, sponsored by a combined church group and clubs run by people who lived at the home or staff. Volunteers from the befriending service were matched with people living at the home, who did not have any family and became their regular visitor. News of the befriending service had spread locally and had resulted in one person being supported with gardening by a colleague from their previous place of work.

People and staff had volunteered to organise and run 'interest' clubs, such as gardening, knitting and baking, where people could demonstrate their skills and learn new ones. The cook told us, "At the cooking club, people can share their favourite recipes and their baking skills and stories." One person told us, "I started the crochet club. We will hold it every Friday." They spoke with pride about passing on their skills to a member of staff, who had not known how to crochet previously.

The provider had implemented an innovative technology, which enabled staff to respond more promptly and appropriately to people's support needs during the night. The system included a listening device that was switched on at night, pre-set to ignore the individual's normal noise level, but to trigger an alarm for unusual noise. The provider had consulted with people and their relatives to explain the benefits of the system and to make sure they agreed with its use. People who did not want to use it, did not have to. The benefit of the system was that staff no longer checked people at night by opening their bedroom doors, with the common consequence of disturbing them. Instead, people were able to sleep undisturbed, unless they needed support.

Night staff took turns to monitor the system, which enabled the remaining night staff to run the 'wide-awake' club for people who did not sleep well. Staff were enthusiastic about the benefits of the listening system. A member of staff told us people slept better and staff could go straight to a person's room when needed. Staff had identified some previously 'unpredictable' falls and people had a better quality of life and more one-to-one time at night. They told us, "Now we have activities like cake-baking, games, listening to music and have opportunities to socialise for those people who cannot sleep. The things they talk about (at night) are different. [Name] joins in until midnight every night, they think it is a holiday camp."

One person told us, "I wrote my life story for staff to know about me." Staff knew about people's social history, cultural traditions, interests and hobbies, because people and their representative were asked

about them at their initial assessment. The provider used a recognised assessment tool to create individual lifestyle profiles for each person, which explained the things people used to enjoy and might be interested in continuing and any unmet interests they would like to explore with staff's support and encouragement.

A member of staff told us that all the information was available to them on a handheld electronic device and they were able to tell us, within seconds of accessing the device, which language one person had spoken as a child. Another member of staff told us, "I learnt about their history and now understand (them)." A relative told us," Staff respond amazingly well. [Name] does more activity than at home. There is a church service, and monthly communion and their own church group visits."

Drovers House was divided into six separate households each with their own communal lounge, kitchen and dining areas, in keeping with a domestic environment, with the benefit of shared in-house facilities downstairs. The provider employed care staff to support people with their day-to-day lives and dedicated lifestyle coaches to support people to lead fulfilling lives, in whatever form they chose. The two lifestyle coaches both worked seven days a week, five flexible hours a day to support people with activities that provided physical and mental stimulation, which promoted people's well-being.

We saw and heard lifestyle coaches encouraging and supporting people to take part in fun exercise sessions as a group and in individual one-to-one sessions. The group exercise sessions involved story-telling and imagination, which provoked smiles and laughter across the group. The lifestyle coach called out, "Walk out, wave to the crowd, kick, you've scored! Cheer! Run up, kick, score, we've won! Celebrate, wave!" We saw people acting out the stories energetically and we heard people voicing their own enthusiasms and sporting memories throughout the session. A lifestyle coach told us, "I am passionate about making their day, making them laugh and smile, and it's my job."

Lifestyle coaches organised activities at home and trips out. A lifestyle coach told us they had combined an Easter egg hunt with a visit from local children, raised funds for three bus trips, and organised regular 'pet therapy' days. They told us, "I took some ladies out on pancake day and we sat in the sun and watched the races." We saw care staff spent time with people in everyday activities, such as accompanying them to the shop on the ground floor to choose treats and extra supplies for their household and sitting in the home's café for a change of scene and to socialise. One person told us they had a regular appointment at the home's hairdressing salon. Care staff recognised the signs of individual people not feeling engaged 'in the moment' or their surroundings. At lunch time, when one person displayed signs of repetitive behaviour, staff changed the background music to a popular song from the 1950s. We saw the person very quickly became animated and started singing and engaged with staff and other people.

