Shakti Care Services Ltd

St Winefrides Residential Home

Inspection report

32 St Winefrides Road
Littlehampton
West Sussex
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Tel: 01903717455

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

St Winefrides Residential Home is a large, detached, older style property situated close to the town centre of Littlehampton. It is registered to provide accommodation and care for up to 24 older people living with dementia. At the time of our inspection there were 22 people living at the home. Communal areas included a large sitting room, a lounge used by people wishing for a quieter environment, known as the 'quiet lounge'. The 'quiet lounge' overlooked the garden to the rear of the property. There were sitting areas in the corridors to allow people to sit and rest when needed. The home had a dining room.

People's experience of using this service:

People received exceptionally high-quality person-centred care that exceeded their expectations. The management and staff team went above and beyond to ensure that people's care and preferences met their expectations, with people's wellbeing and independence being at the heart of the home. Activities for people were innovative and highly regarded by people and relatives. The home went the extra mile to ensure that people were involved in their community and empowered in the planning of activities to reduce social isolation and improve well-being. A relative told us, "The staff are attentive to everyone needs and are proactive in engaging with people."

People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was sufficient staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

Staff were trained in administering medicines and people were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people. Staff completed training that reflected people's varied needs and staff were experienced in their roles to provide effective care to people. Staff received regular supervisions and an annual appraisal.

People's risks were identified and assessed appropriately, they were supported to maintain their health and had support to access health care services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received kind and compassionate care. People and relatives told us staff treated them with kindness and we observed friendly interactions throughout the inspection. People were comfortable in the company of staff. Staff felt supported and confident that any suggestions or concerns would be listened to and acted upon. People and relatives were asked for their feedback about the home through meetings, care reviews and surveys. A range of quality assurance systems measured and monitored the quality of care and the

home overall.

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

Rating at last inspection: Good (report published on 9 February 2017).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 Well-led. Details are in our Well-Led findings below.	**Good**

St Winefrides Residential 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. 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:
This comprehensive inspection was carried out over one day by one inspector.

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

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 inspection was unannounced.

What we did before inspection:
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

The provider was not asked to complete 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 this information to plan our inspection.

During the inspection:
We spoke with four people who use the service, five relatives and eight members of staff, including the provider, registered manager, quality coordinator, shift lead, care workers, activities coordinator and the housekeeping staff.

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 three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 key question 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

- People told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm. One person told us, "I feel safe and well looked after."
- Staff received safeguarding training, they knew how to recognise potential signs of abuse and how to raise concerns in line with the provider's policies and procedures to the local authority. One member of staff told us, "I report to my manager, listen to what the person is saying, don't give my opinion and don't keep it a secret. I would raise with the local authority if needed or contact the emergency services."

Assessing risk, safety monitoring and management

- Risk assessments gave guidance to staff on how to support the person to manage and reduce any risks. For example, we found clear guidance on how to support people with their mobility, the type of dementia and how it affects their memory, capacity and ability to carry out day to day tasks. Stating what support is required to prevent falls.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved. Such as, electrical wiring, appliances and fire safety.
- Staff received health and safety training and staff knew what action to take in the event of a fire.

Staffing and recruitment

- The registered manager reviewed and assessed staffing levels using a dependency tool based on the needs of people. We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. One relative told us, "The turnover of staff is very low, and I see the same faces. Good ratio of caring staff."
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. Staff recruitment folders included employment history checks, suitable references and appropriate checks, such as Disclosure and Barring Service (DBS), to ensure potential staff were safe to work within the health and social care sector.

Using medicines safely

- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering 'as and when required' medications. The providers electronic system ensured that medication was given within the required time periods. This gave further assurances that people were not at risk of being over prescribed medication.
- Staff received regular training and competency assessments were carried out to ensure their practice remained safe. We found evidence of regular auditing of medicine, including checks on accurately recording

administered medicines.
● We observed a member of staff administering medication safely with great care and attention to people.

Preventing and controlling infection
● People were protected from the risk of infection. Staff had training in infection prevention and control and information was readily available in relation to hand washing, cleaning products and processes.
● Staff confirmed that they had infection control and food hygiene training and we observed staff wearing gloves and aprons when supporting people with personal care.

