

Bupa Care Homes (CFChomes) Limited

Knights' Grove Care Home

Inspection report

Thomas Road
North Baddesley
Southampton
Hampshire
SO52 9EW

Tel: 02380741342

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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?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This comprehensive inspection took place on 5 and 12 December 2018. The first day was unannounced.

Knights Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Knights Grove can accommodate up to 56 older people in purpose-built premises and specialises in providing care and support for people living with dementia. Nursing care is provided. There were 54 people living or staying there when we inspected.

A registered manager was in post. 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.'

The atmosphere throughout the home was exceptionally positive, welcoming and homely. Feedback from people who used the service, their relatives and staff was consistently very positive and the management at the home exceeded people's expectations. They were also full of praise for the staff. Many people gave us instances of exceptional care they had received or told us about occasions where staff had gone the extra mile to ensure people continued to live fulfilling, happy lives.

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life.

Without exception, the staff we spoke with during our inspection spoke positively about the registered manager and the management team. They confirmed that they felt very well supported which in turn motivated them to do a good job.

Care was personalised and met individual needs. In many cases, we were told, it exceeded people's expectations. Staff knew people very well, cared about them and understood their care and support needs as well as the risks people faced, and were motivated to support them to live full lives. There was no sense of task-oriented practice in the home.

We saw that people were relaxed in the company of staff throughout our visits. Feedback from people, relatives and visitors was that staff provided outstanding care and support and went the "extra mile" to ensure that people felt cared for. Peoples needs were regularly assessed and reviewed in detail and action was taken to respond to people's changing needs.

The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes. Staff talked with

pride about the care they were able to give to people in their final days.

There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. People told us they were happy with how they spent their time. Staff told us how they believed that being fulfilled and entertained promoted people's overall wellbeing. The home was fantastically decorated for the Christmas season there was an air of excitement and expectation. Staff told us how many of them had come to the home on their days off to make sure everyone's bedrooms were decorated, if they wanted this, and that all areas of the home had a wonderful festive feel to them.

Staff took great pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. Peoples wishes were respected with the daily choices they made or were supported to make. Visitors valued the relationships they and their loved ones had with the staff team and told us they always felt welcome.

People had help from, safely recruited and appropriately trained, staff. Staff also understood their role and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005, including the deprivation of liberty safeguards. Where people could give consent to aspects of their care, staff sought this before providing assistance. If there were concerns that people would not be able to consent to their care, staff assessed their mental capacity. Where they were found to lack mental capacity, a decision was made and recorded regarding the care to be provided in the person's best interests.

People received their medicines when they were needed and in ways that suited them. There were systems in place to check that medicines were administered correctly and safely.

The registered manager was very proactive in encouraging staff to look at how they could improve people's health and wellbeing and to look at innovative ways to do this. People were supported to maintain their health and told us they had access to health care any time they wished. People's nutritional and hydration needs were being met and the standard of catering and meal time experience at the home was good.

People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided. Staff understood the importance of infection control. The home was clean and well maintained throughout.

The service recorded and analysed accidents and near misses to understand what had happened, identify trends, and help prevent them happening again.

The service had a quality assurance system in place to enable the monitoring of the quality of care, people, service and life. Within these four areas there were numerous quantitative and qualitative audits and checks carried out. Information from these was analysed and records showed where any issues or concerns had been identified, action had been taken to address these and this was continuously evaluated.

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 safe because the service protected them from abuse and avoidable harm. Risks were managed in the least restrictive way possible

There was a culture of learning from mistakes and an open approach. Incidents, accidents and safeguarding concerns were managed promptly, and investigations were thorough.

Medicines were managed safely.

The premises, services and equipment were well maintained.

Is the service effective?

Outstanding 

The service was very effective.

The training and support provided to staff was very well planned and delivered. This enabled them to provide outstanding care and support to people.

Care and support was very individualised and also in line with best practice guidance. Health professionals all told us how good the service was at seeking and acting on advice.

People's nutrition and hydration needs were well met. The standard of catering and meal time experiences was very good.

Staff had a good understanding of The Mental Capacity Act 2005.

The building was well maintained and had also been specifically adapted to meet people's individual needs.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People, relatives and visitors all told us that the staff provided

exceptional support.

Personal care and support was provided in very kind and thoughtful way that enabled people to be central to all decisions made and maintain their dignity and independence.

People were encouraged to, and had, built strong relationships with other people at the home and staff.

Visitors were welcomed to the home whenever they chose to visit.

Is the service responsive?

The service was exceptionally responsive.

People received individualised care which was extremely responsive to their changing needs and wishes.

People had opportunity to engage with their local communities and were supported and encouraged to spend time in ways they wished and staff went "the extra mile" to ensure people took part in activities their choice.