People were encouraged and supported to maintain links with the community. One person spoke enthusiastically about how they maintained links with various organisations they had worked with. They told us, "I went with staff to collect some equipment yesterday and was greeted like royalty, like an old friend, because I used to volunteer there." They told us they continued to take pleasure in volunteering at the home, working with staff to chop up fruit to take round to people in all the households, because, "We do things together." The provider had ensured people maintained the facility to vote in the local and national elections. They had organised postal votes for those people who wanted them, and planned how and when staff would accompany people to the polling booth if they wanted to vote in person.

People told us they regularly discussed their needs and preferences with staff. A relative told us, "We had an initial assessment of needs. We have lots of conversations and a bit of re-assessment when needed." Records showed people's care plans were regularly reviewed and updated when people's needs changed.

There was a 'suggestions box' and regular meetings for people and their representatives or relatives to make sure their views about how the service was run were known. Copies of notes taken at the meeting, and decisions agreed were placed in communal areas of the home for anyone to read. For example, records showed that although people enjoyed visits from the 'pet therapy' dog, they did not want to have a pet of their own at the home.

Most people and relatives told us they had no complaints about the service, but would be confident to raise any complaint with the staff. One relative told us their relation had complained about the food at teatime. The staff had resolved the complaint by offering the person soup instead of sandwiches. We found the provider had already taken action to increase the amount of choice available to people. Relatives told us when they had made complaints, the management team had dealt with them and resolved them to their satisfaction. One relative told us, "I can't say I've had any concerns. [Name's] care was exemplary."

Outstanding ☆

Is the service well-led?

Our findings

At this inspection, we found the service continued to be very well-led. The service has maintained the rating of Outstanding in leadership and management.

One person told us, "I never imagined how nice it could be." Other people said, "There is nothing to improve really" and "I would say (satisfaction with the service is) very high, 9 and a half out of 10." A relative told us, "I would not hesitate to recommend the home to anyone. I am very glad we chose this home."

The provider had researched national and international best practice measures and adopted innovative technologies to improve how people's care was delivered, monitored and adapted to meet their changing needs. An acoustic monitoring system had been introduced at the home, which gave staff confidence that people were sleeping peacefully at night, unless an unusual noise level was identified. People were not disturbed by unnecessary room checks throughout the night, but staff knew immediately when people needed support. A relative told us, "[Name] is happy with the acoustic monitoring at night. It is not intrusive." When people rang their room bell, it no longer sounded out across the home, to disturb other people, but sent an instant alert to staff's mobile device.

The provider had transferred people's care plans from paper to electronic records and all staff had hand-held mobile devices so they had access to all the information they needed at the touch of a screen. Staff told us they really liked the new system as they no longer needed to spend time writing up daily records by hand. Every time they supported an individual, as agreed in their care plan, they were able to click a button to say 'completed'. Each person's electronic care plan included ten 'must do's, which were used to make sure time-critical actions were taken by staff. For example, actions by staff to minimise risks related to specific-time medicines administration, poor food or fluid intake, risks of skin becoming sore or damaged and checks of people who stayed in their rooms were always relevant to the individual risks identified in their care plan.

The electronic care planning system provided a new opportunity for relatives to stay fully informed and involved in their relations care. Relatives had a password protected access to an on-line 'gateway' into their relation's care plan and daily records. Relatives were able to talk to staff through an associated messaging service, so were able to obtain immediate reassurance from staff if they had any concerns about their relation's care, support or health. Relatives were able to ask staff to include specific actions into the person's 10 daily 'must do' actions.

Staff told us, "This is better" and "Whenever an intervention happens, we record it - where, how much, happy or unhappy, activities, mobility, in or out of bed" and "I can add 'must dos' for the next day, for example, blood sugar and insulin to be checked by district nurse." We saw the system required staff to record details, such as the person's response to care and support, their moods and appetites and how much they drank. All the information staff entered was instantly available to the duty manager, which meant they were able to continuously check that people received the care they needed.

The electronic care system sent alerts to staff and managers when specific care actions were due, and showed a red flag if they were 'late'. A member of staff told us, "The duty manager will come up or phone up very promptly to find out why anything is red." The duty managers monitored the quality of the service through the same electronic care planning system and through monthly audits of people's medicines, complaints, accident and incident records and housekeeping records. A service manager told us, "Any omissions, 'late or asleep' records are red flagged. At our three daily handover meetings, staff check the red flagged 'hotlist' and decide on actions needed. There is a footnote facility to explain why items on the hotlist are closed."

The management team were confident that the acoustic monitoring, real-time information recording and effective monitoring had improved their ability to minimise risks to people's health and well-being. Their analysis of falls that happened at night since the acoustic monitoring system was implemented, showed a 34% reduction compared with April of the previous year. The provider's operations team monitored exception reports across the group of homes three times a day, seven days a week and sent reminders to all the registered managers requesting explanations for any gaps or omissions compared to plans.

