

Burcot Grange Care Home Limited

Burcot Grange

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Burcot Grange is registered to provide accommodation and personal care for up to 40 older people, including people living with dementia. At the time of our inspection visit there were 36 people living at the home. Care is provided across two floors and communal lounge and dining rooms were located on the ground floor. People's bedrooms were ensuite and some people had a 'suite' that included a lounge and kitchenette.

People's experience of using this service and what we found

People told us the care and support they received was focussed on them as individuals and always with their agreement. Many people described the care as, 'five star'. All relatives were extremely pleased and satisfied with the whole experience of Burcot Grange. One person commented, " This home is amazing. It's the management, the staff, nothing is too much trouble." Everyone said it was the small but important things that were achieved that made Burcot Grange special to those who lived there.

The registered manager's passion and commitment to achieving high standards was evident in how the home was managed, and supported by people, relatives and staff's comments. This translated into staff practice that provided people with very high standards of care. The registered manager understood the importance of the home within the local community and how family values and connections were vital to how people lived their lives. Community links were strong and continued to be built upon which helped some people keep important connections to their previous occupations and friends.

The provider ensured care was based upon best practice and guidance so people received a highly effective service which put them at the heart of their care. Exceptionally good governance was embedded into the provider and registered manager's processes. There was a relaxed atmosphere where visitors were welcomed and encouraged. Processes to monitor the quality and safety of the service provided, meant actions were taken to drive continuous improvement for the benefit of the people who lived there.

People, relatives and staff said the management team was effective, responsive and there to support them with ideas or to facilitate ways to share new ideas. People and relatives were involved in what happened in their home and supported in a variety of ways to speak up and have a say in how the service was run. Many people, relatives and staff used the word, 'family', when describing this service. People told us of many examples where staff had altered activities and care approaches to support their individual preferences.

Staff interacted with people at their pace, unrushed and joked and laughed with each other. Staff in all roles were empowered to involve and engage people which helped develop relaxed and genuine relationships which people valued.

The staff worked with outside professionals and the local community to improve people's health and social wellbeing. The registered manager empowered the staff team to make suggestions and try new things to

keep improving people's experiences.

People felt safe because the service had very well managed systems for monitoring risk and staff had a thorough understanding of people's needs and how to keep them safe. People told us there was enough staff on duty to meet their needs and they did not need to wait when they called for support.

People were supported to take their medicines safely from staff who were trained, competent and knowledgeable about supporting people's health. Strong links with a local GP practice ensured people were reviewed and seen promptly. Some people self-medicated and others, managed their own particular health needs to retain some levels of independence and control.

People told us the food was home cooked, with a list of alternatives so they had plenty of choice. Varieties of drinks, snacks and homemade biscuits were provided throughout the day.

People and their relatives were involved in planning their care and assessing their needs. People told us they could choose the décor and personalise their rooms which they did, which gave them a feel of home. People were supported to have maximum choice and control of their lives. Staff supported people to lead safe but unrestricted lives with open doors so people could go outside and explore the grounds without restriction and supervision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Burcot Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On 20 August 2019 one inspector carried out this inspection. One inspector returned on 21 August 2019 to speak with more people, relatives and staff and to complete more observations of the delivery of care, as well as reviewing care records.

Service and service type

Burcot Grange is a residential care home. People in care homes receive accommodation and personal care. 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

This first day of our inspection was unannounced but we announced our second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people to get their experiences of what it was like living at Burcot Grange and three

visiting relatives. We spoke with two team leaders, five care staff, a head chef, a waitress, an activities staff member and one maintenance manager. We also spoke with the registered manager, a deputy manager and a care and quality manager. 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 reviewed a range of records. This included samples of three people's care records and multiple medication records. A variety of records relating to the management of the service, audits, complaints, compliments and evidence of activities people were involved and people's overall feedback about the service.

Is the service safe?