Learning lessons when things go wrong
● Systems were in place to record and identify lessons learned and improvements were made when things went wrong. For example, the registered manager told us, "Following a safeguarding I held a learning session with staff and we introduced a 'hospital bag' to ensure that everyone living here had a bag ready if they needed to go to hospital. Paramedics now sign a sheet to say what belongings are going with the person."
● The registered manager analysed accidents and incidents, including near misses, on a monthly basis to identify any emerging patterns, trends and learning. The registered manager and quality coordinator told us how they use a system called 'time plotting' to see when incidents have taken place such as falls. This has helped the registered manager identify times of the day when people are more likely to have a fall. From this analysis the registered manager has ensured that additional staff are on shift at key times, which has prevented and reduced the number of falls.

Good

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.

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

- The registered manager carried out a pre-assessment before people moved into the home and care was delivered in line with best practice guidance. The assessment process helped to form the person's care plan and to understand their care and support needs. Care plans were further developed as staff got to know people better.
- Care plans confirmed that people, their relatives and professionals (where possible) were involved in this process and that people consented to care and treatment. One relative told us, "My loved one has been here for over 2 years, we were both involved in the developing the care plan along with the social worker. We have regular meetings and I can I ask for a care plan review at any time."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas through face to face and on-line. Training records were kept up to date and staff told us, they thought there was enough training available and would ask for more if needed. Staff were actively encouraged and given the opportunity to achieve further recognised qualifications in social care. One relative told us, "There has been occasions where I have offered to help staff with a resident and the staff will tell me no as you are not trained."
- Staff completed an induction when they started working at the home. One member of staff told us, "Very thorough induction with shadow shifts and an induction checklist. The checklist needs to be 100% completed before it is signed off."
- Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues.

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

- People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. Electronic systems gave reminders to staff to offer regular drinks throughout the day. People's weight was monitored on a regular basis and where appropriate people were referred to dieticians for advice and guidance.
- People were given a choice of food at mealtimes and alternatives were available. People told us they enjoyed the food and the wine with it. The chef and staff understood people's dietary requirements and preferences and were aware of special diets such as those in need of a diabetic diet, soft foods, gluten free and those who were vegetarian.

● We observed the lunchtime experience and found it to be a very sociable occasion. The tables were set nicely, and the food was presented well and smelt lovely.

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

● Staff worked well with other agencies to provide people with timely care. The registered manager told us how on each person's birthday they submit information about the person's weight, height, blood pressure, pulse and oxygen levels. This ensured the surgery had up to date information which enabled the GP to carry out more accurate health and medication reviews.

● People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, opticians and a chiropodist. People's needs were continuously reviewed, and the GP was contacted if there were concerns about people's health. One person said, "When I have been unwell the staff have called for a doctor and have gone with me."

● People's oral health care needs were assessed, and staff supported people with their oral care. One person told us, "Staff encourage me to brush my teeth."

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

● The environment continued to meet people's needs. The home had wide corridors which meant there was sufficient room for people to move around safely with their mobility aids.

● The home was bright and clean with a welcoming atmosphere. People had spaces to spend time together, be with family and friends or enjoy time alone.

● People's bedrooms were personalised to people's individual taste with their own possessions such as paintings, photos of those important to them and furniture.

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.

● The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.

● People's care records documented whether they had capacity to consent to specific aspects of their care. When best interest decisions had been made, the decision-making process had been recorded to ensure people rights were upheld.

● Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond. One member of staff told us, "Each member of staff has the 5 principles of MCA in their pockets. We have had training. I give

people choice by knowing them and asking what they like, by showing the person their clothes, asking if they want a shower and encouraging them to do as much as possible."

Good

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 remained the same. 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

- People and their relatives were extremely positive about the quality of care and support people received. We received an overwhelming amount of feedback from relatives about the caring nature of the home and staff's compassionate approach. Our own observations supported this. Visitors stayed for long periods and spent meaningful time with their loved ones.
- Staff demonstrated a kind and compassionate, can-do attitude. There was a strong culture of person-centred care in the homes approach to supporting people's happiness and wellbeing. For example, at the end of each care interaction staff used 'emoji' faces on their electronic devices to reflect how people were feeling which enabled staff to monitor people's moods and happiness.
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected. People were supported to observe their faith and attend church services. People were supported to express their sexuality and discuss their feelings with staff. The registered manager gave an example, where one person discussed their sexual thoughts with a member of staff, the staff member talked through options including joining a dating site to find a companion. The person felt relieved to have had the opportunity to talk about how they felt and reassured staff will listen.

