Eton House Residential Home

Eton House Residential Home

Inspection report

68 Eton Road
Datchet
Slough
Berkshire
SL3 9AY

Tel: 01753547251
Website: www.eton-house.co.uk

Date of inspection visit:
22 January 2019

Date of publication:
22 March 2019

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

About the service:
This is the single care home within the provider's current registration. The service is situated in a residential area of Datchet, with large green spaces surrounding the building. The building has three floors. The service provided accommodation and personal care to older adults, especially those with dementia. People lived in their own individual bedrooms. Rooms had ensuite bathroom facilities. There were also communal bathroom facilities, lounges and dining rooms. The service can accommodate up to 26 people. At the time of our inspection, 26 people used the service and there were 32 staff. For more details, please see the full report which is on our website at www.cqc.org.uk

People's experience of using this service:
• Eton House Residential Home continued to provide exceptional care to people.
• People, relatives, staff and community professionals consistently described the service as outstanding.
• People were always protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.
• People's risks were assessed and strategies put in place to protect them from avoidable harm.
• People experienced positive outcomes regarding their health and wellbeing.
• Staff support and training was excellent, particularly in the care of older adults with dementia.
• People and relatives provided consistently positive feedback about the care, staff and management. They provided examples of the outstanding care at the service and the positive changes that resulted in people's lives.
• Care was person-centred and focused on ensuring people with dementia lived the best possible life.
• Care planning was based on people's individual needs. People's end of life wishes were recorded.
• The management team had embraced continuous learning, research and best practice, new ways of working and excellence in care techniques and practices.
• There was an extremely positive workplace culture and staff we spoke with provided excellent feedback about the management team. Staff were committed to and excited about their roles.
• 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 supported this practice.
• The service met the characteristics for a rating of "outstanding" in three of the five questions we inspected. Therefore, our overall rating for the service after this inspection was "outstanding".

Rating at last inspection:
At our last inspection the service was rated "outstanding" (13 August 2016).

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good

Is the service effective?

The service was exceptionally effective.

Details are in our Effective findings below.

Outstanding

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-led findings below.

Outstanding

Eton House Residential Home

Detailed findings

Background to this inspection

The inspection:
We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:
Our inspection was completed by an inspector, a specialist advisor, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge about the support of older adults within residential care settings.

Service and service type:
Eton House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Our inspection was unannounced.

What we did:
Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House, the Food Standards Agency, fire and rescue service,

environmental health and the Information Commissioner's Office. We asked the service to complete a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with eight people who used the service and five relatives. We observed the care of other people who were not able to speak with us. We spoke with the provider's main partner, operations manager, registered manager, deputy manager, deputy care manager, wellbeing coordinator and administrator. We also spoke with five care workers, the chef and a cleaner. We received written feedback from other health and social care professionals. We reviewed four people's care records, five staff personnel files, audits and other records about the management of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes:
• We saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines.
• The service had a copy of the local social services safeguarding policies and procedures. This meant staff had access to the local safeguarding team for advice and to report any incidents to.
• There was a whistleblowing policy and a copy of the relevant documents available for staff to follow good practice. The whistle blowing policy allowed staff to report genuine concerns with no recrimination.
• Feedback indicated people were protected from harm. A relative wrote, "Our primary concern was [the person's safety] and during [the person's] stay, we were never worried that she would be at risk. Residents were free to move about within the care home and staff were available to help if required or just to ensure residents were not distressed."

Assessing risk, safety monitoring and management:
• Risks associated with people's care needs had been assessed by senior care workers or management and informed plans of care to ensure their safety.
• For example, a person at risk of developing pressure sores had a specialised mattress in place to reduce this risk. The care plan had a detailed assessment of this risk and staff had a good awareness of this risk along with the actions they needed to take to support this person to maintain their safety and welfare.
• Staff could identify people who were at risk of falls, malnutrition and choking and knew how to manage these risks and support people to remain safe and as independent as possible.
• The service completed a health and safety risk review annually. In the 2017 results, the audit identified several areas as medium or high risk where actions were required. The service took immediate action to address the items in the audit. This included , for example , lift safety, vehicle risks and working with heights.
• The 2018 audit, following the remedial actions taken, had significantly reduced the health and safety risks to people and others. This showed some risks were entirely mitigated, and only a small number of areas required minor action to make the service as safe as possible.
• A 'sense check' audit of health and safety every six months was also completed by the operations manager, to check for continued compliance and any outstanding actions.