People received person centred end of life care because staff went over and above to ensure that their wishes and preferences were supported.

Systems were in place for people to raise a concern or complaint.

Outstanding 

Is the service well-led?

The service was very well led.

Feedback from people who used the service, their relatives and staff was consistently positive and the management at the home exceeded people's expectations.

There was a strong emphasis on continually striving to improve the service. The registered manager and the registered provider actively sought the feedback and used this to shape the future of the service.

The registered manager and registered provider were committed to keeping up to date with best practice. Staff were provided with training and support to ensure they were able to provide people with the highest standards of care.

Outstanding 

There were robust systems in place to monitor the quality of the service.

Knights' Grove Care 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 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 was a routine comprehensive inspection. The inspection took place on 5 and 12 December 2018. The first day of the inspection was unannounced. The inspection team was made up of an adult social care inspector, an assistant inspector, a specialist advisor in general adult nursing and an expert by experience. An expert by experience is a person who has personal experience of this type of service either because they have used this type of service or have cared for someone who has used this type of service. Their experience related to older people and to people living with dementia.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

As part of the inspection we spoke with nine people who lived at the home to find out about their experiences of the care and support they received. We also spoke with 17 staff members and the registered manager. In addition, we spoke with three health professionals and seven visitors to people living in the home and received feedback from two families who were not able to be present at the inspection.

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

We looked at five people's care plans; these included risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and

four staff recruitment, training and supervision files.

Is the service safe?

Our findings

People told us they felt safe and well cared for living at Knights Grove. A relative told us, "The staff at Knights Grove are excellent. They are all so proactive in their care for the residents. They make good use of the very safe yet accessible garden in warmer weather. . . I feel very confident that she is in safe hands."

People were supported by staff who understood the risks they faced and were motivated to support them to live full lives. We saw that people were relaxed in the company of staff throughout our visits. One member of staff told us, "Staff are friendly and do know residents and procedures. The daily huddle is all regarding resident's safety, hydration, repositioning, safeguarding, we all need to be aware of everything that is happening."

Assessments were carried out to make sure people received safe care and any risks to their health and welfare were minimised. Risk assessments were carried out which identified risks and control measures were put in place to minimise risk. These were regularly reviewed and updated. For example, where people were assessed as being at high risk of pressure damage to their skin, appropriate pressure relieving equipment and care practices were put in place to minimise the risk of them developing pressure sores. Relevant health professionals had also been consulted where necessary. Staff all had a good knowledge of risks to people and the actions needed to protect them. This meant that people were able to retain independence wherever possible and were supported to live well whilst receiving help to manage any identified risks.

Some people needed to use special equipment to help them move from their bed to a chair or around the home. Assessments and care plans for this equipment were up to date and regularly reviewed. Staff told us about one person who needed to use a hoist to get out of bed but, because they had been afraid of the equipment, had chosen to stay in bed. This meant they were becoming lonely and isolated. Staff spent time getting to know the person and found out things they enjoyed which motivated them to conquer their fear and use the hoist, so they could get up and take part in the activities which they enjoyed. They told us that this had greatly improved the person's health and wellbeing.

Staff also understood their role and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights and training records showed that staff received regular training and reminders about this.

A relative told us, "I feel completely trusting in the staff. They know my mum now and her little quirks and respond to her in such a wonderful way."

People had help from, safely recruited and appropriately trained, staff. People and relatives commented that staff were available when needed. All the staff we spoke with confirmed that staffing levels were sufficient to meet people's needs.

People received their medicines when they were needed and in ways that suited them. There were systems in place to check that medicines were administered correctly and safely. Records and audits showed that

these systems had identified occasional short falls and immediate action had been taken.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. The home was clean and well maintained throughout. Staff were trained in infection prevention and control. The management team had systems in place to monitor the cleanliness of the home and the occurrence and management of any infections. Records showed that prompt action was taken if any issues or concerns were identified. Housekeeping staff confirmed they had access to suitable equipment and training to carry out their role. A relative told us, "The cleanliness is second to none. Dignity is maintained at all times. Everything is washed and hung up".

The service recorded and analysed accidents and near misses to understand what had happened, identify trends, and help prevent them happening again. There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals, people and relatives and advice was sought and shared amongst the staff team.

Is the service effective?

Our findings

People and visitors told us that they were confident that staff had the skills and knowledge to care for them. A relative told us, "the whole environment is one of not just care but also of friendship. We cannot speak highly enough about the care which [person's name] receives and consider it very lucky that she is living in the home."

Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they were competent to do so. Some training was considered mandatory, such as health and safety including fire and infection control, moving and repositioning, Mental Capacity Act [MCA] and Deprivation of Liberty [DoLS], safeguarding adults and an introduction to dementia. Regular refresher training was also provided to staff in accordance with legal requirements and industry good practice standards. Most training was in an electronic format but face to face training and workbooks were also evident. Training records showed that careful monitoring took place to ensure staff were up to date with their training and arrangements were made to book training for them where necessary.

Care staff were also expected to complete the care certificate when they began their employment with the registered provider. The care certificate is a nationally recognised training programme that sets out the knowledge, skills and behaviours expected of staff working in health and social care. The registered nurses also confirmed that they were able to access good training and support to ensure their professional registration was maintained

Staff told us the support and training they received enabled them to provide good quality care to people. A member of staff told us, "I'm definitely proud to work here, dementia [care] is where my heart is, and I love it here."

All the staff we spoke with during the inspection spoke positively about the supervision and support available to them. Records showed that this was provided at regular intervals and used to provide additional support to staff if there were concerns about their competence or performance. Staff told us they found these sessions very useful and a good way of learning and developing. This meant that people received care and support from staff who were well managed, met all the competencies expected of them and worked in accordance with the values and aims of the registered provider.

The registered manager had identified that one of the obstacles to recruiting and retaining staff was the perceived lack of a career pathway. Together with other registered managers from the registered provider they had developed a scheme called "Flying High" to develop staff ready for more senior roles. This included visiting other homes owned by the registered provider, undertaking additional training and completing projects to improve the care and support provided in the home.

People were supported by staff who understood their care and support needs and could describe these with confidence. Care plans and assessments were personalised to each person and contained information to assist staff to provide care in a manner which respected their wishes. There was enough information to

guide staff to provide individual care whilst also meeting best practice guidelines such as preventing and managing pressure ulcers, diabetes management, managing behaviour that challenges and dementia care. There was clear information about people's personal histories to make sure staff were aware of their lifestyle choices and what was important to them.

People and visitors all confirmed they had been actively involved in their assessments and reviews. A relative told us, "[person's name] has been here for just over a year. When she was first assessed we were upset that it was deemed that she required nursing care, but the reasons were fully explained and it soon became obvious that the assessment was completely accurate. Another relative told us, "there are proper notes. It's very individual. I find it extraordinary. The staff always have a smile on their faces. Any questions are answered immediately. I know [person's name] is safe and is treated with dignity and respect here."

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications were made, and authorised safeguards monitored, appropriately.

Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish how a person wanted the support and care they were offering. Best interests decisions had been made involving professionals and people who knew the person well. The views of the person, and knowledge of their preferences, were respected throughout this process. Where people could not consent to their care, regular reviews of their care plans were undertaken with people who knew them well to check that their best interests continued to underpin the care they received. A health professional told us, "They really try and provide a service that is the least restrictive for the residents. "

A relative told us how their loved one had previously lived in another care home where they had not settled. Staff from the home had frequently telephoned the relative to raise concerns. They said, "The home couldn't cope. It was down to the staff; there was no emotional support. Here it has been completely different. [person's name] has 1:1 support and their room is central [to the layout of the home]. It's a credit to the staff and the environment they provide." Three other relatives told us they had seen their loved ones benefit both physically, socially and emotionally from moves to Knights Grove either from other care homes or hospital.

The service had a number of volunteers providing additional support to people and staff. The registered manager had identified that, where some relatives or friends were becoming more involved in the home, this could make being objective when making decisions on behalf of a loved one. The registered manager had arranged for an Independent Mental Capacity Advocate (IMCA) to support the people as well as their family in such situations.

People were supported to maintain their health. People told us they had access to health care any time they wished, and if they felt unwell they would speak to staff. All appointments with healthcare professionals were recorded in people's care plans and these were updated where necessary. Records showed that people were seen by a variety of professionals according to their specific needs. These included doctors, speech and language therapists, opticians, district nurses and community mental health professionals.

A relative told us, "I've never seen [person's name] settle in so nicely anywhere else. They've taken immediate control of [person's medical problem] and it has been dealt with even better than they did at the hospital."

A health professional told us, "there are some very frail residents here who put the staff through their paces. Staff are always kind. I've never once heard a bad word. Staff have rung me to tell me the doctor has been out and prescribed medication. It's a very positive partnership."

Another health professional told us, "we visit residents of the home regularly and I feel our team has a good working relationship with them. The staff are always accommodating and friendly, they are always expecting us, which is not always the case in other homes and shows that they are aware of each resident's needs and diaries. We are always allocated a member of staff to be present for each session which makes it easier to get an accurate history and also ensures that we hand had over any recommendations easily and confidently."

