

Huntington House Limited

Langham Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Langham Court is a care home with nursing and provides care and support for up to 29 mainly older people living with dementia or mental ill health. It is set next to a general nursing care home, operated by the same provider, although registered separately.

Langham Court is a purpose-built service designed to meet the needs of people living with dementia and providing care over two floors. The service is an accredited 'Butterfly home'. This is a well-respected non-medical model of dementia care practice.

People's experience of using this service:

Langham Court is an award-winning service, both for dementia care practice and the quality of the environment. In the months before this inspection the registered manager in place at the last inspection had left. A new experienced manager had been appointed and was starting in September 2019. Interim arrangements and professional consultancy had minimised the impact of the lack of a registered manager, until the new manager was in post.

Quality assurance systems and regular audits were in place to assess, monitor and improve the quality and safety of the service, and 'people's voice' was heard at all levels of the organisation. Effective communication systems were in place, from director level to all staff. The culture, values and philosophy of the service was well understood and demonstrated by all staff we met.

The service had a calm, happy and uplifting atmosphere. People were engaged with activities that interested them, including classical music concerts, Tai Chi and exercise groups. People told us it was a positive place to live and we saw and received feedback from relatives that told us how the service had supported both them and their relation.

The care environment had been developed in line with best practice for people living with dementia. This had contributed to people's well-being and included many areas where objects of interest meant people could stop and spend time engaging with them. Communal areas and bedrooms were light and spacious. The service had attractive safe outdoor space where people could be involved with gardening projects, or just enjoying the views of woodland, birds and sheep. Links with the local community were encouraged. Visitors were welcomed at any time, and local schools, nurseries and playgroups were regular visitors to the service.

Risks to people from living with long term health conditions were assessed, and people received their medicines as prescribed. Risk assessments included risks such as from falls, poor nutrition or pressure ulcers, and included actions taken to mitigate risks where possible. Where people were at risk, for example

from poor nutrition or hydration additional supplementation to meals could be provided. People told us they enjoyed the meals on offer.

People were supported and encouraged to take risks, and remain in control of their lives, supported by thoughtful and reflective practice. Risks within the environment were managed. The service learned from incidents or accidents and reflected on their practice to prevent a re-occurrence.

People's rights were being respected, and the service respected and supported individual people's equality and diversity. Decisions had been made in people's best interests, but these had not always been recorded consistently. The general manager told us this had already been identified and plans were in place to address this. Systems were in place to safeguard people from abuse, and the service responded quickly to any concerns or complaints about people's wellbeing.

Systems for staff recruitment helped ensure potential staff were safe to work with people who may be vulnerable. High levels of staffing were in place, and this was kept under review. These ensured care staff were available to support people's needs at all times. Staff were positive about the home's culture and philosophy and told us how much they enjoyed working in a service where there was enough time to spend with people. Staff received the training and support they needed to carry out their role. This included support for registered nurses to maintain their professional registration.

Care plans were based on assessments of people's needs. They contained details about people's wishes and guided staff on how the person's care should be delivered. We saw people's care plans were being followed in practice. Staff knew people well. Good end of life care was of a high priority. Staff had clear understanding of people's needs at this time of their life and had facilities available to help people and relatives to reduce distress.

More information is in the full report

Rating at last inspection:

At their last inspection in December 2016 the service was rated as outstanding for the key questions of caring and well led, and good for the other key questions. The overall rating was outstanding.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up:

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

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 caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Langham Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team over two days consisted of one adult social care 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, in this case, care services for older people living with dementia.

Service and service type: Langham Court is a care home with nursing. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager, registered with CQC as their previous manager had left in May 2019. A new manager had been appointed and was due to start working at the service in September 2019. This means that when they are registered both they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with ten people living at the service, the ex-deputy manager (now manager of the general nursing care service on the same site), the managing director and another director from the provider organisation, three registered nurses, four relatives, the chef, members of the housekeeping and homemaking departments, and two members of the laundry team. We sat in on a nursing staff handover, observed an activity session, and spoke with eight care and support staff.

We spent two periods of time throughout the inspection conducting a short observational framework for inspection (SOFI) on each floor of the building. This included an observation over a mealtime. SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at Langham Court.

