

DSL Care Ltd

Wellcross Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Wellcross Grange Care Home is a residential care home providing nursing care and support for up to 45 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia. 32 people were living at the service on the day of our inspection.

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

We found areas of outstanding practice in the care provided by Wellcross Grange Care Home. The provider, registered manager and dedicated and enthusiastic staff demonstrated an exceptional commitment to enabling people to live well with dementia and grow old with dignity. People received outstandingly high-quality care that met and exceeded their needs.

The provider had developed innovative and effective systems that promoted people's health and improved their wellbeing, happiness and independence. People and staff universally had their equality, diversity and culture celebrated, and their rights promoted and respected. The service was inclusive, educational and empowering. Bespoke and practical technology was used to enhance people's care, but also to entertain and teach people and staff new skills and increase their knowledge. Staff worked collaboratively with outside agencies such as the local schools, colleges, charities, the local authority and healthcare professionals.

People using the service were consistent in their view that the service was unique in its delivery of care and delivered outstanding care. Typical comments included, "I always get such a warm welcome when I arrive. [Registered manager] is always offering me a shoulder, or an arm when I'm upset." There was a culture of embracing learning and development within the service. People and their relatives felt confident in the skills of the staff and they received effective care that met their needs. Staff treated people with respect, dignity and compassion. They were motivated, passionate and proud of their jobs. People and their relatives felt respected, valued and listened to.

People's physical, mental health and emotional needs were assessed before they began using the service. Care plans were written with people and focused on their individual specific needs and preferences. The management team completed checks and audits on the quality and safety of the service to make sure they had good oversight.

People were supported by staff who had been safely recruited, and they were protected from the risks of discrimination, abuse and avoidable harm. Risks to people's health, safety and welfare were monitored and reviewed. Measures were in place to reduce risks. People told us staff always wore the appropriate personal protective equipment (PPE). Staff had access to PPE stock and completed training about how to use it appropriately.

People were supported to have maximum choice and control of their lives. Staff supported them in the least

restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they knew how to complain, but had no complaints about the service they received. Complaints and compliments were shared with staff to address areas for improvement and to celebrate successes. People received medicines safely. The service was clean, hygienic and a pleasant environment to spend time in.

Staff had received relevant training to meet people's needs. People's wishes at the end of their life were respected. People were able to express their views and had their dignity and privacy promoted. People were protected from harm and abuse, as staff knew how to safeguard people and what procedures they should follow.

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 registered provider of this service has changed since the last inspection. The last rating for the service under the previous provider was good, published on 30 January 2019. The service was registered under the current provider on 15 October 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ☆

Wellcross Grange Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and an assistant inspector.

Service and service type

Wellcross Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included four care plans. We spoke with six people living at the service, seven visiting relatives and two visiting health professionals. We also spoke with nine members of staff, including the provider, the registered manager, the administrative manager, a registered nurse, care staff, the chef and ancillary staff.

After the inspection

We requested further evidence from management at the service.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. A relative told us, "[My relative] is being looked after. She is safe with the staff she now trusts. Her face lights up when the carers come into the room."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations.
- The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns. Where needed they supported staff with extra training to ensure they provided safe care.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Using medicines safely

- People told us they received their medicines appropriately, one person said, "[My relative] needs their medication at a specific time. They make sure that happens."
- Registered nurses and senior care staff were trained in the administration of medicines. A member of staff described how they completed medicine administration records (MAR). These were accurate. We observed a member of staff giving medicines sensitively and appropriately. Staff administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- People's medicines were stored appropriately; safely administered and accurate records had been kept of when they were administered to people. Staff supported people to take their medicines safely and at the time prescribed by their doctor. Medicines were kept locked so they could only be accessed by trained staff.

Staffing and recruitment

- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe.
- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Feedback from people and staff was they felt the service had enough staff and our own observations supported this. One person told us, "I have a button to press to call them. They come quickly most times. I don't have to wait too long."
- There were systems in place to ensure staff were safe to work in the service. All staff had a Disclosure and Barring Service (DBS) check completed prior to starting at the home. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions.

- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.
- People's needs in relation to oral health were assessed before they began to use the service and any support they required to maintain good oral health recorded in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. A relative told us, "They organise it all. Their relationship with the GP is good."
- People told us they received effective care and their needs were met. A relative told us, "Staff are amazing, and it's all the same staff, so [my relative] can build up the same relationships. [Relative] seems happier here." Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets. Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

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

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was sought from healthcare professionals on how people's diets should be adapted to suit them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.
- Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.

- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. A relative told us, "The chef makes wonderful things. Jubilee was the first time people could get together again and the food was beautiful. When my [relative] came in he put on so much weight. When he was home, he never got cake every day, so I know people never go hungry here. His weight has evened out now so I'm not concerned."

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations. Staff supported people with confidence and professionalism. A relative told us, "My [relative] has Parkinson's. They've had the Parkinson's team come in and explain to staff about it, so they've all had Parkinson's training. Parkinson's affects people in different ways, so they know how it affects [my relative]."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. A member of staff said, "I think I have enough training. They offer more, they put it on the board. If we want something specific, we go to office and ask them."
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "They [staff] are lovely. They talk to us like we're people, nicely."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service and could stay as long as they wanted.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do and where they would like to spend time. A member of staff told us, "We get to know them, we talk to them and ask them what they want."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service.
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. A relative told us, "I have no qualms at all. [My relative] is treated with the utmost respect. We all are. It's a family. We are like a family unit. Many times, they have seen me feeling down and there is always a shoulder to cry on, or an arm to comfort us."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner. A member of staff said, "During personal care, before we enter, we knock and close all curtains. When giving a bath or shower, we make sure they are covered and not seen by anyone."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has changed 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

- People received an exceptionally high standard of personalised care that was responsive to their needs. The care delivered and attention to detail around people's needs and wishes ensured that people received outstanding care that increased their sense of worth, improved their wellbeing and enhanced their enjoyment of living at the service.
- People praised the provider's commitment to person centred care and the exceptional results this achieved. A relative told us, "The staff here know the residents so very well."
- We received further high praise on the way the service met people's needs and preferences from visiting professionals. One visiting professional told us, "Whenever I speak to staff, they are always very knowledgeable about the residents I come to visit. They clearly know them well and want the best for them."
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs.
- Care planning was focussed upon the person's whole life, and people and relatives completed a comprehensive 'life book/social profile'. These included, people's choices around what they did during the day, for example what they liked to eat, their preferences around clothes and personal grooming. The care plans were kept under review and updated regularly with the involvement of people, their relatives, visiting professionals and staff. A relative told us, "We helped with [my relative's] care plan when she first came in ."
- People received care from a consistent and regular staff team. A relative told us, "Staff are amazing, and it's all the same staff so mum can build up the same relationships. We notice how kind they are." Staff had an excellent understanding of how to support people to live well with dementia and other health conditions. Staff gave examples of how they responded in a personalised way to people's individual needs. For example, knowing what time of day people enjoyed specific interactions and activities.
- Staff had creatively and informatively ensured that equality, diversity and human rights (EDHR) was promoted and understood at the service. The service had celebrated the cultural diversity of both people and staff. Specific cultural days took place to highlight where people were from. On these days, people's heritage was celebrated and discussed. Staff and the chef made traditional food and drinks of the country. The service also celebrated cultural festivals, such as Easter. These events had created discussion and interest in gaining further knowledge by people, visitors and staff.
- Staff had received specific training around EDHR and ensured that people were cared for as individuals. The registered manager told us, "We treat everyone with respect, we care with our heart."
- A significant amount of practical and imaginative technology was used to enhance people's experience of care and promote their relaxation and wellbeing. For example, Circadian lighting had been introduced in 2021 to help meet the needs of people who had difficulty in sleeping at night. Its use helped reset the body

clock of people whose sleep patterns were disrupted. Records indicated that as a result some residents sleep patterns were now more regular.

- Additionally, the provider had introduced UV-C light sanitisers and HEPA air filtration technology to the service through the COVID-19 pandemic. This enabled staff to clean effectively without the use of harmful chemicals, or noisy cleaning machines that could disturb people.