People's nutrition and hydration needs were well met. The standard of catering and meal time experiences was very good. Food and drinks were available at all times for people to enjoy. A health professional told us, "the staff are very knowledgeable and confident about the needs and preferences of all the residents when it comes to eating and drinking. They offer dementia friendly food options such as finger food, extra snacks and supplements and have recently tried giving confused residents a bum bag of snacks they can carry with them in a bid to increase oral intake. I think this is a brilliant idea. In summary, we have a great working relationship with staff in this home, they seem very aware of the needs of people with dementia with regards to eating and drinking and seem to offer a person-centred approach." They also confirmed that staff were quick to recognise changes in people and seek support and that they were very knowledgeable following safe practices when supporting people to eat and drink.

Staff told us about an occasion where they had been worried about a person because their fluid intake had been low for a number of days. They spent time chatting with the person and asked them what they would choose to drink if they could choose anything at all. The person replied that they would like to drink champagne. The staff arranged a special tea time tray laid with cake and a bottle of champagne and a champagne flute to drink from. They told us this had made the person very happy and they had said, "Mmmm, that's good" when they took their first sip.

The registered manager was very proactive in encouraging staff to look at how they could improve people's health and wellbeing and to look at innovative ways to do this. Staff had identified, with support from the manager, that some of the most frequently occurring issues for people living in the home were falls and dehydration. A project to reduce the number of falls people had was undertaken with support from local health professionals. This had resulted in some doors to ensuite facilities being removed and better signage was provided to other doors as well as signage to protect people's dignity. Analysis of the project showed that the number of falls had significantly decreased. Additional drinks rounds had been introduced during the day and records showed that this had resulted in a decrease in the number of people developing infections.

People's needs were assessed before they came to stay at the home. This made sure staff understood about what help or support the person wanted or needed. Following admission, a protocol was in place to make sure key aspects of a person's care such as their DNACPR (Do not attempt cardio pulmonary resuscitation) status, medicine needs and any risks were identified and acted upon as soon as possible.

For people who lived with specific nursing or health care needs such as diabetes, epilepsy and dementia, plans of care clearly reflected these needs and how staff should support people. For example, for one person who lived with Parkinson's Disease, their care plan contained detailed information about the condition, how it specifically affected this person and what staff should do if they became unwell.

Weekly meetings were held with the nurses on both the day and night shifts to review people's needs, monitor and investigate, where necessary, any changes and ensure appropriate action was taken. Records reflected this work and clearly showed where steps had been taken to ensure people received effective care and support. One of the management team told us, "I check if staff are aware of resident's needs, like thickened fluids, the right diet, offering choices and fluids."

At the time of the inspection the home was undergoing a major refurbishment. Despite the dirt and disruption this could have caused, the environment was well maintained to a standard that reflected respect for the people living and working in the home. There was a very homely feel to Knights Grove and the thought given to the décor was clear: when bedrooms were redecorated, people were given the choice of colours, fabrics and carpets, all residents were consulted on décor for the communal areas and consideration was also given to best practice guidance about how environments can be improved for people living with dementia. People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided.

People's bedrooms were highly personalised. Discussions with staff showed how they had taken the time to really get to know people and provide décor, ornaments and pictures that reflected the person. To help people identify their bedrooms boxes were fitted to the wall next to the door that contained things the person would identify with. Staff had helped people to find photographs, objects and pictures to do this. One person had a pair of ballet shoes in their box. Staff told us how they had sent out requests to staff and families to ask if anyone had some to donate and they had been provided very quickly by the family of one of the staff.

The home was fantastically decorated for the Christmas season: there was an air of excitement and expectation. Staff told us how many of them had come to the home on their days off to make sure everyone's bedrooms were decorated, if they wanted this, and that all areas of the home had a festive feel to them. This included providing specific themes for people's rooms included ginger bread men and the Nutcracker which meant that staff had sourced items over and above the standard seasonal decorations and really put time into working with people living in the home to provide them with their choice of decorations.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. Feedback from people, relatives and visitors was that staff provided outstanding care and support and went the 'extra mile' to ensure that people felt cared for. A relative told us, "There's a nice feeling to the home, you know when you go somewhere, and you just have a good feeling? It's like that here." A member of staff told us, "We do things here to make life fun for everyone, it's not a waiting room. People here get tired for a reason and not just because they have switched off." Another member of staff told us, "It is amazing to work here [and see] the quality of life of the residents. That's why we keep up with high standards."

People looked relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in people laughing. All the people living at Knights Grove were living with dementia or some form of cognitive impairment. Staff had received detailed training and information to enable them to provide appropriate care and support in line with current good practice guidelines. One example of this is that we saw staff take time to introduce themselves to people at the beginning of each interaction with them and did not assume that people could remember who the staff were or what their role might be.

This attention to detail was noted by visitors to the home. When we asked about the staff at Knights Grove, a relative told us, "they interact with residents in such a lovely way: full of patience and love. They know just how to get the best from the residents."