We looked at the care records for four people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at three staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Following the inspection, we received several documents via email and spoke with the general manager by telephone, who had been on holiday at the time of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Everyone we spoke with told us they felt safe. People told us "I do feel absolutely safe here" and "Yes, I've felt safe and it's because there is always help to hand."
- Where people were living with dementia and were not always able to raise concerns directly, care plans contained information about interpreting people's behaviour. This helped staff to assess whether they were unhappy or uncomfortable.
- Staff were aware of their responsibilities to protect people. Staff said they were confident in reporting concerns to the registered nurses or members of the management team. Policies were in place to guide staff on actions to take to help protect people from harm or report concerns.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police). Evidence was obtained that registered nurses had current registration with the Nursing and Midwifery Council.
- The service had high staffing levels, to meet the needs of people being supported. People told us there were sufficient staff on duty, and registered nurses were on duty 24 hours a day. One person told us "Always seem plenty of staff about" and "Staff numbers are Okay, they come quickly if I call." Care staff only supported people with their personal care. There were high numbers of 'homemaker' and housekeeping support staff carrying out other tasks, such as cleaning, bedmaking, laundry and cooking/serving meals.
- Staff were unrushed and had time to spend talking with people. Staff told us they valued this very much. One said "I have worked in other places when all you did was rush, rush, rush. Here we really have the time to spend with people. It makes all the difference."
- Where staff needed additional support in their role this was provided. This included support for protected characteristics under the Equality Act, for example adjustments made for a staff member staff living with a health condition.

Assessing risk, safety monitoring and management

- People living with long term health conditions, such as diabetes, had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe. Other risk assessments such as for pressure ulcers, falls or poor nutrition were completed.
- We saw positive examples of where plans were being developed to help people take reasonable risks. For example, one person had expressed a wish to be able to walk in the wider grounds and through the woods. This person understood they may get lost but was a person who used to greatly enjoy walking and was frustrated by the short distance they could walk freely outside. Plans were being put in place to create a safe footpath for people to walk through the estate independently or with their families.

- Systems were in place to assess risks from equipment including bed rails, and pressure mattresses to ensure they were safe, clean and hygienic. Pressure relieving mattresses checked during the inspection were set to the correct weight settings to ensure they were effective.
- Other safety checks of the environment and equipment were carried out regularly, such as fire tests, wheelchair checks and monitoring of water temperatures.

Using medicines safely

- Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed. People told us "We get our medication when we expect it and they record it and check we take it" and "Staff give me my medicine and check I take it."
- Systems were in place to audit medicines, and the competency of nursing staff administering medicines was assessed regularly.

Preventing and controlling infection

- The service was clean, tidy and odour free. People and relatives told us "My room and bathroom are all kept clean" and "I'm impressed as there are never any aromas in the home." Systems were in place to guide housekeeping staff on daily tasks and checks of the standards of their work were completed by senior staff each day.
- Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections.
- The laundry areas were clean and clear from a build-up of items. Staff demonstrated to us how they managed laundry in ways that reduced risks from cross infection. People said, "Good laundry facilities, they find lost items easily."
- Appropriate arrangements were in place for the management of clinical waste.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example, following recent safeguarding issues the service had reflected on what had not gone well. They had put in place new systems to ensure the concerns were not repeated. They told us "We have learned a lot from this."
- Incidents and accidents were audited to identify any trends and reduce further risk, and a new falls reporting tool had been implemented.
- Staff were always supported by or had access to senior staff on duty or on call. Emergency contact information and business continuity planning were in place. Individual evacuation plans for people were regularly updated.

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 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.

- We found the service was acting within the principles of the MCA. Where significant decisions were being made on behalf of people we saw principles of the legislation were being followed. However, some recording of this was inconsistent. The general manager told us they had identified this in audits. They shared with us some documentation they would be implementing to ensure consistency in approach.
- We saw people were routinely being asked for their consent for care, however this was not always being recorded in the daily notes. The provider told us they would ensure this happened.
- Where applications for DoLS had been granted we saw these were being reviewed to ensure conditions were being complied with. The service was implementing a new tracker system, to ensure repeat applications were made in time to be authorised.

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

- Assessments of people's needs were carried out before they came to live at the service. These were then used to guide the person's plan of care. People or their relatives had been involved in their assessments, care planning and reviews where this was possible. A relative told us "I was involved with her care plan when she came in" and another relative told us about how they had been encouraged to be a part of their relation's ongoing care. The management team told us they would encourage this if people wanted to

maintain this role.

