

## Chelston Park Nursing And Residential Home Limited

# Chelston Park Nursing and Residential Home - Chelston Gardens Dementia Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Outstanding</b> ☆

# Summary of findings

## Overall summary

The service consists of two separate buildings. Chelston Park can accommodate up to 36 people. 31 bedrooms are for single occupancy of which five can be used as double rooms if people chose to share. Chelston Park provides accommodation with nursing and residential care to older people. Chelston Gardens is a purpose built home which is divided into four distinct units over two floors. Chelston Gardens provides accommodation with nursing care for up to 50 older people who are living with dementia. There are very large and well maintained grounds with ample parking. When we visited there were 79 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service had improved to outstanding.

Why the service is rated outstanding

People benefitted from a provider and strong management team who were committed to ensuring they received the best possible care. There were very effective systems in place to continually monitor the service provided and there was a strong emphasis on researching and implementing best practice. People were supported by a highly motivated and very well supported staff team. Staff felt valued and morale was very good. The people who used the service, their representatives and professionals involved with the service spoke very highly of the standards of care provided and of the commitment of the management team.

People remained safe at the home. One person said "Oh yes; I feel very safe here. It's very nice." Another person told us "I feel safe, secure and well looked after." A visitor told us "I have no concerns at all. I go to bed at night knowing that my [relative] is safe, warm and well cared for." Another visitor said "I can walk away from here and not have to worry about a thing."

People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. Risks to people were reduced because there were systems in place to identify and manage risks such as reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin.

People continued to receive effective care. People benefitted from a staff team who had the skills, knowledge and training to meet their needs. One person told us "I think the staff here are marvellous. They know what they are doing. A relative said "The staff are amazing. I know they get excellent training here." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. One person told us "Staff never tell me what to do. They ask me what I want to do." Another person said "I can do as I please." People's health care needs were monitored and met.

The home continued to provide an outstandingly caring service to people. People were supported by a staff team who were happy in their work and who were committed to ensuring people received the best possible care. People and their relatives spoke highly of the staff team. One person told us "The staff are lovely. Very kind indeed." One relative told us "They are marvellous. [Name of person] is my world and they know that. They are so kind and attentive. I am blessed [name of person] is cared for here." Another relative said "The staff are all wonderful and they really do care. I honestly can't think of anything they could do better." A member of staff said "This is the best place I have ever worked. Really. I think our residents get a very high standard of care and we all really care about them and their families."

The home continued to provide a responsive service. The registered managers ensured the home could meet people's needs and aspirations before they moved there. A relative told us "[Name of one of the registered managers] came to meet [name of person]. They were lovely and wanted to know all about them and how they could help. It was very reassuring." People and their representatives were involved in planning and reviewing the care they received. Activity staff and external entertainers provided people with a varied activity programme and there were strong links with the local community.

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.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remains outstanding	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service has improved to outstanding	<b>Outstanding</b> ☆

# Chelston Park Nursing and Residential Home - Chelston Gardens Dementia Nursing Home

## **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'

This inspection took place on 20, 21 and 25 September 2017. The first day of the inspection was carried out by two adult social care inspectors and was unannounced. The second day was carried out by two inspectors for the first two and a half hours and one inspector for the remainder of the day. The third day of the inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

During this inspection we spoke with 29 people living at the home and 11 visiting relatives. We also spoke with 17 members of staff. The registered managers were available throughout the inspection.

We looked at a number of records relating to individual care and the running of the home. These included eight care and support plans, three staff personnel files and records relating to medication administration and the quality monitoring of the service.

## Is the service safe?

### Our findings

The service continued to provide safe care. Not everyone was able to tell us about their experiences however we observed people responded positively when staff interacted with them. For example one person smiled when a member of staff asked them if they were comfortable. Some people were able to tell us that they felt safe living at the home and with the staff who supported them. One person said "Oh yes; I feel very safe here. It's very nice." Another person told us "I feel safe, secure and well looked after." A visitor told us "I have no concerns at all. I go to bed at night knowing that my [relative] is safe, warm and well cared for." Another visitor said "I can walk away from here and not have to worry about a thing."