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

- People told us that the service responded extremely well to their care and recreational needs. One person told us, "Its lovely here. All great, all beautiful. We have music with the groups, walks around the grounds by the pond with ducks."
- A great deal of time and attention had been given to ensuring people's interests were catered for, developed and explored. In addition to numerous activities that were organised, people had access to 1:1 activity support from staff. A member of staff told us, "Everyone gets attention and we listen to what people want to do. We have activities every day of the week."
- There was a varied range of activities on offer which included, music, arts and crafts, quizzes, exercise and visits from external entertainers. Themed events also took place, such as a celebration for the Queen's Platinum Jubilee. A relative said, "There's always something going on here for people."
- The service had well-kept gardens with a duck pond and people were encouraged to take fresh air and get involved with the gardens. One person told us, "It's wonderful here. I went outside, but it was chilly, so we came back. I still saw the horse and we watered the garden. We have a lot of activities here. We're about to do exercises."
- The provider proactively acted on people's feedback to help prevent social isolation and to ensure that people received visitors. For example, the service is in a rural location and there had been minimal parking within the grounds. This concern with the environment was fed back to the provider by visiting families, therefore, the provider created eight additional parking spaces next to the entrance of the service. This made the service more accessible for visiting relatives with mobility issues and allowed for a greater number of visitors.
- We saw examples whereby people who loved animals were visited by a therapy horse. Furthermore, the provider embraced pets as therapy (PAT). They identified a suitable adult dog that could spend a substantial amount of time with people. Grizelda the PAT was very well received at the service, and when off duty lives as a family pet with the provider. The provider and a senior member of staff went through the PAT assessment process and became registered PAT handlers.
- Local schools, colleges and churches visited the service. The provider had developed an innovative and creative initiative with a local college. This programme was called 'Music & Memory' / 'Music for Dementia'. College students and staff at the service had met with people and discussed and recorded their favourite music. Through digital music technology, the service maintained a bank of digital devices which contained personalised playlists for each person. The playlists were compiled with input from people and their relatives with the intention of bringing familiar and loved songs back into their lives.
- We observed people using the devices throughout the inspection, and one person who passed us their headphones told us, "I really like it, it's relaxing. They bring it to me with these headphones."
- We saw examples of how these personalised playlists had for some people reduced their anxieties and behaviours that may challenge others, resulting in a reduction of 'as required' medicines. They also brought enjoyment and relaxation to people.

End of life care and support

- People's wishes for their end of life, including any spiritual and cultural wishes, were discussed and recorded. This ensured staff were aware of people's wishes and that people would have dignity, comfort and respect at the end of their life.

- Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to assist them. Local hospices had supported the service and trained staff.
- We saw an example whereby a person was supported to move into the service to be with their partner at the end of their life. The provider supported them to bring personal belongings from their home, including furniture to make them more comfortable. In light of the exceptional end of life support given, the provider was nominated for a Queen's Birthday Honour, which was duly granted.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns. A relative told us, "We would go to [registered manager]. We feel comfortable doing that and we feel we will be listened to."
- The registered manager recorded and monitored complaints and compliments. Complaints were investigated and responded to in line with the provider's policy. Compliments were shared with staff to celebrate areas of good practice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others. A member of staff told us, "We look at people's facial expressions and we ask them the best way to communicate. We use flash cards. They are great conversation starters. They are very useful cards."

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has changed 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.