- Care plans were person centred and included information about people's social and personal histories. We viewed the assessment of a person who the service was reviewing to ensure they could meet their needs. It contained sufficient assessment of the person's needs, and any special equipment or support they would need.

Staff support: Induction, training, skills and experience.

- Training was provided to ensure staff had the necessary skills to meet people's individual needs. Registered nurses continued to maintain their registration through regular updating and validation of their skills. A registered nurse told us for example they had just received updates on syringe drivers and verification of death.
- Staff said they received the training they needed to carry out their role. Where agency staff were employed the service tried to ensure they were familiar with the service and working practices. People told us "Staff do a good job here" and "Staff seem well trained – they just get on with their work."
- Training for supporting people living with dementia was delivered in line with best practice and included experiential training simulating difficulties people living with dementia experience. A staff member told us "I know they say it, but it's true. If you have met a person with dementia, you have only met one person with dementia. Everyone is different and our training has helped us look at people individually."
- Staff felt able to go to senior staff to discuss any aspects of their work. One said "I can ask the nurses about anything. They will always find time." Staff systems for supervision and training were being improved. A new team leader told us they had been registered on an NVQ in leadership to help enhance their role and skills.

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

- Langham Court offers a purpose-built high-quality environment to support people living with dementia.
- The building had been designed in line with best practice. The building was spacious, with open, bright and sunny areas where people could walk freely and find many opportunities to engage with objects of interest and their surroundings. For example, people had access to outdoor areas where they could sit and enjoy the surroundings. A relative told us "She has so much freedom in here."
- There was a clear understanding of the impact the environment had on people living with dementia. All areas were calm and had a happy and uplifting atmosphere. This was despite there being some people there who had previously shown distressed or anxious behaviours in other settings. We found people sitting quietly, reading newspapers, listening to music, or spending time outside in the sunshine. One person said, "I have a nice room with access to the outside for the dog" and another "I have a very nice room with a lovely outlook."

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

- People told us they enjoyed the meals served to them, and we saw people being encouraged to drink throughout the inspection. One person told us "we always have fluids to hand" and a relative said "Staff are okay at dehydration prevention." People told us "I've no complaints about the food at all" and "The food is completely enjoyable. It is well cooked and well presented." People were able to make choices about what they wanted to eat at the table, by looking at plated meals to help them make a choice. People told us they could choose to eat in their room or the dining room. Wine or drinks of people's choice were included with meals if people wished.
- The service provided special diets, including soft or pureed textures, gluten-free and low sugar. Where people were at risk of malnutrition they had been prescribed supplements. People's weight and nutritional

assessments were reviewed every month and actions were taken if people were at increased risk.

Supporting people to live healthier lives, access healthcare services and support

- The service had positive working relationships with community medical services. Evidence was in people's files of their access to doctors, community nurses and other medical or support staff. A GP practice supported the service with regular weekly visits. The older persons mental health team also visited to give guidance and support. On the inspection we met with a visiting psychiatrist who told us about their referral services and support they offered the service.
- People were also referred to local podiatry services, optical and dental teams who would make visits to people at the service. Physiotherapy services were available at the service, although one person told us their relation had not had this for a period of two weeks when the physiotherapist was on leave.

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 Outstanding. At this inspection this had deteriorated to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were attentive to people's needs and moods. Records were written respectfully and discussions between staff were positive about people and their needs. Staff had time to chat and engage with people without being rushed or having to follow routines and task-based activities. This gave the home a calm, homely atmosphere. A staff member told us "It's nice to have time. We all eat together – it's easier to help encourage people. It's a lovely place to work – we really get to know people." Staff did not wear uniforms, and most people liked this, although one person said they would like it if staff wore badges, as they could not always tell who was a staff member or a visitor. The general manager we spoke with after the inspection said they had strategies in hand to address this.
- People told us "Staff are very pleasant, attentive and caring", "I get looked after very well", and "We are certain the staff do give us dignity and respect when we need it."
- People's privacy and dignity were respected. Personal care was delivered in private. Staff had taken trouble to ensure people wore clothing that matched and was comfortable, that people were well presented and well groomed. The hairdresser told us about how much it improved people's mood to 'have their hair done' in the service's salon.
- People's independence was encouraged where they wished this. One person said, "I am a bit independent, I can walk around using my walker."