Staffing and recruitment:
• We observed people were attended to promptly most of the time. During the lunch period, some people were left to sit for a longer than necessary period to receive their meals.
• People used their call bells and there were visual displays around the building to show which person had requested assistance. We noted the call bells were attended to quickly by the staff.
• Staff told us they had sufficient numbers of workers to provide support for people.
• One staff member told us they liked the idea of even more staff being deployed , so they could have time to

do activities with the people. There was a wellbeing coordinator who was responsible for activities and staff joined in as required.
• People were supported by staff who were recruited safely with appropriate pre-employment checks. These included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.
• Any gaps in applicants' employment histories were checked as part of the recruitment process.

Using medicines safely:
• Medicines were managed in a safe and effective manner. There was a robust system of audit and review in place for the safe administration of medicines.
• We observed a member of staff administering medicines using the electronic system and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal.
• All senior carers who supported people to take their medicines had been trained to do so and had their competency checked by management to ensure they continued to safely administer medicines.
• The medication electronic system showed people's medicines records, which included important information such as allergies and an up to date photograph of each person. We looked at eight medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Staff said the electronic MAR chart system was working well and that they had received enough training and felt confident in its use.
• There was a controlled drug cupboard and register. Controlled drugs are subject to strict controls and require more stringent administration. We saw that two staff had signed the controlled drugs register. One member of staff signed when they administered the medicine and the second was a witness to it. The MAR sheet was also signed. This was in line with current guidance. We checked the medicines in the cupboard against the number recorded in the register and found they were accurate.
• Medicines were stored in a trolley in a locked room. The trolley was chained to a wall. This ensured only people qualified to administer the drugs had access to them. The trolley was clean and tidy and not overstocked. There were sufficient supplies of medicines. Any medicines that were not used and needed to be returned to the pharmacy were recorded and stored in a locked cupboard.
• We saw that topical medicines such as ointments were recorded in the care plans. The service used body maps to show staff where to apply the medicines to people's skin.

Preventing and controlling infection:
• There was satisfactory access to handwashing points throughout the building. There were also reminder signs for handwashing in critical areas such as bathrooms, kitchens and toilets. Alcohol based hand gel was also available in wall-mounted dispensers where needed.
• Staff had access to personal protective equipment to prevent cross infection. This included disposable gloves, aprons and hair nets (for kitchen staff).
• The building was clean and tidy. There were no odours.
• The training matrix showed us most staff had undertaken training in the control and prevention of infection.
• The deputy manager conducted infection control audits and checked the service was clean and tidy.

Learning lessons when things go wrong:
• Staff told us that people felt safe with the support provided by the team at Eton House Residential Home.
• Staff said they look ed for signs if people were withdrawn and checked what could be causing the change in their mood or emotion.

• Staff told us they monitored interactions between people. For example, a person had taken a dislike to one of the other people, so staff were vigilant to protect each party from any harm.
• Staff told us they knew how to defuse situations and how to divert people' s attention. For example, a person was agitated and wanted to get out of the building. A staff member took the person out for a walk for a few minutes and the person felt better.
• All incidents and accidents were reported by staff and promptly reviewed by managers. The information was analysed by the registered manager and operations manager to check for any trends or themes.
• Remedial actions were considered and put in place to prevent recurrence of similar events.

Outstanding ☆

Is the service effective?

Our findings

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

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The needs of people with dementia were specifically assessed, such as cognitive impairment, communication and behavioural needs.
• Extensive planning was completed before a person was admitted to the service. Family members and significant others were involved in the entire process.
• Cultural and faith beliefs were assessed to ensure the person's care would be person-centred and tailored to their wishes and preferences.
• Staff told us people could, "…be who they want to be"; this included allowing people to wear their pyjamas to breakfast, waking up when they wanted to and having their bedroom in the way they wanted.