Staff spoke with respect and kindness about people and their discussions were full of references to shared experiences. We saw that the staff were always kind and considerate and highly motivated to provide people with the best possible experience of living at the home. Throughout our inspection we heard about and saw many examples of staff "going the extra mile" for the people living at the home; staff told us this was because they saw that people lived better lives if they were cared for holistically with consideration given to their social and mental wellbeing as well as to their physical care. We were given many examples of staff going "above and beyond" in their roles. Many of these examples included staff doing things for people in their own time. One person, with mobility difficulties, was supported to attend their daughter's wedding and walk her down the aisle. Staff contacted a person's favourite football team which resulted in a birthday card from the club signed by all the team.

People and staff were particularly proud a recently introduced project called, "Never too late". Staff spent time with people to identify things that they still wanted to achieve in life and set about making these wishes come true. There were many examples of these taking place and most instances staff helped to achieve these in their own time. An ex Coldstream Guard had expressed a wish to see the guards at Buckingham Palace again. Staff had gone one step further and arranged for them to have a personal guided tour with a current guardsman and to watch the inspection, selection and changing of the guard up close. Another person said they would like to try riding a horse. Staff had arranged for a horse to come to the home and visit the person and they had then been able to ride the horse. They told us, "I have now been on a horse."

At my age! I went on a horse!"

Another person had been a member of the local Salvation Army band. During our inspection the band came to give a Christmas concert for the person and the other people living in the home. This was a festive and fun occasion: lots of relatives and friends came too and many people joined in singing carols or tapping along to the music. Staff remarked on how several people had joined in or interacted on some level when their journey with dementia meant that they rarely did this anymore.

Staff took great pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. People's wishes were respected with the daily choices they made or were supported to make. They confirmed that staff respected their privacy at all times and told us that if they had a preference for male or female staff, this was respected.

Care records held clear information about people's life histories; this included details on their likes and dislikes, hobbies, lifetime achievements, preferences, religious and cultural beliefs and things which were important to them to have a meaningful and happy life. Staff had a very good understanding of people's histories and used this information to inform activities, conversations and other interactions with people. For one person who was living with dementia, staff had found out that music was very important to them. A member of staff had created a CD of the music they had and played it for the person. They said, "burning the CD took me 20 minutes of my day but I got rewarded because the person really appreciated the different music and was enjoying it. After seeing the effect the CD had, I decorated their room with musical things for Christmas.....when he saw it he said one word, WOW!! I would like to think that a small thing has caused a lot of joy and increased happiness for the person."

A support group for the relatives and friends of people living in the home had been set up and was run by one of the relatives. This was created in response to feedback from relatives that they found it could be lonely and scary when a loved one moves into home. Visitors told us this group made them feel more involved in their relative or friend's care and they were able to help in a positive way as well as gaining a better understanding of conditions such as dementia and the effects it can have on people.

The first day of the inspection was one person's birthday. They had received a card and gift that they had been touched by and said, "Oh no, why do I want to cry?", a staff member comforted the person and reassured them in a very kind and understanding manner and the person said, "oh, you're always so good to me."

People's information was stored confidentially, and the home understood their responsibilities under the new General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. Visitors were asked to sign in and out of the building and confidential information was stored in areas with coded access or on the electronic care planning system which was password protected.

Is the service responsive?

Our findings

People received care that was personalised and met their individual needs and, in many cases, exceeded people's expectations. A relative told us, "As soon as we came here it was home from home. [person's name] said so too. The staff are second to none. I don't have a bad word to say about anyone. Respect, dignity, they are their own person here. The activities are second to none. It's the personal touch."

There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. People told us they were happy with how they spent their time. Staff told us how they believed that being fulfilled and entertained promoted people's overall wellbeing.

The activities department staff were very passionate about their role and were trained in the provision of activities for people who were living with dementia. Reviews were carried out after activities to establish what had worked well and what needed to improve so that they could ensure that the activities provided met as many people's needs as possible. The numbers of activities staff, or the hours they worked, were flexible and adjusted according to the programme of events and activities each day. Outside groups and entertainers visited the community regularly to provide music, singing and dancing. On the first day of our inspection a preschool came to the home to visit the Santa Grotto that had been built in the garden and a local ballet school had also provided a show. Other regular activities in the home included knitting, arts and crafts, board and card games, hand and nail care, seated exercises and sing along sessions.

Staff had a comprehensive knowledge of people's individual needs, preferences and personal histories. Staff used this information to help people meet other people living in the home who had similar experiences and interests and to ensure that activities and entertainment included these areas wherever possible. This had led to people taking part in activities with other people or choosing to sit together at meal times.