Ensuring people are well treated and supported

- People and relatives said people were well supported. During the inspection we saw many instances when people were supported positively and were encouraged and comforted by staff. Staff used people's names regularly throughout conversations with them. This helps to re-enforce the person's sense of personhood.
- We saw one person being encouraged to have a drink. The staff member winked at them and said "I'm just putting the kettle on. Would you like a drink? And three biscuits?" The person laughed and enjoyed their tea and biscuits. They said, "It's never too early for tea." Another person was encouraged to attend an activity by the staff member saying, "I am going that way – why don't you join me?"
- People were supported to celebrate events of significance to them. We saw feedback from a relative whose husband who was living at the home was supported to celebrate a special birthday with them. Staff had spontaneously supported the person to share sparkling wine and sandwiches with them on a sunny

terrace. The relative had said how treasured a time this had been for them and how much emotional support staff had given them.

- One person had been supported to have their dog at the home. Other people said they enjoyed watching sheep or bird tables placed outside. We saw evidence of thank you cards and emails from relatives supportive of the service and care people had received.

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

- Care plans included information about people's personal, cultural and religious beliefs. The management team told us the service respected people's diversity and was open to people of all faiths and belief systems or none. They gave us examples of how the service celebrated people's and staff diversity in practice. Statements were in the service's policies on their expectations about anti-discriminatory practice. Religious services had been introduced for people who wanted this.

- Visitors were welcome to visit the service at any time. Relatives told us they were kept in touch about their relations needs or any changes in their health. People said, "Absolutely fabulous care here" and "Even though I come in regularly, staff update me on Mums progress." A relative had been involved in making a video about the care at the home, to help promote the service and dementia care ethos and encourage staff recruitment.

- Meetings were held so people living at the service and their relatives could express their views about the service and any areas that could be improved. This included updating people on changes at the service. This included an extension, and the provision of air conditioning.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- Registered nurses told us they prided themselves on their end of life care support. Boxes were available with thoughtful things people might want around them, such as soothing music, aromatherapy atomisers, comforting scented creams and lotions, and religious books or books of poetry to be read. Signs were available for people's doors to ask people passing by to be quiet. Relatives wishing to stay with their relation would be supported to do so, including the facility to have a bed made up in the person's room.
- A member of staff had trained as a "Soul Midwife", which involved being a non-medical companion providing one to one holistic support to people at the end of their lives. This aimed to change the care people received at the end of their life away from a medicalised process, to one that was more emotional and spiritual. People were free to access or refuse this support as they wished, and support was available from McMillan nurses as needed for advice on specialist pain relief.
- The service had a regular service of remembrance, for people had passed away at the service. Memorials were created, and memories of people shared. Staff told us they stayed in contact with relatives of people who had passed away if they wanted this. They said "It isn't just the people we support. We like to think we can give support to families too if they want it."
- Some people living at the service had at one time been assessed as being at the end of their life. And advanced prescribing had taken place to ensure medicines to keep people pain free would be quickly available. People had end of life care plans and advanced care plans. These detailed the person's wishes in relation to medical intervention in the case of a sudden deterioration. Plans also covered what they would like at the end of their life. This included who they would like to be with them and any religious support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was an accredited 'Butterfly Home'. This is an international accreditation scheme recognising best practice in the lived experience of people with dementia. In August 2019 the service had received an Observational audit, which had rated the service very highly, the report confirming the service provided highly skilled, loving and person-centred care to people.
- The model of care in use at the service places a high importance on the recognition of people's emotional needs and experiences, as well as 'living in the moment'. People received care and support in a way that was responsive to their needs. Care plans contained details about people's personal wishes and how they

wanted their care to be delivered. Staff understood these and were careful to support people to keep the independence and skills they had retained for as long as possible. Care and support plans were regularly updated, but some daily notes did not include links to information in the care plan, or reflect all the actions being undertaken. The managing director told us this was an area they were working on with staff.