Staff support: induction, training, skills and experience:
• Staff training continued to be outstanding. During a three-month induction, new employees were introduced to people using 'pen profiles'. A 'pen profile' is a snapshot of a person's life which promotes staff understanding of a person's needs.
• The 'pen profiles' included what people liked, what was important to them and how to best provide support to the person. The 'pen profiles' were holistic and included detailed information.
• Various management team members were qualified trainers and assessors.
• Videos and experience-based learning were used extensively throughout the training, bringing learning to life, for teaching staff about dementia experiences.
• The registered manager was trained in "focus intervention training and support" (FITS). This meant rapid referrals to mental health clinicians could be made if there was a person suspected of developing any type of dementia.
• Since our last inspection, the service introduced the NHS healthcare leadership model (HELM). This focused on both person-centred values as well as assisting a staff member to understand their own personal values and qualities. The course also prepared staff for future leadership and management roles within the adult social care landscape.
• A relative said, "[The person] is well cared for and happy and if they do get upset, the staff know how to reassure her. The staff [are very] aware of everyone's dementia needs and work well together to try and keep everyone happy."
• The service developed an extensive staff competency framework, aligned to behaviour expected of staff members performing their roles and linked to the values of the service. The framework enabled the service to measure how staff interacted with people, what difference they made to their life and what strengths and areas for improvement the staff member could make in their care of people.
• The staff supervisions were completed based on people's needs. The tool used for staff supervisions was

based on a well-recognised model of person-centred approaches.

Supporting people to eat and drink enough with choice in a balanced diet:
• The service had implemented the clinical commissioning group's (CCG) hydration project. The project aimed to reduce urinary infections and the overuse of antibiotics.
• The service measured the number of urinary infections following the introduction of the project. In 2017 there were no urinary tract infections, and in 2018 just two people required treatment for infections. The service continued to monitor the development of any infections.
• Twice per year, the service offered two 'tasting sessions' for people and relatives prior to changing the menu for the seasons. This enabled people and their relatives to choose a menu that they liked.
• The service found people would not always consume pieces of fruit. Instead, they commenced cutting the fruit into bite-sized chunks, which were a colourful variety and enticed people to eat the fruit.
• If a reduction in a person's weight was detected, staff were observed by management to check the frequency of meals and snacks offered to people. This ensured the frequency of people's intake was increased. The GP was contacted and people referred for a dietitian for professional advice. The kitchen provided fortified meals with high calories, to improve people's weight gain.
• A person who moved into the service had their necessary risk assessments completed. Staff detected the person's dietary intake prior to admission was inadequate. The person was referred immediately to the GP who prescribed nutritional juices. The person was effectively protected from further weight loss.

Staff working with other agencies to provide consistent, effective, timely care:
• A staff member had formulated an idea to take a person to the local school to see their daughter. They consulted with the person and the relative and organised for this to occur. This reminded the child's father of when he had collected his daughter from school before he had dementia symptoms. This was an effective form of reminiscence. The school had taken the idea to the teachers to improve their knowledge of people with dementia.
• The service had signed up to the local dementia action alliance in the local area.
• The service buddied with a nearby college and agreed to have three students on a weekly basis to the service. The students engaged with people at the service and examined how visual and tactile stimulation could improve peoples' lives.
• The management team had visited a specialist dementia village in The Netherlands in 2017. This was to examine how care for people with severe or advanced dementia was managed in another setting. The management team learnt about the impact of noise in care homes, shared living and culture (art, music and nature).

Adapting service, design, decoration to meet people's needs:
• The management team acted to transform a bathroom into a 1950s style setting. A person who refused to have showers started to use the bathroom.
• A sensory room was implemented, which included a seaside theme. The introduction of the seaside theme enabled people who would not normally have a haircut to sit down quietly and their agitation and anxiety of personal grooming was decreased.
• A bathroom was converted to a wet room style shower. This arose from a resident's meeting where people expressed they did not like baths and preferred a shower.
• A sensory garden was created which was designed to improve people's experience of the outside of the building. This included people planting fruit and vegetables which were later consumed as part of a healthy diet.

Supporting people to live healthier lives, access healthcare services and support:
• Healthcare professionals who visited people included the GP, dietitian, podiatrist, speech and language

therapist, physiotherapist, occupational therapist, massage therapist, MacMillan nurse and district nurses.
• Two staff had been trained in verification of death. This meant that a GP did not always have to attend the service.
• Using the principles from the dementia action alliance, dementia friends and dementia pledge, the service had developed aide memoire signage about how the brain works and the types of behaviours exhibited by people when different parts of the brain were affected.