Our findings

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

Assessing risk, safety monitoring and management

- People's risks had been assessed and they were supported by staff to promote their well-being and independence. Staff supported people to maintain their safety and knew the type and level of assistance each person required.
- People's identified risks had been recorded and documented, for example associated risks with any physical needs.
- Environmental, health and safety, fire and infection control risks were completed and regular checks ensured the home remained safe for people and visitors. People had up to date personal evacuation plans in case the emergency services needed to support people in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Everyone told us they felt safe. One person said, "I feel safe here because it's the staff, they can't do enough for you."
- Staff knew how to protect people from abuse and poor practice. Staff were confident to raise any concerns with the management team and provider. Staff were confident their concerns would be treated seriously and investigated. The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

Staffing and recruitment

- People said there were enough staff. We saw staff had time to talk with people and were always available to assist them with moving throughout the home and outdoor space. Relatives said staff were always visible and 'on hand' if needed.
- The registered manager used observational practice, staff supervisions, meetings and knowing people's needs to inform their staffing rota. If additional staff were needed, for example to support at parties, functions or events, these were provided. The registered manager saw themselves as a staff member who was available to support staff and staff said the registered manager was always on hand to help. Waitresses, cooks, housekeepers and maintenance staff complimented the care staff team.
- The registered manager said all staff had pre-employment checks completed and those staff working at the service were established staff members. The registered manager had no concerns about staff performance or conduct. Staff had worked at the home for a number of years so the staff team remained consistent.

Using medicines safely

- People received their medicines safely. Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when medicines had been given.
- As and when required medicines were administered in conjunction with safe protocols that explained

when to give these medicines, why and maximum dosages. These were reviewed to see if people needed these medicines on a more permanent basis.

- Staff were trained to administer medication and regular audits were completed to ensure medicines continued to be given safely and as prescribed.

Preventing and controlling infection

- The environment was exceptionally clean and well maintained.

- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection and we observed staff wearing aprons and gloves when required.

- PPE was available throughout the home to encourage staff to follow good infection control and hygiene practice.

Learning lessons when things go wrong

- Staff completed reports where a person had been involved in an incident or accident and reported to the management team.

- The registered manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, and records showed where people's risk had been updated in their care plans or further intervention sought, for example referral to a fall's clinic, medicines review or GP.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff followed the principles of the MCA. Staff explained what they were going to do and always sought people's consent before carrying out any tasks. Staff understood when they needed to act in people's best interests to maintain their overall health and wellbeing.
- Where people required applications to be made under the Deprivation of Liberty Safeguards these were completed. The home had no restrictions of entry or exit of the home or other areas such as corridors or access to the extensive grounds.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they started using the service. These assessments were used to formulate care plans for staff to follow. Assessments included people's care and support needs, likes and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered. This ensured staff would be able to meet people's needs effectively.

Staff skills, knowledge and experience

- People told us staff knew how to meet their needs and focussed knowing the small details.
- Staff told us they had the training they required for their role and they received regular supervision, competency checks and appraisal. Staff said they had regular meetings which gave them opportunity to discuss their learning and any development needs.
- Where specific training was needed, for example diabetes or providing support through a peg site, this was provided.
- Training courses continued to be planned and oversight from the provider checked training was completed and implemented through day to day practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. People were offered at least two choices of food and drink and regular drinks trolleys with homemade cakes and biscuits were provided throughout the day. One person told us, "The food is lovely and we always get a choice."
- People who needed closer monitoring, had food and fluid intake recorded. The chef told us people with special or cultural diets would be supported.
- Mealtime experiences on both days were relaxed and well organised. People said they liked the social occasion. People sat in their preferred seat or with friends. Where people lacked capacity to make an informed choice, plated meals were shown to them to help them make a visual and sensory choice.
- We saw some people asked for other foods not on the menu, such as a curry. This was provided and where a person wanted foods prepared to their individual dietary requirements, plans were made for them to have their choice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access other healthcare professionals to maintain their health when a need was identified. Regular visits from district nurses, physiotherapists and a chiropodist, helped maintain people's quality of life.
- External health professionals had been contacted and visited the home to review people's care needs, such as occupational therapists, GP and dieticians. People received good oral care and staff understood the importance of oral hygiene and health.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom where they could spend time in private or with friends. All rooms were ensuite, whilst some people had a suite that included a larger and separate living area with a kitchenette.
- Communal areas provided space for group activities and conversations, but quieter areas were available if people preferred.
- Everyone complimented how clean, fresh and comfortable the home was. One person showed us the views from the conservatory and said, "Just look at it...what more could I ask for."