There were adequate numbers of staff to keep people safe and make sure their needs were met. Staffing levels were regularly reviewed to ensure they remained appropriate to meet the changing needs of the people who lived at the home. For example, staffing levels in Chelston Gardens had recently been increased to ensure people who remained in their bedrooms received regular one to one contact from staff. We observed this to be the case during our inspection. Staffing levels had also been increased in Chelston Park from a senior carer and five care staff to an associate practitioner and six care staff during the morning. Registered nurses were also on duty in both Chelston Park and Chelston Gardens.

Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. We saw staff responded promptly to any requests for assistance. Call bells were responded to in a timely manner and call bell response times were regularly audited by the management team to ensure staff responded quickly to people's requests for assistance.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People's medicines were safely managed and administered by registered nurses who received regular training and monitoring of their practice to ensure it remained safe. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. During the inspection we saw these medicines being offered to people. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. The dispensing pharmacy had carried out

monitoring visits twice a year to check the home's procedures for the management and administration of people's medicines. We read the report of a visit carried out in August 2017. Findings had been positive with no areas requiring improvement.

Risks to people were reduced because there were systems in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair. People who had been assessed as being at high risk of malnutrition received enriched diets and were regularly monitored.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff. Fire grab bags were situated at fire exits so they could be quickly accessed in the event of an emergency. These contained a fire risk assessment, evacuation plan and list of people using the service.

A contingency plan was in place to safely manage untoward incidents such as fire, floods and inclement weather. There were arrangements with a local community service if people needed to be evacuated from the home. In the event of extreme weather where staff were unable to get to the home for their allocated shifts, a four by four vehicle and driver was available to collect staff from various pick up points.

The premises were well maintained. Maintenance staff were employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay.

## Is the service effective?

### Our findings

The service continued to provide effective care. The home was committed to ensuring all staff had the skills and knowledge needed to effectively meet the needs of the people who lived there. A training manager was based at the home and provided staff with face to face training in a range of mandatory health and safety topics and service specific training. These included caring for people who were living with dementia, diabetes, reducing the risk of falls, tissue viability, managing behaviours which may challenge, caring for people nearing the end of their lives and communication. Staff were very positive about the training they received and the opportunities available to help them develop their skills and knowledge. One member of staff said "The training is really good. It's mostly practical training in the training room which is brilliant." Another member of staff told us "The training and support is really good. There is loads of training and you can attend sessions that you are interested in. For example, I don't have anything to do with the residents' medicines but I was interested in learning more so I was able to attend the training."

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. The first four days of the induction were classroom based where staff completed the theory elements of their training. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. New staff were allocated a mentor to support them during their induction period. Following the induction programme staff were supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

People and their relatives were confident staff had the skills required to meet their needs. One person told us "I think the staff here are marvellous. They know what they are doing. A relative said "The staff are amazing. I know they get excellent training here."

Staff sought people's consent before assisting them. One person told us "Staff never tell me what to do. They ask me what I want to do." Another person said "I can do as I please."

Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example the provision of some equipment, a best interest decision had been made.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered managers had liaised with appropriate professionals and was in the process of making applications for people who required this level of support to keep them safe.

On each floor of each unit a registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. People saw health care professionals when they needed them. A relative told us "The staff are marvellous and quick to act. [Name of person] didn't eat much yesterday and seemed a bit off colour. They got the doctor out straight away and they are on antibiotics now." They also told us "If I notice something is not quite right I'll tell the nurse and it's sorted." Another relative said "We are always kept informed. The nurse will ring us and tell us what time the doctor is visiting so that we can be there."

Staff followed advice given by health and social care professionals to make sure people received effective care and support. For example; we met with one person who had been assessed as being at high risk of malnutrition. They had been assessed by a speech and language therapist after the home had raised concerns with the person's GP. We observed the person was provided with a high calorie fortified soft diet and additional snacks and supplements throughout the day in accordance with the healthcare professionals recommendations.