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

• Staff received advanced training in the MCA principles and DoLS. Staff were provided with prompt cards they could carry with them to remind them of the requirements following the training. This included the information staff needed to assess a person's capacity.
• The service organised for a MCA expert to provide a masterclass to managers and senior staff in October 2018. This provided advanced guidance, tools and techniques for ensuring that mental capacity assessments were conducted accurately and with people at the centre of the decision. This meant people were restricted in the least possible way.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity:
• Feedback from people, relatives and others indicated the service remained extremely caring. Examples included, "The staff are always polite and helpful", "The staff are very approachable" and "excellent communication".
• The service had developed their own training programme for equality, diversity and human rights in September 2018. This equipped staff with the knowledge of what constituted discrimination, what protected characteristics were and the provisions of the Equality Act 2010.
• The training included conduct by staff that might be considered inappropriate. The registered manager explained how the training had triggered self-reflection in some staff members. A staff member spoke with the registered manager about this in their own life, and how they would support others with such barriers.
• Equality and diversity topics were discussed at relatives' meetings to inform them of certain practices, respect of different people and other faiths or sexuality.
• People were informed of their rights via a variety of methods. This included verbal and written information at the time of admission, throughout their stay when staff reminded them on a regular basis and during meetings. There were signs on walls throughout the service which explained people's rights in an easy-read format.
• The service had volunteers who visited from the National Citizens Service. The volunteers provided interaction with people as well as helping improve the environment, such as the garden. One volunteer wrote, "We appreciate your support in helping us throw the tea party [for people who used the service] and we have enjoyed having you as a partner." Another volunteer stated, "As someone who had a grandad with Alzheimer's, it is touching the amount of effort and care you and your team put into every day care."
• The service contributed to multiple local charities. The amount of £1,200 was raised for a leukaemia group when people and relatives had a fish and chip supper fun day. People and visitors were encouraged to sit outside, and the event was used as reminiscence of the beach. The day was featured in the local newspaper, which clearly demonstrated both people and visitors enjoying the event.
• People who used the service chose the charities that the service raised funds for and participated with. This gave people a sense of empowerment and included them in the managerial decisions of the service.

Supporting people to express their views and be involved in making decisions about their care:
• Staff clearly knew about people's likes and dislikes. People were offered choice in their lives. We heard one member of staff ask a person if they, "…want to watch the television in the lounge?" or "…go to your room for a nap?" like they did "sometimes".
• People and relatives were treated as active partners in their care. They provided information to the service which helped improve their lives. There were numerous examples where the person's wellbeing had

increased after moving into the service.
• A person who was falling frequently at home and sustaining injuries moved into the service. The staff reviewed the medicines and found some which caused drowsiness and led to falls. The reduction of the medicines had contributed to the person becoming more ambulant and sustaining significantly less falls.
• Another person admitted with cataracts in both eyes had been found wandering outside her house and sustained falls. This was not recognised by relatives or social care professionals in the community. When the person moved in, staff identified that the person's vision was the cause of the falls. The service then worked with health care professionals in the community and organised the person to have the needed surgery. The person's mobility was improved.
• A relative wrote, "[The person moving in] arrived reluctantly…ill, angry, resentful and frightened. She was settled by patient and knowledgeable staff whose skills improved both her health and mood."