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant 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; respecting equality and diversity

- Staff and the registered manager always welcomed people to Burcot Grange. Rooms were ready, with people's furniture and personal items to make them feel at home straight away. Relatives said fresh flowers and home-made biscuits were in their room which 'was a lovely thought'. People told us it made them feel special. Staff said they observed people for the first few days to make sure they were settling in or needed any extra support. This helped people become less anxious. Staff used this time to see how some people reacted to each other, then at lunch, sitting those people together who got on well, or who they thought shared similar interests. This helped start new friendships. A relative said this benefitted their relation and helped them settle in more quickly.
- We heard of many examples where the overall caring and compassionate nature of the home excelled. Without exception, everyone we spoke with said 'Staff - make the difference by going the extra mile.'
- The registered manager gave us examples of how they ensured people felt special and reiterated that this was 'everyday' practice. They told us about a couple who were staying at the care home for respite care. In the middle of the night one person could not sleep. Different mattresses were tried but not successful and the person wanted to go home. The solution to this was that the registered manager and the person's relative drove to the person's home to get their own mattress. The respite stay went ahead which gave the couple the time they needed to recuperate.
- A staff member on their day off, attended a hospital appointment with one person because it reduced the person's anxieties. The staff member told us they did this because they wanted to help and knew the person felt more at ease during their treatment with their support.
- During our visit, two birthdays were celebrated. The chef baked each person their own cake and everyone sung 'Happy Birthday' separately to each person. Both people enjoyed this and people said they looked forward to eating the cake. One visiting relative said, 'Most places you would have one cake, but here, they were both treated with a cake...it's so lovely.'
- Staff knew what made people anxious and relatives told us that staff supported people in a way that created minimal fuss. For example, one person became anxious when going to the dining room for breakfast. To alleviate the person's anxiety staff talked through different options and the person chose to have their breakfast in their room where they were more relaxed.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us staff respected and championed people's ability and right to 'take control' of their own decision making. This was achieved through staff's commitment to developing an individual and personal approach that worked. As a result, people became a valued participant in their care reviews with relative or

advocacy support if needed.