Staff had developed good relationships within the wider local community to help people become involved in the local community and share experiences with others. A number of local groups including charities, a mother and toddler group and a pre-school regularly used the facilities in the home for meetings and activities and were then able to integrate with life in the home by sharing times together such as morning coffee or spending time chatting with one another.

Throughout the inspection the general atmosphere in the home was exceptionally calm and caring because staff were well organised, and person centred. Staff met people's care needs individually and there was no sense of task-oriented practice in the home. People were not left unattended in communal areas and staff were always visible and available to respond to people whenever the need arose. We saw staff use many different ways to ensure people were offered choices and supported to make decisions. One member of staff told us, "you get to know the residents very well, but even if you know they always have tea you always give them choice because there may be one day when they want something different." Staff told us about the development of Choice Boards and said they were very proud of how successful these had been: big notice boards had been used to offer a choice of activities and feedback sheets were used to gather people's views. We saw examples where choices of takeaway Indian, Chinese or pizza had been offered and choices

of these days too.

The home was undergoing a refurbishment at the time of this inspection. The registered manager told us how they had ensured from the start that the tradespeople understood the ethos of the home and the needs of the people living there. This meant that everyone had become very involved in the life of the home. On the first day of the inspection, all of the staff and some of the people living in the home were wearing Christmas themed outfits as part of a Christmas competition: the tradespeople had joined in and wore Christmas jumpers, t shirts and hats. They had also helped to build some Christmas market stalls as the registered manager had identified that many people did not have the opportunity to buy gifts for their loved ones. The stalls held a wide range of items for people to select and give to relatives and friends. Most of the items were homemade items such as sweets, biscuits, jams and arts and crafts made by the staff and volunteers. One of the stalls had been designed to fit into the lift so it could be taken to people who did not like to leave their rooms. A relative told us, "last week was super, magical. They [the staff] worked so hard getting the market place ready. All the staff dressed up. It was a magical atmosphere." Other people told us how lovely it had been to see the trolley in their rooms and enable them to select gifts for their loved ones.

Daily records were kept of the support people had received. Where additional monitoring was in place, such as where someone was at risk of developing pressure sores, the actions taken such as helping people to change position regularly was clearly recorded.

People had their call bells positioned near them so that they could summon assistance whenever they needed to. They told us staff responded quickly to their requests for assistance. Visitors also told us that it was rare to hear call bells ringing for a long time. People had other things they might need next to them such as any walking aids they used, a hot or cold drink, a paper or magazine or something to hold. This supported people to remain as independent as possible.

Equality and diversity training was provided to all staff. Staff spoke confidently about treating people equally and fairly. People's different cultures and beliefs were recognised and respected. Staff confirmed that people were supported to attend local churches and that regular services were also arranged at the home in recognition that some people were no longer able to easily leave the home.

Birthdays, religious and cultural events and community fayres and events were celebrated at Knights Grove. There was a real sense of pride in achievements of people who lived in the home. Special work was put into the recent Remembrance Day celebrations to mark the centenary of the end of world war one: people had crocheted over 400 poppies which had been used to decorate the local church and some people had also attended the Remembrance Day services.

The service worked with people and staff to ensure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Examples included working with people and staff to support staff to be inclusive and understand how to best support each other. We asked staff about how they ensured that people's human rights were upheld, and people were protected from discrimination. Staff told us, "We find out before the resident moves in about cultural and religious needs and we support them as best we can." They gave examples of people who lived in the home who were in same sex relationships and how they had consulted both people about how they wished to be addressed and acknowledged. Another person had lost their sight and staff were very aware of the need to fully describe things to the person. One person was living with dementia and had reverted to their primary language which was not English. The registered manager spoke some of this language and had been teaching staff. Another person was a Muslim but had no longer been able to kneel on their prayer mat. Staff had taken advice and rearranged the person's bedroom so that the bed faced the correct direction for

prayer and had hung the prayer mat on the wall in this direction. A member of staff told us, "We respect people's values, it doesn't matter what religion or gender or anything."

The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes. Staff had been trained in end of life care. Although no one was receiving end of life care at the time of the inspection, people had care plans for how and where they would like to be cared for at the end of their lives and these plans were regularly reviewed. Staff told us about a comfort box which they had created. This was a collection of useful items that can be taken to a person which was designed to help them feel comfortable and soothed. The basket included moisturisers and creams, lip care and items for anyone sitting with a person at the end of their life such as sweets and reading material. Staff also had other things that could be added depending on the person's needs, such as a bible, and were happy to provide anything that was requested. We were told that families and friends were always welcome to stay. One relative wrote in a card to the service after their loved one had passed away, "All I can say is thank you... you are angels, words don't do you justice. You are so caring, compassionate and kind." Another relative wrote, "Mum passed away recently, and everyone showed great compassion and sympathy."