People were supported to eat well in accordance with their needs and preferences. There was a varied menu which provided choices for every meal. Catering staff were employed and were led by a chef manager. The chef manager had a very good knowledge of people's needs and preferences. They had completed a recognised course which focused on supporting people who were living with dementia to eat well. The provider information return told us "Menus and snacks have been reviewed. The breakfast club now has croissants and Danish pastries and the smell of baking helps to stimulate the senses and appetite." Glass fronted fridges had been provided in each unit which enabled people to see what drinks and snacks were available." People were positive about the quality and choice of meals. One person said "The food is delicious." Another person told us "The food is good. I get plenty to eat."

## Is the service caring?

### Our findings

The home continued to provide outstanding care to people. All staff demonstrated their commitment to ensuring people the best possible care. When staff interacted with people they did so in a relaxed, dignified and unhurried manner. Some people were unable to tell us about their experiences however we observed people responded positively when staff interacted with them. For example one person smiled and reached out for the staff members hand when they sat and chatted to them. People looked relaxed and comfortable with the staff who supported them. One person told us "The staff are lovely. Very kind indeed." Another person said "I have my special ones but they are all lovely and kind." When staff communicated with people who were sat in a chair, they made sure they got down to their level and gave the person time to express themselves.

Relatives also spoke highly of the staff team. One relative told us "They are marvellous. [Name of person] is my world and they know that. They are so kind and attentive. I am blessed [name of person] is cared for here." Another relative said "The staff are all wonderful and they really do care. I honestly can't think of anything they could do better." Another relative said "I looked at lots of other homes before here and I knew straight away that this was the right place. The staff were so kind and welcoming and I have no regrets whatsoever."

Staff were proud of the care and support they provided and people benefitted from a happy team of staff. Staff morale was noted to be very good. One member of staff told us "I just love it here. I am passionate about dementia care and want to make sure the residents have the best quality of care." Another member of staff said "This is the best place I have ever worked. Really. I think our residents get a very high standard of care and we all really care about them and their families."

The home had introduced an initiative which was called a "jar of dreams." This enabled people to write down something they would like to do or to happen. People's family and friends were also able to complete the dream cards. Some of the dreams the home had made come true for people ; the hosting of a dog show, a visit a local cider manufacturer, a visit from a particular family member and a shopping trip to Taunton followed by lunch.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. One person said "It's very good here. I can please myself what I do but I do prefer to stay in my room. I have everything I need and the staff will pop in for a chat." Some people who were living with dementia were not always able to communicate their needs or preferences. However; we observed staff engaged with people and checked they were happy where they were sitting and what they were doing.

Where people required assistance with personal care needs, they were supported in a discreet and dignified manner. We observed staff assisting people to transfer with the aid of a mobile hoist. Staff explained what was happening and reassured the person throughout the transfer.

Staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and

where people would like to be cared for when they became very unwell. The home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered managers made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free. A relative told us "I think it is wonderful. Whenever a resident passes away, all the staff line up and give them the guard of honour as they leave the home." Another relative said "My [relative] lives here and when my [other relative] passed away. We brought some bits and pieces in and it was so lovely to see that they had put their bed linen on my [relative's] bed. I was really impressed by that. It was such a lovely thing to do. The staff were a great support to us. They had genuine concerns for us too."

The service had received numerous compliments from people's relatives. Comments included "A sincere and profound thank you for your care, compassion and professionalism which you showed my [relative] during the last weeks of their life. You are all a credit to the nursing and caring profession." And "We were overwhelmed by the kindness, dedication and love you have shown my [relative]. Thank you."

The service recognised that the relatives of people living with dementia may need extra support in coming to terms with, and understanding how the disease may affect their loved ones. A support group called "Friends of Chelston" was set up. The support group provided the relatives of people who lived at the home and of those who had passed away there, to get together to discuss and share their experiences. Members of the management team also attend regular meetings with the group which provided opportunities to share information about what was going on in the home. The minutes of a meeting held in August 2017 showed a range of topics had been discussed. These included staff roles, advance care planning and the role of the Care Quality Commission. In response to requests from members, the training manager had provided training to the group about end of life care, caring for a person who was living with dementia, communication and coping with the challenges a person living with dementia may experience.