- People spoke very highly about staff's approach, nature and how they made each day different. People told us they got on well with 'familiar faces' who knew them well.
- Staff knew exactly what worked well for people. For example, a relative said their family member got anxious if their bed was not prepared to their individual way by a certain time. Staff ensured this was done with the result being that the person was no longer anxious at that time of day.
- One relative explained how a musical instrument was provided for people's enjoyment. Special moments were created using music which helped rekindle childhood memories which were cherished. Another relative said, their relative loved a bath. Even though there was a bath in their own room, staff took their relative to Burcot Lodge next door (provider's other home). This relative said, "In the Lodge, there's a lovely big deep bath. The staff take [person] and staff put music on, light candles. It's the highlight of her week." They said it made a positive difference to the person that staff knew, took the time and made it an enjoyable sensory experience.
- People's choice and voice was key to providing what people wanted. Whether related to food, choice of care staff, activities or how their own care routine preferences were provided; people were listened to and choices respected. Relatives said, the little things that are often missed, are done with no fuss. For example, fitting a new small window so it could be opened to allow fresh air in. A relative said, "This made such a difference to them, no one else would have done this."
- Relatives said they could tell through staff's actions, they were proud to care for people and were 'in it for the right reasons'. People said staff were extremely warm and pleasant. One person said, "Staff are brilliant, I had an accident last night, staff changed my bed, they were brilliant." They also said, "They have won loads of awards - they are absolutely ace."
- Staff said they cared because they wanted to, not for any other reasons. The staff team said they worked seamlessly together and adopted strong principles of care. A typical comment was, "I want to do my absolute best and we all go the extra mile. A resident will say, 'can you just... and we will'."
- The provider valued and recognised staff's contributions in going the extra mile. Awards were given to staff in recognition of their achievement to making a person's life better. This helped continually promote good outcomes for people.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service, with a sense of equality between people and staff. People said their choices were sought, respected and followed and staff supported people to follow their own ideals, faiths or beliefs. A recent philosophy group discussed a variety of social and political topics. We were told people enjoyed sharing their own thoughts, whilst understanding and respecting others.
- Staff encouraged people to do things themselves, and for others they got the bath or shower ready with their favourite towels, toiletries and personal items. A relative explained how staff understood when to step in and when to withdraw support so people kept some independence and control. This relative told us how a staff member sung sensitively to their relative which reduced any agitation the person felt at the time. They said their relative's condition had declined but, "They have sensitively cranked up support." As their relative needed more help, they told us it was, "phased in gently, so if she can do it herself that's fine. If not, they step in." They said this approach had great success.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities, engagement and personalising care was a key strength of the service. Some people achieved their life long ambitions because staff used creative ways to make people's dreams and aspirations come true.
- One person loved horses. Working with the person, staff organised a horse ride through a local charity which the person really enjoyed. Another person loved cricket, so staff took them to a local cricket club to watch a match and they continue to visit other cricket clubs.
- Staff recognised the importance of helping people create lasting memories and took great care to help ensure people's wider interests were meaningful to them. It was evident the provider ensured a truly person-centred approach. The registered manager said staff arranged for one person to revisit their former employer who was celebrating their centenary year. The person shared their personal experiences with staff and visitors about what it was like for them many years ago. Staff showed the person new technologies and how the nature of work had changed. The registered manager said the person's experience was reported about on local news and television. This made the person feel valued and recognised for their contribution which lifted their spirits .
- For other people living at the home, lifelong local connections remained important to them. Staff ensured these important connections remained accessible. Staff organised events that included the local community that were connected to some people's important connections. Some of these social events included a teddy bears picnic and a variety of charity events that people in the home, and local community helped raise money for. Fund raising for charities included Alzheimer's Society, MacMillan and Save the Children. Primrose Hospice and local homeless charities were also supported. People were not always involved in selecting the charity, however people and relatives said it gave them great satisfaction to raise money for a worthwhile cause.
- Relatives told us staff were skilled at making people feel valued and empowered. One relative explained, "It is not a one size fits all... they look at ways to make things happen." This relative said their family member went to quizzes and philosophy talks which staff encouraged them to attend. This relative did not think they would enjoy them but they had. They praised staff that they had involved them and now their family member looked forward to those events.
- People were proud of the gardens. Through people's feedback, a new greenhouse was purchased so people could grow what they wanted. About the garden, one person said, "I was knocked out with how

super it was. It's my refuge...I go into the greenhouse, I am very happy."