Respecting and promoting people's privacy, dignity and independence:
• We witnessed members of staff knocking on doors and waiting to be allowed access to people's room, which showed that they had an awareness of privacy.
• People told us that their families could "come whenever they wanted to" and this was confirmed by relatives and friends who visited during our inspection, some of whom stayed for several hours.
• One relative said, "I can come whenever I want to and I know that whatever time I come, everything will be alright."
• The introduction of the General Data Protection Regulations (GDPR) triggered a project by the operations manager to review all data and information security. They took several steps, some which included significant expenditure, to ensure peoples' and others' information was entirely protected.
• This included upgrading all the information technology at the service, introduction of high levels of cyber security, appointment of a dedicated and experienced data protection officer (required by law), training for all staff in GDPR and frequent reviews of how any confidential information was recorded, handled, stored or destroyed.
• Human rights were upheld because the service successfully restricted access to any personal or sensitive files for staff, residents and visitors to authorised personnel only.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• The service's care and support of people remained person-centred.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met, for example people had access to documents in large fonts and there was extensive use of pictures and symbols throughout signage.
• Staff told us they were committed to providing people with an excellent standard of care.
• Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal history. Staff had a very good understanding of these needs, the risks associated with these and how to reduce them.
• The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome.
• The plans were reviewed regularly to keep staff up to date with people's needs. Management regularly audited the quality of care plans. There was a daily record of what people had done or how they had been to keep staff up to date with information.
• Staff told us people were supported and encouraged to develop and maintain relationships with people that mattered to them, to avoid social isolation. For example, staff arranged for a person to see their family member who lived in another care home.
• People called their relatives whenever they asked to speak to them. Staff facilitated this by helping people with telephones or video based chats on mobile phones and tablet computers.
• Staff told us a person went out to a supported living unit to teach primary school children about history. The staff member said, "This keeps the person's brain active." The school provided feedback to the service of the positive impact of having an experienced historian involved in students' learning.
• People were offered a stimulating range of social and recreational activities. At the time of our inspection, a service brought several small animals with them such as a rabbit, a guinea pig, a tree frog and others for people to interact with. This proved to be very popular and led two people to talk about animals they or their children had owned. In the afternoon there was musical entertainment where people were encouraged to sing and play musical instruments, which was also popular amongst people.
• The staff recognised the musical entertainment may be too noisy for some and one member of staff took three people to play with an interactive game designed for those with dementia. The game projected images on a table top and people played with fish swimming across the table and then flowers floating across the table. One person started to talk about the fish pond she had in her garden and another said he, "…liked flowers." This piece of interactive equipment had a very positive impact on the people that were

playing with it.
• Staff told us about other people's interests and hobbies. A staff member said, "[This person] loves to do word searches" and "[This person] plays the piano." The staff had commenced making up personalised activity boxes for each person. We saw examples which contained items in them that the staff knew the person had an interest in. These items ranged from a set of building bricks, a picture book through to a ball of wool because a care worker said , "[This person] loves to feel the texture of the wool and squeezes it, which seems to relax them."

Improving care quality in response to complaints or concerns:
• Staff knew how to provide feedback to the management team about their experiences and told us they were very happy to do so.
• There was a suitable complaints procedure located in people's rooms. Each person also had a copy in the documentation provided on admission.
• The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of other relevant organisations.
• Information about how to make a complaint was also displayed in the service.
• The registered manager dealt with concerns and these were rarely escalated to formal complaints. We saw this was because all feedback was taken seriously and acted on promptly.
• Staff were accountable and took responsibility if there were errors or mistakes and when things could have been handled in alternative ways.
• We asked two people what they would do if they had a complaint and they both said they would, "…talk to staff." We spoke to two relatives about what they would do if they had to complain and both said, "…talk to management." One said they had experienced an "issue" in the past but once told about the problem the staff acted on it immediately and the relative said they were, "...impressed with the speed with which the matter had been dealt with."
• Another relative advised us that they had been invited to attend a specialist training session with the staff. The training was based on encouraging the staff to discuss what they would do in certain circumstances and the relative had found the session "…very informative." The training enabled all staff to hold difficult discussions with honesty, integrity and in a sensitive manner.

End of life care and support:
• Care for people at the end of their life was appropriate. Feedback from relatives and others confirmed this.
• We saw from looking at four plans of care that people had a satisfactory end of life plan.
• This included details such as if a person had made a will and where it was kept, who the person wanted to be involved or informed, if they wanted their body to be donated for research, if they wanted burial or cremation, where they would like any ceremony to take place and if they preferred any particular undertaker.
• The plans showed that people and their relatives had been involved in making these decisions. This ensured people's last wishes could be respected at the end of their life.

Outstanding ☆

Is the service well-led?