On the third day of our inspection we were fortunate enough to be able to meeting with eight members of the Friends of Chelston Group who were at the home for another training session led by the training manager. They told us they found the meetings to be a great support and helped them to understand what their loved one may be experiencing. One relative told us "We are always asked about our views about the food, staff and activities and they listen. I don't think there is anything better they could do really. They are a great support."

## Is the service responsive?

### Our findings

The service continued to provide a responsive service. People were assessed by one of the registered managers in their own home or hospital before they moved to the home. This helped to ensure the home could meet a person's needs and aspirations. Following the assessment the registered manager met with the staff team to discuss the person's needs. This helped to ensure staff had up-to-date information about the person before they moved to the home. A relative told us "[Name of one of the registered managers] came to meet [name of person]. They were lovely and wanted to know all about them and how they could help. It was very reassuring." Care plans contained detailed pre-admission assessments which were used to develop a plan of care.

Person centred care plans were in place. This meant that people's personality, likes, dislikes and previous experiences were taken into account when planning and delivering care. One person showed us their one page profile which was in their bedroom. This helped to inform staff at a glance about the person's needs, abilities, interests and preferences. We read it together and the person told us "This is all correct. That's what I can do and that's what I like." Care plans had been regularly reviewed to make sure they continued to reflect a person's needs and preferences. The people who lived at the home and their representatives were encouraged to be involved in planning and reviewing the care they received. A relative told us "All the staff are marvellous. They keep me informed about how my [relative] is and we have regular updates on the care plan." Another relative said "I feel fully informed and up to date about everything that goes on. The staff are very good at that."

Staff made entries about people during the day and at night. Records contained information about the person's health and well-being and how they had responded to interactions. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. We were provided with a planned programme of activities which included regular visits from a musical entertainer, book reading, breakfast club and religious services. We met with a very enthusiastic activity worker in Chelston Gardens who showed great commitment to enhancing the lives of the people who were living with dementia. They explained how they involved people in everyday tasks such as folding laundry, washing up, laying tables and dusting. They said "This is their home. Why should everything stop when they move here." The activity person showed us a sensory room they had recently created. The room provided a relaxing and calming environment for people.

The activity person told us about one person who had a great love of horses and used to enjoy swimming. They said "[Name of person] now goes carriage riding and swimming regularly with staff. They love it." The activity person told us about another person who used to fly spitfires. They explained how they set up a virtual reality programme which enabled the person to experience flying again from the comfort of an arm chair. In Chelston Gardens there was a regular men's club. The activity person told us "The gentlemen really

enjoy it and have a good chat. Sometimes they like to polish shoes and we have an old television which one resident in particular likes to tinker with." There was also a breakfast club. We were told "It has been so successful we do it every day now. It's a real social get together which the residents seem to love. We put all the dining tables together and lay them with vintage cutlery and crockery. We have bacon butties, croissants and fresh coffee. It's just something a bit different." We heard about a person who lived in Chelston Park who used to judge at Crufts. The home supported them to host a dog show in the grounds of the home which was very well attended and a great success. One person had been able to bring their cat with them when they moved to the home and we heard how another person liked to look after the homes two Guinea pigs. We saw several people enjoying a cuddle with the guinea pigs during our visit. Another person who lived at Chelston Park showed us the vegetable patch in the garden and explained how much he enjoyed growing potatoes.

The provider had a complaints procedure which was displayed in the home. People and their relatives told us they would feel comfortable in raising concerns if they had any. One person said "I don't have any concerns but I know I can talk to someone if I am ever worried." A relative told us "I would always raise any concerns with one of the managers. I requested a meeting with [name of one of the registered managers] and I was very pleased as it was so constructive and my concerns completely disappeared." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

## Is the service well-led?

### Our findings

The service was very well-led. The home was managed by two registered managers. 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.

Both registered managers had worked at the home for a number of years and they had an excellent knowledge of the people who used the service, their relatives and the staff team. They were very visible in the home. People who lived at the home, their representatives and staff told us the registered managers were very approachable and they could always speak with them if they needed advice or support.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Registered nurses and care staff were on duty 24 hours a day. A clinical manager supported the registered nurses. The training manager was also a registered nurse which meant they were available to cover shifts. Six care staff had completed additional training to become associate practitioners which meant they were able to support the registered nurses. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative and maintenance and activity staff were also employed.