- A relative of a person with limited mobility said staff had made tubs and planters to put by their relative's room because they were not always well enough to go into the garden. This meant the person could enjoy the flowers and colours. Their relative said, "It's the thought and attention to detail." They explained how much their family member enjoyed this.
- One person said they had just been to Tai Chi and, "It's good for you to keep moving." This person told us they really looked forward to this as "It keeps you young."
- Other people sat reading the newspaper, spending time with family, others living at the home or sitting and laughing with staff. One relative said to us, "[Person] loves it here...It's the social side ...amazing, they have drinks and nibbles cinema nights. It's great for my relative."
- Important family activities enriched people's lives and kept family bonds close to people's hearts. Local school and nursery visits took place. Photographs of people's enjoyment of these visits demonstrated the positive impact it had on their well-being and how they benefited from the engagement with younger children. One relative explained to us the positive impact this had on the whole family. They said, "It's good to bring kids... makes it inclusive for the family and it makes it for (relative)." Other relatives said how lovely the recent teddy bears picnic was for older and younger people to come together. The children wrote a note to people at the home to say 'thank you' for a lovely day.
- Care plans contained comprehensive levels of information regarding people's preferences and wishes. These plans were informed by people's medical history, conversations with people, relatives and input from external professionals.
- One person had recently come to the home and had previously been nursed in bed for an extensive period. Staff said they worked closely and sympathetically with this person so that now they were comfortable receiving personal care from staff and spent time with others, in communal areas. We spoke with this person at lunchtime and they said they were happy and liked the staff. Staff and the registered manager felt their attitudes to delivering personalised care and working with this person, achieved such a positive outcome. They were proud of this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans and shared with staff. Everyone was able to understand the literature in its written form but the activities co-ordinator said there were plans to produce literature in braille, so it was in place if anyone needed access to it.

Improving care quality in response to complaints or concerns

- People were continually involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating. No complaints had been received since the last inspection.

End of life care and support

- At the time of our visit, no one was receiving end of life care. The registered manager aimed to support people's wishes to remain at the home for end of life whenever possible, with external healthcare professional support. The registered manager said how they had held a reception in the home for families following a funeral service. This was at the family's request because it was their home, and they were part of the family. People living at the home were asked by relatives to attend the funeral because friendships had been formed. Some people helped decorate the room for the gathering after the funeral.

- We were told of one example where a memorial evening was held at Burcot Grange for a local person who was valued by the community. A marquee in the garden area was a focal point for people within the home and village, to come together to remember this person and how they had served the community. This meant those people living in the home who knew this person could be part of the celebration of their life.
- Compliment cards and thank you cards evidenced strongly how families felt supported by the whole staff team when their relative was end of life. Each card praised staff for their kind and caring nature of staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Without exception, people and relatives were complimentary about the way the home was managed and the service they received. One relative said, "The ethos of care is so firmly bedded...It's the consistent level of excellence. I have not known it falter."
- The registered manager was clear about values-based management and expectations. They said, "I must lead from the top. My actions filter through. If I think it's okay to walk past someone who needs help, staff will do it. It's not a good example."
- Relatives said the leadership instilled confidence in staff, which meant staff managed each situation well by taking responsibility. They said this made staff accountable for their actions which meant for better outcomes. Relatives were confident that when the registered manager was not in the home, quality and standards were maintained.
- Staff told us the registered manager was clear about what was expected from them and they said the registered manager was an effective leader and motivator. One staff member said, "If they see a strength, they are supportive and work on it. ...it is the best home I have worked in."
- The registered manager was proud of the personal care and service they and their staff team provided. The registered manager said, "We do things the 'Burcot Way'. I have worked hard on the reputation of the home because people aspire to live here." The registered manager's biography on the provider's website showed how important and special this home was to them. Because of this, their desire to succeed and do their best for those in their care was paramount. Relatives knew this personal connection and they felt this was what set this home apart from others.
- There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. The care and quality manager recognised the registered manager's skills. They said, "The team and culture have that caring nature, almost like you don't have to provide guidance and support because it is so embedded. (Registered manager) drives that."
- The provider knew when to submit statutory notifications for important events and their rating poster was displayed for people and visitors to see their latest CQC rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management and staff team followed the provider's ethos which was, 'Help older people live happier, healthier, more fulfilled lives and give peace of mind to their families who entrust us with their care. We are

determined to be the difference'.