Our findings

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility when things go wrong:
• The service embraced and implemented an evidence-based framework for person-centred care, called "values, individual, perspective (and) social environment" (VIPS). The framework constantly evaluated the care systems and processes in the service to examine the extent of individualised care.
• The registered manager was completing a Master's degree in the effectiveness of the VIPS model. The findings from their research demonstrated that the use of the framework had effectively enabled staff to view people with dementia in a different way. The registered manager had aligned the research with the regulation related to person-centred care.
• Staff had pocket 'prompt' cards which detailed behavioural and psychological symptoms of dementia. These were used when people's behaviour was not as expected, such as unusual behaviour like pacing or confusion.
• Staff referred to the prompt card related to the unusual behaviour and reviewed a set of short questions to assist them to identify the root cause of the issue. For example, the cards were used in relation to a person who kept entering a staff office.
• The vision for the service was clearly displayed throughout the service in plain language. This was, "A homely, creative and stimulating environment with strong family values." This acted as a reminder for anyone who viewed the signage of the core purpose of people's care.
• Where incidents occurred, the service was transparent and open with the details of the events. They explained matters to people, relatives and stakeholders.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Some staff had worked in health and social care previously and felt that Eton House was the "best company" they had worked for. One said they never wanted to work in a care home, got the job after interview and had "not looked back." They said, "Working in here is very rewarding, challenging." Another staff member said, "My son has been volunteering here during school holidays." Other staff said, "I enjoy working here, it's like a homely family environment, everyone looks out for each other."
• The service's partnership, managers and leadership team embraced positive change and best practice for older adults, especially for people with dementia.
• We spoke with the main partner of the provider. They were clear about their involvement in the service. They told us they placed "great trust" in the operations manager and registered manager.
• Through networking with other care homes, the service had signed up for a specialist auditing suite. This system was used for completing a niche set of checks of the safety and quality of the care. The system

formulated a continuous improvement plan which required managers and leaders to constantly review outstanding actions.
• The registered manager won an award in 2018 for celebrating excellence and innovation in dementia care.

Engaging and involving people using the service, the public and staff:
• The service used a volunteer to run a survey to measure staff engagement in August 2018. They provided very positive results against the areas measured. For example, the highest rated subjects included, "My manager is committed to Eton House", "My manager makes it clear what is expected of me" and "I am confident that we provide our service users with kind and compassionate care."
• The engagement survey identified areas for further improvement. To further improve the engagement with staff, there were increased formal and informal one-to-one discussions and more staff meetings.
• The service continually sought feedback and the views of people who used the service and their relatives. This was to ensure a continuous culture of improvement and promote an outstanding level of care daily. Formal surveys measured catering and food, personal care and support, daily living, premises and management. The 2018 results showed in all responses people and relatives rated the service as "very satisfied".
• The service also asked people how safe, caring, effective, response and well-led they felt Eton House was via spot surveys. Comments from these were extremely positive. For example, comments were, "The home is well-led and whenever I visit I am always able to see the person in charge" and "[The operations manager] and [registered manager] are true professionals."

Continuous learning and improving care:
• The operations manager completed a staff survey to check staff understanding and confidence of health and safety principles and how people should be protected. The survey result from 14 staff showed staff understanding of Legionella prevention and control and gas safety were the lowest. The intention was to increase staff understanding to ensure people's safety.
• Staff were offered bespoke training by the operations manager in health and safety. They were then asked to complete two further surveys to measure their understanding of the same topics following the training. The staff understanding of all topics, including electrical safety, fire, and dangerous chemicals had increased to a much higher level.
• The service has signed up to a pilot project to have an NHS e-mail address. This enabled direct communication from the service to the GP surgery.
• The service had commenced a project with a food supplier to further develop care and kitchen staff skills in the visual presentation of snacks and meals. The 'care home cooking masterclass' delivered training to staff in food presentation, portion sizing, tasty and nutritional dishes to enhance what the service already served.

Working in partnership with others:
• The service has invested in the review of anti-psychotic medicines (sedative drugs) for people with dementia. This was done in conjunction with a psychiatrist and the community mental health team. This was to ensure the appropriate use of these medicines.
• At the start of the review, nine people received anti-psychotic medicines and this was reduced to no one taking the medicines. Instead this was replaced with positive behaviour support and other strategies.
• The service had linked with the local clinical commissioning group (CCG) to work on the next version of the national early warning score (NEWS). This is a system used in hospitals to enable early detection of people's sudden deteriorating health. This promoted the integrated care model being implemented across England.
• The service's self-developed leadership programme was being rolled out to other managers via the local care association. One manager said, "I wanted to say the programme was outstanding. [I] honestly enjoyed myself so much and learnt new things."
• The registered manager was a board member of the local care association and represented the agency at

the local authority safeguarding adults board. This meant they contributed to local policies, procedures and protocols for protecting vulnerable people from abuse, neglect and discrimination.