Staff talked with pride about the care they were able to give to people in their final days. One member of staff told us about the steps they had taken to understand the customs and practices of a particular religion when someone passes away and made sure everything was in place and all staff were aware of the person's needs. They said, "I felt it was the right and respectful thing to do to find out about the [religion] customs when someone passes away. This involved reciting a prayer directly after the person passes away. I printed it off and learnt it off by heart and told others that this was to be said when [person's name] left us.....After [person's name] said goodbye and fell asleep for the last time I had the honour of reciting the prayer and preparing them to be reunited with their God."

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint. People told us they would be happy to raise a concern or make a complaint although nobody had needed to.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and possible outings. Minutes were shared with people who did not attend the meetings and information was also posted on noticeboards.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs, and sensory impairments were detailed within people's care plans.

Is the service well-led?

Our findings

The atmosphere throughout the home was exceptionally positive, welcoming and homely. Feedback from people who used the service, their relatives and staff was consistently very positive and the management at the home exceeded people's expectations.

People, relatives and staff spoke very highly of the management team and, in particular, the registered manager. A health professional told us, "I've seen the service here change for the better. It's absolutely fantastic now. With the new manager there is now much more communication and staff have confidence in each other. There has been a boost in how the service functions. The atmosphere is great which reflects in how people are cared for.....we work in tandem. They now provide a home whereas they used to provide a service. People are given time. The manager has worked fantastically hard and pulled the team together." One of the management team told us, "I think the most important thing is to show them [the staff] they're a team, doesn't matter your job role, everyone's involved."

There was a very strong emphasis on continually striving to improve the service. There were active endeavours to obtain people's and relatives' views, through informal conversation and more formally through care reviews, residents' and relatives' meetings and quality assurance surveys. The registered manager analysed the information and then told people what action would be taken as a result of their comments through a system known as "You said, we did" There was a noticeboard which showed all of the results of surveys and comments and what action had been taken. For example, much of the current refurbishment of the home had been in response to people's comments about the décor of the building. The registered manager and the registered provider actively also sought the feedback from staff and external social and health professionals. Feedback from these surveys was analysed by the registered provider and fed back to the registered manager who then created an action plan to respond to any issues raised. The most recent staff survey had shown that Knights Grove had the highest staff engagement score in the region with 88% while the provider organisation BUPA's national average had been 72%, something that the registered manager was very proud of. A health professional told us, "I have worked with the home for several years now and can see the general improvement since the current manager has been in place. The home is engaged in trialling new projects with the CCG. The home is very welcoming from the receptionist at the front door to the care staff and cleaners. I have observed interaction with members of staff and residents which has been kind and respectful, maintaining the dignity of the resident as required."

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. At the time of the inspection a national, independent website that reviews and rates care homes had rated the home 9.7 out of 10 following feedback from people who lived in the home, relatives and visitors. There were 40 reviews about the home from people, relatives or visitors that had been left on a national care home review website in the preceding 12 months. The site asked respondents to rate 12 different areas out of a possible five marks. Of the 40 reviews, 29 had rated management of the service five out of five, 32 had rated the staff five out of five and 30 had rated the overall standard as five out of five. The balance of ratings scored each area was four out of five. 33 people had said they would be "extremely likely" (the highest

rating) to recommend the service. A relative wrote, "Exceptional home with amazing staff who go above and beyond to ensure the best possible care for residents. They always give a personal touch and make sure that everyone's home comforts are considered which provides a very happy retirement for every resident."

The registered provider BUPA held an annual Care Home of the Year competition amongst the 130 services it operates. The first day of the inspection was also the judging day at Knights Grove which had reached the final four in the competition. All of the staff we spoke with were very positive about how the home was run and managed. One member of staff said, "She [registered manager] knows what it is like, she knows the stresses and strains. She's been a carer, so she gets it. We got to the final four of the care home of the year, I think that's a pretty big achievement." Following our inspection, the registered manager confirmed that the home had come second in the competition.

Without exception, the staff we spoke with during our inspection spoke positively about the registered manager and the management team. They confirmed that they felt very well supported which in turn motivated them to do a good job. Relatives and visitors also told us they always felt able to approach the registered manager and members of the management team if they had any concerns. Staff said the manager's door was always open and that anything they said was taken seriously and the appropriate action taken. Some people had raised concerns and told us they had had a very positive response and that matters had always been addressed. This showed that the registered manager took steps to address concerns and manage staff in more challenging situations.