- Relatives continually gave examples of the little things that made the difference, such as flowers on arrival, making people feel special, encouraging people to be involved and supporting families to have special moments which reflected the provider ethos. People were therefore put at the heart of the home because the registered manager led a dynamic and positive culture that was person-centred, values based, inclusive and empowering.
- This open culture incorporated these values through day to day practice, through regular discussion group meetings, one to one reviews and continually seeking people's voice. Everyone was involved in how they lived their lives and what they did.

Continuous learning and improving care

- Since the last inspection, the provider had been awarded 'Top 20 care home group award for 2019 from a national care review website. Comments reviewed consistently reported excellent care provided by a knowledgeable, caring and well-run staff team and an overall score of 9.7/10.
- The provider encourages their staff team to keep up to date to inform their learning and to improve people's outcomes through new training initiatives. For example, staff sourced training through a local hospital to support a person with their tracheotomy. The person self-cared, however staff wanted to know what to do, to recognise a potential concern or what to do if the person needed help.
- In another example, staff experienced 'live life as a resident'. This meant staff had to feed each other, give each other medicine or be assisted in a hoist giving staff an appreciation of what it was like from the person's perspective. People's comments during our visit told us staff understood them which helped shape the individual support they received.
- To improve end of life care, staff visited a local undertaker. The registered manager told us this helped staff to tell families what to expect and to know what choices were possible when important decisions needed to be made. Reducing people's fears and anxieties helped families at this time which was reflected in compliment cards.
- The provider supported the registered manager to utilise their nursing qualifications by creating a bespoke induction, which focussed on key areas to improve good clinical health using scenario-based training. The care and quality manager said this helped to look at early preventative measures to promote good health outcomes such as skin integrity. We were told this had been rolled out by the provider across other provider homes to repeat the successful induction process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One relative said the registered manager was, "Very involved, she has a good balance. If things need doing she knows. She has a lot of trust. She wants it kept to her standards which are very high standards, but achievable."
- The registered manager drives change, a positive culture and empowers staff to make the difference. The registered manager said, "I have to lead by example, I can't get them to do something I wouldn't." They said, "I lead but I want them to make decisions." Staff told us this approach worked very well.
- The care and quality manager were extremely supportive and complimentary of the registered manager, in how they got the best outcomes for people. For example, senior staff identified potential risk factors for preventing skin breakdowns by promoting hydration, nutrition, observations and regular health checks. The learning from this has been shared across the provider's other homes to promote people's health and wellbeing.

Working in partnership with others

- The registered manager forged strong links with local schools. This reinforced family values and kept the

local connection with the village and the home. Where people's relatives, and staff had children at local schools, this had worked well to be a close linked, inclusive home where family and friends were involved in the family life.

- The registered manager explained how they worked with Duke of Edinburgh students from local colleges who wanted to work in care. Success stories showed 11 students had become employed in care full time, such as hospitals and GP's, but continued to work at Burcot Grange. This meant some people already new those new staff who maybe supporting them and trust had already been established.
- The registered manager organised events in libraries and with local schools to inform the wider community about people living with dementia. People now enjoyed school children visiting as dementia friends, to play music, perform musicals and to sit and talk with them.
- The home was at the heart of the local community, which the registered manager promoted. Local groups held lunches and events inside the home and the grounds so people and their families could participate. The registered manager said this added great value to people who at one time, were involved in these groups. This meant people continued to feel valued and able to contribute their ideas.
- The registered manager recognised the value of working alongside others. They attended external meetings with the local authority about protecting vulnerable people and attended skills for care meetings to ensure they were kept up to date with latest guidance and regulations.
- The home participated in National Care Home Open Day to celebrate how people are well cared for. Younger people, students and local scouts were trained by staff to be a dementia friend. The principle was to involve people at all ages and to dispel myths about care homes and for younger people to have a better understanding of living with dementia.