- The service used information about people's previous history to support their care and interests now. For example, one person had previously been a keen cyclist, but their health now prevented this. The service had accessed an exercise bike for this person to help them rebuild their strength and enjoy pedalling again. Tai Chi sessions and exercise sessions were organised. Raised beds had been provided in a garden area, and people had been growing vegetables and tomatoes. People were then involved in using the produce to create meals at the service. A potting shed had been provided and was painted and planted around by people living at the service.
- During the inspection a film show was in operation, with people enjoying ice-creams. On another day people were joining in with a musical entertainer in a day care area. People told us "I do take part in some activities" and "A staff member has been speaking to Mum in French and she has been responding. She seems well entertained in here by staff."
- The service was developing more activities based on people's wishes and past cultural experiences, for example classical music concerts including the London Mozart players and theatre productions. We saw staff encouraging and motivating people to join in activities, drink and chat. Some people preferred just listening to music or reading their paper and this was respected. Other people joined in a jigsaw or listened to a regular musical entertainer.
- Children from the local nursery and primary schools visited the service regularly. This was part of an intergenerational care project. People from the service enjoyed playing with the younger visitors and supporting older pupils to develop reading and social skills. This recognised and used the skills of people living at the service. Mums and babies came in from a local mother and baby group, and pictures were on display of people enjoying a "Teddy bears Picnic" together. An art exhibition on 'Interpretations of Summer' had been put on, including pictures completed by children and people living at the service.
- Some people had compiled personal interest or memory boxes, with the support of family members. These included items to help stimulate conversation and bring back memories.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss.

- We looked at how the service shared information with people to support their rights and help them with decisions and choices. Pictorial cards were able to support assisted communication and help people with indicating their choices when they were not able to do so verbally. Documents were available in large print versions. People were offered visual clues to help them make choices, for example in what they wanted to eat.
- The service had access to specialist tools to help understand if people unable to express pain verbally because of memory or sensation loss might be experiencing pain.

Improving care quality in response to complaints or concerns

- Policies were available and on display to support people and visitors to raise any concerns or complaints. People said they would feel able to raise concerns if they needed to. People said, "I've got nothing to complain about" and "If I had a complaint I would say so to the management."
- The service had taken appropriate action to investigate concerns raised with them or refer these on to other appropriate agencies.

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 outstanding. At this inspection this key question has deteriorated to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff were clear about their roles and understanding quality performance.

- In 2018 the service won a number of awards for their care practice. These included for dementia care management and for the design of the building.
- The service had a clear management structure, with clearly defined areas of responsibility and accountability. Since the last inspection the registered manager had left the service, and a new manager had been appointed. The service's management confirmed they would be making an early application for registration.
- A private consultant had been visiting the home weekly to assess and monitor practice as well as support the management team in making changes, while there was no registered manager in post.
- People told us the providers were 'nice people' and the 'overall care and attention was very good.' They said "The ambience of this place is fabulous", "It's a very happy place" and "The management of the home seems quite smooth and calm".
- Staff understood their roles, and daily meetings were held across departments to share information about the service. The service was family run, with the nominated individual and directors being related. Regular board and directors' meetings were held. The managing director shared with us the strategic plans for the development and enhancement of the service. These included ways of re-enforcing the service's vision and values.
- Staff were well motivated and positive in their role and relationships with people. Staff told us it was a happy place to work. The service had a positive and person-centred culture, very much focussed on supporting and caring for people and putting people first. Respect for people and their individuality, and a shared philosophy was evident at all levels through the staff team. Staff told us the service's philosophy was "Let our family look after yours". Staff told us they felt like everyone was a family at the service. One relative told us "We knew it was the home for Dad as soon as we entered the place."
- Systems were in place to assess and improve the quality and safety of services. A well-established quality assurance system was in place, including the completion of regular audits of practice and equipment. Assessments were organised under the Key Lines of Enquiry used by CQC to monitor and inspect services.

- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- Staff said they felt supported by the management and had an input into the service. Minutes of staff meetings demonstrated staff were active in raising suggestions or concerns and that management addressed them. They also demonstrated a consistent message from management to staff about the standards expected. Staff were encouraged to reflect on their practice and learn from this to see how improvements could be made, or new strategies to support people developed

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

- People living at the service and relatives were able to give their views through regular meetings and questionnaires. The service analysed the feedback and made appropriate changes. The service was working on developing focus groups, facilitated by an external support organisation to help ensure people's voice was heard throughout changes being made.

Continuous learning and improving care

- The service had clear links with professional organisations supporting positive practice in dementia care. We were told every opportunity was taken to learn new and positive practice throughout the staff team. One registered nurse told us "I have learned so much since being here, so much about how to support good dementia care."
- Links had been established with care providers and organisations in the local area, and learning took place through courses, the internet and care press journals. The service was open and willing to learn and develop.