The management team had established exceptionally supportive relationships with people who used the service and their representatives. One person's relative said "I would like to place on record my gratitude to [name of one of the registered managers] and their management team for making a very difficult time in my life, easier to cope with." They also said "I consider the management team at Chelston work closely together and act promptly to any concerns raised. It is also a mark of good management that Chelston has such an excellent staff team of nursing and care staff, many of whom have worked at the home for many years." Another relative said "I was soon impressed by the management team. They were visible and approachable. In my opinion the most two important factors in management. Invariably there was one of the team walking around when I visited; they were talking to residents and their visitors who were encouraged to bring up anything they may be concerned about. I know from experience they followed up one suggestion I made much to my satisfaction. I think this policy of visibility and approachability reflected well on the staff ensuring good relations all round. This I call excellent management."

The home had established very strong links with the local community and hosted numerous events which have benefitted the people who live there. The completed provider information return (PIR) stated "Residents in Chelston Gardens took part in a film about dementia through dance with students from local Taunton school which was filmed within Gardens so residents could participate and watch it being made. Both Chelston Park & Gardens have also hosted live musical theatre performances." Local school children and cubs were regular visitors to the home and the home hosted regular coffee mornings to raise money for charity. We heard about, and saw photographs of a summer bar-be-que which the home had organised. This had been a great success and enjoyed by all. One person told us "It was a wonderful day. My [relative]

really enjoyed it too." A relative told us "The number of social events is incredible. You really feel part of everything. The bar-be-que was absolutely wonderful."

The service had worked alongside and established strong links with health and social care professionals to ensure people received the best care possible. Professionals commented positively. Comments included "I have worked with the residents at Chelston and their relatives and all have high expectations of care but no experience of the care sector. [Names of registered managers] provide useful and effective regular reviews so that families can raise questions before they become issues. The sensitivity to families at the difficult time of coming into care or when people are approaching the end of their lives means I am happy to work with Chelston and feel I have the support of the team." Another health care professional said "I cannot speak highly enough of the management team at Chelston. They work hard to ensure the standards with the home are the best they can be and they continue to keep up to date about national issues facing nursing homes. They care passionately and are motivated leaders. I believe Chelston is fortunate to have such outstanding leaders."

One of the registered managers provided us with information which demonstrated the commitment of the chef manager to provide a high quality service to the people who lived at the home. The information provided stated "The chef manager has supported the staff, managers and residents in a manner which is over and above what would be expected, going out of her way, using her time off on occasions to ensure that individual residents requests and additional specialist dietary needs are met, even if the wholesale suppliers are unable to provide a product she has sourced it from other suppliers. For example when a resident wanted a change of gluten free cereal she sourced it." The chef manager commented "Even on my days off from work I find it rewarding to spare some of my free time to give something back to Chelston in order to gain the trust and approval of our residents."

Regular meetings were held for people who lived at the home and their relatives/representatives. Meetings provided an opportunity to inform people of any changes or events which had been planned. The results of a satisfaction survey completed by people who lived at the home and their relatives showed a high level of satisfaction with the service provided.

There continued to be a very effective quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The provider and management team were committed to ensuring people received an outstanding service and they continually worked to drive improvements. In addition to quality monitoring systems, the service regularly researched exemplary practice through looking at CQC reports rated as outstanding and information from Age UK and the Alzheimer's research programme. We saw examples of outstanding practice which had been shared with the management team to consider whether these could be implemented within the service. These included ways to manage risks and using the lived experience to train staff.

Universities in Plymouth and Bristol have acknowledged the high standards of care and commitment of the home to staff training and development by their continuing arrangements to place student nurses at the home for their practical placements.