The provider was involved in the development of best practice ideas. They were working with PhD students at a local university to test the theory that 90 minutes outdoor time per week improved people's well-being. The provider was able to capture the impact of time spent outdoors using anonymised data from the electronic sleep monitoring, which might eventually support the theory, and promote the idea as a 'best practice' idea among care home providers.

People were at the heart of the service. The management team had maintained the philosophy and values that drove the organisation to continuously improve people's experience of the service, that is, 'every day should be a day well-lived'. People who were able to express themselves verbally told us this was their experience of the service, because they continued to live their lives in the way they preferred. The photographic evidence of people engaging in everyday and celebratory events enabled staff to reminisce with people who were not able to remember for themselves. The new manager told us, "I remember the chief executive's words, 'we can do better than that', and I live by that example. It's the little things that count."

People, relatives and staff were encouraged and supported to make suggestions for improvements through regular meetings, surveys, a 'suggestion box' and the staff and management team's willingness to listen. The provider listened to people's views and took action to improve their experience of the service. One person had fed-back that staff's name badges were too small to read and asked if they could be larger and easier to read. The provider had reviewed the purpose and benefits of staff name badges and had replaced them with a completely new design, better matched to people's needs to know staff's names. Staff's given names were first, in very large print, followed by their family name in medium size print, followed by the provider's logo in small print, in contrast to the original design.

External healthcare professionals told us the provider and registered managers listened and took action to improve how they worked with external health services, which resulted in improved outcomes for people. A GP told us, "Our previous difficulties in communication have all been resolved. The duty manager system works." A community nurse told us, "We have multidisciplinary meetings every week and more effective communication in this new working format. The home used to take up 50% of community nurses' worklist and that has reduced."

People were encouraged and supported to maintain links with the community through clubs, coffee mornings, visits from schoolchildren, local days out, exercising their electoral rights and the volunteer

befriending service. Staff understood the provider's vision and values empowered them to ensure people were supported to achieve their day-to-day hopes and ambitions. For example, when one person had expressed their wish to go on holiday to a place they had enjoyed visiting earlier in their life, their keyworker had shared the idea with the management team, planned the travel and accommodation and had accompanied them on the trip to make sure the person had a continuity of care throughout the trip.

Staff understood that the provider's values of, "Play, make someone's day, be there and choose your attitude", empowered them to take action that promoted people's well-being and sense of identity. For example, staff and people went together to visit the in-house facilities, such as the café, the shop, the hairdressing salon and the spa-bath centre. People chose whether they attended group fun-exercise sessions or received one-to-one time with the lifestyle coaches. People, staff and volunteers ran clubs that reflected people's interests and hobbies. A member of staff told us, "We make a difference for people. It is just their day. I do hand massage. Just ten minutes puts a smile on their face."

The provider had appointed two registered managers at the service, to ensure continuity of care and knowledge of the service. One registered manager had recently moved to another home in the provider's group and a new manager had moved across from another of the provider's group of home. The changes reflected the provider's policy of enabling registered managers to share their experience and continuously develop their leadership and management skills. The new manager had worked at the home previously as the deputy manager, so they knew the home well, and had achieved an outstanding rating for the service they had been the registered manager for.

People and relatives knew there was a 'new' manager in post, but were happy that the quality of the service has been maintained throughout the handover of responsibilities. People and relatives told us they regularly saw the manager around the home and a relative assured us, "If we need to talk to them, they are here." Another relative said, "I would go to the office if I had any concerns. They have an open door policy and there is a willingness to share relevant information." The registered managers had continued to send us statutory notifications about important events at the service between them, as required by law. The provider's 'duty manager' system meant there was a responsible manager on site between 8am and 10pm seven days a week. A relative told us the quality of leadership and management was the same at weekends as on weekdays.

Staff told us they enjoyed working at the home and said the provider was a 'good employer'. Staff told us, "I love my job. I am full time and do extra shifts" and "I love WCS. Their values are fantastic." Staff told us their training was always planned in advance, was factored into the rota as 'paid time' and they could ask for refresher training. One member of staff told us, "They've helped me to expand my career. I have training and (have achieved) a level three qualification in management. They always support, help and advice." Staff told us they liked having a new manager around because, "It's nice to have a fresh pair of eyes around the home."