The registered manager had a strong focus on developing a permanent staff group and teamwork. They valued their staff team and provided opportunities for continuous learning and development for staff. The registered manager told us how they had worked hard to employ permanent staff and reduce the number of hours that agency staff were used to cover shifts. Visitors commented on the improvement in staff retention and a reduction in staff turnover which also helped with providing a stable staff team. Relatives and staff reflected that there had previously been a high reliance on agency staff which had an impact on continuity of care for the people living in the home and had made effective team work amongst the staff difficult. A relative told us, "there hasn't been any agency workers in a very long time. Every member of staff does an amazing job". One member of staff told us, "Since [registered manager's name] has been here, there's definitely been enough staff. Residents are more settled because of it, getting care when they want it so they're not getting so distressed."

Staff were supported to adopt the provider's principles and values, and these were evident throughout the home: there were notice boards which informed people of this and also gave examples of what this should mean to people. There were also a number of events organised throughout the year to reinforce and underpin these values. This included a "BUPA cares" week where staff were encouraged to undertake extra tasks to make a difference. The registered provider also had an employee recognition system in place. The system gave staff the opportunity to tell other staff and managers about colleagues who worked hard and those who had gone the extra mile. There were also awards for staff member of the month and opportunities to nominate staff for corporate awards.

The registered manager recognised that it was important for Knights Grove to be part of the local community especially because a number of people living in the home had always lived in the local area. They encouraged staff to find things to do and places to go in the locality and also invited various groups and organisations into the home. For example, people and staff went to local cafes, pubs and other venues whenever possible and groups such as mother and toddler and outreach for people living alone were invited into the home to use communal space for meetings and then to mix with the people living in the home. People who would be alone at Christmas had been invited to join the celebrations at the service. Knights

Grove is situated at the end of a cul de sac, during world kindness day, staff and residents had taken gifts to their neighbours to thank them for putting up with the disruption caused to some of them due to the refurbishment project at the home.

There was a strong sense of community evident at Knights Grove and staff in all roles clearly saw themselves as part of one team. This inspection took place in the lead up to Christmas. On our arrival we found the home had festive decorations everywhere including in the gardens. One particular feature was a large igloo in the front garden which was surrounded by various animals which were illuminated. The igloo had been built from empty milk cartons and the manager explained that all of the neighbours, especially the children, had joined in with the collection and building of the igloo. A number of the people living in the home and visitors commented on the decorations and told us how wonderful they were.

We asked staff whether they felt supported in their roles and received unanimous positive replies. One person told us, "Definitely. She's [the registered manager] that type of person who can bring out the best in people. If I need something she is always there. She knows how to talk to people, the type of person who is very fair, homes but also not strict. She's always there to help and support. Very sensitive, such a good eye with residents, she can see straight away if something is not right with residents and staff."

The service had a quality assurance system in place to enable the monitoring of the quality of care, people, service and life. Within these four areas there were numerous quantitative and qualitative audits and checks carried out. Information from these was analysed and records showed where any issues or concerns had been identified, action had been taken to address these and this was continuously evaluated. The registered manager wrote, regarding quality assurance, "measuring the quality of our services is central to our identity...and underpins our commitment to continuous quality improvement. From a practical perspective, measurement can help reduce the number of falls, stop the spread of infection and prevent the development of pressure ulcers." The registered manager carried out monthly reviews of the service and a quality assurance team from the registered provider carried out six monthly unannounced visits to monitor the service.

The structure of the management team supported good practice throughout the home. The management team consisted of a registered manager, a deputy home manager/clinical lead, and a manager each for catering and housekeeping. Each member of staff had clearly defined roles and responsibilities and were able to demonstrate this throughout the inspection by taking the lead in specific areas or referring to other staff. We observed members of the management team working alongside staff, observing practice and giving a good insight to training and development needs. This helped the management team with effective supervisions and appraisals for all staff.

The registered manager held a daily head of department meeting every morning which was called the huddle. This meeting promoted good communication and team working and ensured information about individual people's needs was highlighted and responded to. A senior member of staff from all areas of the home including maintenance, kitchen and housekeeping, met with the registered manager and deputy manager to identify plans for the day and review any concerns or incidents which had arisen. Staff who attended these meetings were then expected to cascade this information to other staff in their teams to ensure that everyone was aware of important issues or work that needed to be done. Staff told us that this was a relatively new system and they found it very useful.

Staff were very positive about the management and leadership in the home and they told us they were motivated because they felt valued and their opinion and feedback mattered. Experienced care staff, who had expressed particular interests, were designated as 'champions' with particular areas of expertise

including falls prevention and management, continence, infection control nutrition and hydration, activities and end of life care. Training and ongoing development was planned for the champions in their areas of interest, so they would be able to provide advice, guidance and supervision to their colleagues.

All of the required records that we saw were well maintained, up to date and informative. One member of staff told us, "We write everything down. If it's not written down, it didn't happen. You can never write too much."

The registered manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.