Working in partnership with others; Continuous learning and improving care

- The provider was involved in many community initiatives, in partnership with other organisations. These were all based around supporting people to remain independent, improve their wellbeing and to feel part of the community they lived in.
- For example, the provider had developed ongoing and regular relationships with local schools and colleges. Students regularly visited the service and spent time with people, playing games or sharing information about their lives. This intergenerational work was used as projects and homework for the students and also brought a great deal of joy to people living at the service and all involved. Students had designed practical furniture for the service that was used every day, for example the bespoke stand the 'Music & Memory' / 'Music for Dementia' equipment was stored on, so that it was accessible for people.
- The provider had contacted a local museum, and they regularly supplied memory boxes full of historical artefacts for people to use and discuss. This triggered people's memories and helped them to engage and make friends. These initiatives and others developed by the provider enabled people and their families to meet, learn, have fun and have their health and wellbeing improved.
- Feedback from people involved with the service told us how their dedicated and innovative approaches had made a positive impact on people's health and wellbeing. A health professional told us, "They do excellent work here. They are on the ball with people's health needs and they work very well with us and follow our instruction. This has definitely made a difference in terms keeping people from being admitted to hospital." Another health professional said, "They are accepting of all our advice, they want the best for the people who live here. We learn off each other. I wish all homes could be like this."
- The provider demonstrated an exceptional commitment to enabling people to live well with dementia. They worked with dementia charities within the local community to increase understanding for people and their families of dementia.
- The service continually adapted and provided outstanding care. The management team had completed a detailed study on CQC inspection reports for services rated as outstanding. This was to gain a greater understanding of improvement ideas for their own service. Visits to other services rated as outstanding had taken place and areas of outstanding practice seen at these services had been identified and implemented at Wellcross Grange Care Home. A member of staff told us, "We are continually evaluating what we do and developing as a home."

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

- People and their relatives told us the service was exceptional and distinctive. A relative told us, "We

thought we were going to lose [my relative] in hospital, but day two of him being here, he was sitting in his chair and happy. I couldn't thank them enough, they are remarkable. He loves the staff, they are all wonderful and supportive." There was an open culture at the service. Leaders and managers made themselves available, led by example and modelled open, co-operative relationships.

- The provider prided themselves on having a culture of high-quality sustainable care. With feedback from people, their relatives and staff, the provider developed their own set of visions and values. These were based around providing outstanding care to people and supporting staff to be the best they can be. These visions and values have been shared with all stakeholders involved with the provider. A member of staff told us, "I know we give the best care to our residents, but we keep making improvements, because we want to be better."
- People and staff spoke extremely highly of the service and felt it was well-led. Staff commented they felt totally supported and had an excellent understanding of their roles and responsibilities. One member of staff said, "I like my job. The [managers] really listen and do things. Whenever I ask anything, I get answer same day. They are really good."
- The provider stated they believed that staff morale and team cohesion impacted on how care was delivered. They took innovative steps to ensure that staff were recognised and rewarded. The provider regularly organised trips for staff to attractions locally and in London, such as zoo's and West End shows.
- The service had a strong emphasis on team work and communication sharing and staff commented they all worked together and approached concerns as a team.

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

- There were consistently high levels of constructive engagement with staff and people who use services. Feedback was used to drive improvement. Staff played a pivotal role in developing the service and providing positive outcomes for people and a motivational place to work. For example, staff developed the new role of senior health care assistant. They designed what the role would entail, the job description and how this would benefit people and the service. This role has motivated staff to provide outstanding care, access a clear development path and increase morale. A member of staff told us, "Staff developed the role completely, it was their views and experience that made this happen." We also saw how staff had designed documentation and had an input on the design and layout of the service .
- People were regularly asked to provide feedback about the quality of service they received. Survey responses reflected people thought they received a high quality, person-centred and professional service.
- Staff meetings and staff satisfaction surveys were carried out, providing management with a mechanism for monitoring the service provided. The provider told us how they encouraged staff to engage with the service and continually improve. One member of staff said, "[Registered manager] is great, he is always asking 'what do you think about this?' before he implements something, or if it's new he asks, 'is it working well?'"
- People were also involved in developing the service. For example, people had influenced new food choices and activities.
- The service supported people to be involved in decisions about their care and health needs. The provider had trained members of staff to be 'champions'. These champions were specialists in specific areas. The champions worked closely with people to help them understand their health conditions, in order for them to be able to make informed decisions in respect to their care and any treatment required. The champions also worked closely with healthcare professionals to share information and learning about people's specific health needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team completed regular checks and audits to monitor the safety and quality of the service delivered. Senior staff completed checks to monitor staff competency and people's satisfaction of the service.
- The managers and provider worked as a cohesive team. They led by example, coaching and mentoring their staff team.
- The management team understood their responsibilities in relation to duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment. The Care Quality Commission and local authority safeguarding team were informed of notifiable incident in a timely way and in line with guidance.