We were provided with information which demonstrated the provider's commitment to continually investing in, and improving the service people received. Examples included major refurbishment of the buildings and accommodation, fixtures and furnishings and a large financial investment in IT. All areas of the home, including bedrooms had wireless internet access and laptops have been purchased to enable staff to have easy access to people's care plans. Laptops were also available for people's relatives to use. The software enabled them to view which staff were on duty, planned activities and menu choices.

Staff morale was very good and staff felt valued. The provider and management team implemented an innovative reward and incentive scheme following significant consultation with the people who lived at the home, their representatives and the staff team to ensure it was fair, equitable and representative of people's views. Three staff received Heart and Soul awards in August 2017 following nominations and their achievements were acknowledged with wine, flowers and a £50 voucher to show the appreciation of the people who used the service and their representatives. A person's representative commented "If [name of registered nurse] is on duty on Sunday he will always do his best to arrange for [name of person] to watch the formula one racing. I appreciate his help and understanding." A person who lived at the home nominated a member of staff because they "always chat to me and posts my letters. They also show me pictures of their dog which keeps me up-to-date with how their dog is." A recipient of a heart and soul award said "It was nice to be recognised for the work I do and it has given me more satisfaction. I personally feel receiving this award shows how the role of activities co-ordinator has become more important over the years. I have had enormous support from all members of staff and without them and their support; my role would have been much more difficult. I would like to regard this award as being less for me, but for all my colleagues who have supported and encouraged me and joined in with activities and recognised the importance of activities for the residents."

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had regular supervisions and an annual appraisal where they were able to discuss their performance and highlight any training needs. There was a handover meeting when staff came on duty to ensure all staff were kept up to date with people's care needs.

The management team were very visible in the home and had strengthened their on-call support to staff. We saw examples where the registered managers, clinical manager and training manager had attended the home during the weekend and in the evening to provide support to the registered nurses when a person who lived at the home was seriously unwell and required medical attention.

People benefitted from a provider and management team who were committed to ensuring they received an outstanding service. One of the registered managers told us "Our leadership team philosophy is to support the staff practically, with good governance, with advice and always role model outstanding practice, provide training and development so that staff have the confidence to support individuals. The use of resources both financial and practical are discussed in open and honest conversations which can be regarding fees, spending and future plans with residents, families and staff." We saw all grades of staff attended meetings at least every two months or more frequently where new information needed to be shared.

The registered managers and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The management team attended local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. The management team also

kept their skills and knowledge up to date. They told us in their completed provider information return (PIR) "One of registered managers and the training manager have attended courses at the University of West of England at post graduate level in complexity of care of older people and dementia care. This has provided new research and best practice to inform the training program and management of individuals with long term conditions and dementia. This has improved the management of the trajectory of care for an individual resident. The second registered manager has completed a Level 5 in management of care and the clinical lead has completed a variety of training days outside of the organisation. This has strengthened the senior leadership team within Chelston to ensure we are able to guide staff to deliver research based best practice to our residents who are increasingly becoming more complex and frail."

Over the last 20 years the provider has supported and contributed on a voluntary basis to the care home sector through their work as a leader, local employer and as a committee member of the Registered Care Home Provider Association (RCPA). The provider had focused on the support, training and supervision of its registered managers through external training providers, provided training and support to other providers, engaged with commissioners and arranged and hosted an annual care conference. The provider had also made its staff and resources available to other providers free of charge to help improve the quality of care people experienced.

The home had achieved accreditation to the Investor in People award (IIP). This is an external Accreditation scheme that focuses on the provider's commitment to good business and people management excellence. Following the inspection we were provided with feedback from the IIP reviewer. They said "It was evident from my previous visit that staff are highly motivated and driven to ensure service users are given the best care possible. The management team at Chelston provide a nurturing and inclusive environment where individual strengths and experiences of staff are identified and utilised to help drive their development and achieve their full potential. The management team encourage staff to share their knowledge and experiences with others whilst leading by example to promote an atmosphere of on-going learning and support. It is inspirational to see the enthusiasm with which staff have taken such sentiment to heart."

The home continued to maintain its accreditation to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide high quality and person centred care to people nearing the end of their lives. Reaccreditation takes place every four years where the service must demonstrate that the high standards of care are maintained.