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions.
- Staff 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.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff has a good understanding of promoting people's independence. The home had a dignity champion to ensure people were treated with dignity and respect. They carried out spot checks of other staff to identify areas for improvement in staff practice.
- We observed staff knocking on people's doors and being respectful. One relative told us, "If anything happens the staff will use a screen to protect people's privacy and dignity and I always see staff asking people quietly if they need help with personal care." Our own observations supported this.

Outstanding ☆

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 now 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

● Staff demonstrated an excellent understanding of what was important to people and knew them well to deliver truly personalised care that was responsive to their needs. Relatives consistently told us the care their family members received exceeded their expectations.

● People's care plans were exceptionally person centred and included information about their physical, mental and emotional needs to support staff in knowing the person. The registered manager had established weekly 'wellbeing' meetings involving the whole team to review people's wellbeing and share information and ideas to improve their life within the home. The impact of this was evident in the personalisation of people's care. For example, through this whole team approach this meant key information was shared, following one to one conversation's with people. This led to positive outcomes for people such as, making sure one person had fresh flowers in their room, as this made them feel important and that they were cared about. Another person told the chef how they loved going to the pub, so every Thursday they go to the pub. This meant that people received exceptionally personalised care that was responsive to their needs.

● People were given regular opportunities to have a relaxing jacuzzi bath at the home, with music and soft lighting, scented sticks and a drink of their choice, including a glass of wine. The registered manager told us how staff have observed a positive impact on people, "Not only do the spa baths relax people's body and minds, following the baths people seem less anxious. Staff have also observed that people with arthritis experience less pain and better movement."

● The registered manager recognised the importance of not just meetings people's physical needs and preferences, but also developing opportunities to stimulate their emotional well-being. The home had a breakfast club where staff brought their children in before school to have breakfast with people. People told us how much they enjoyed seeing the children and spending time with them over breakfast. People displayed drawings the children had drawn in their bedrooms, they helped the children to read and played games such as hide and seek. The registered manager told us, "The Kids Breakfast Club brings the missing piece of having a family and the feeling of normality rather than feeling alone in a 'care home'." A relative said, "Having the kids coming in in the morning is fantastic."

● Care plans contained extremely detailed information which had been developed where possible with the person, their family, professionals and staff. Relatives had permission to have restricted access to their loved one's electronic care plan, which enabled them to read their care plan, risk assessments and what they had been up to remotely. This demonstrated the homes overwhelmingly transparent approach to care.

● The electronic care plan system alerted staff to different aspects of people's care and support and gave reminders to staff to ensure nothing was overlooked. For example, if the person's food and drink intake had

not been entered or the person had not had a drink in the last hour. This meant that if the person had not eaten, staff could offer them another lunch or ensure more food was provided throughout the afternoon.
● Changes in people's health or care needs were quickly communicated and updated in their care plans and through daily handovers with staff. Due to people often falling ill with chest infections and colds throughout the year the provider invested in 'Air Purifiers' for every communal area of the home. This action has improved people's health and the provider told us how this has reduced the number of chest infections and colds within the home.

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 were exceptionally person centred with a strong focus on improving people's well-being and reducing social isolation. Each evening time is set aside for 'sundown' to help settle and relax people before bed. Staff play relaxing music, dim the lights to create a relaxing atmosphere. People are given blankets and hot chocolate they have a fireplace or fish tank playing on the big screen TV and chat about their day. Staff explained, this time has had such a positive impact on people and said, "People settle quicker, stop wandering around and fall asleep easier." This demonstrates an outstanding approach to supporting people living with dementia.
●There were many examples of how the homes activities had a huge impact on supporting people to regain confidence and mobility. For example, when one person moved to the home they were aggressive, and this was managed with medication. Through working with the person and finding out their likes and hobbies the staff introduced activities that stimulated the person. These positive interactions led to the persons medication being reviewed and the medication being stopped. The family were over the moon. Another example included using 'power plates', an exercise device aimed to improve people's circulation and relax muscles. The registered manager gave us many examples of how this helped to improve people's confidence, through staff support and encouragement and the use of the power plates, people were able to walk longer distances with their mobility aids.
●People had established close friendships with others in the home and the registered manager proactively tried to match people as companions based on their interests. One person told us, "There is a good atmosphere here." People were supported to maintain relationships with those important to them. The service had Wi-Fi and people had access to electronic tablets and a telephone and were supported to keep in contact with friends and family if they chose to. For example, where they supported one person to re-establish a relationship with their cousin, who lives in a different country. The person now exchanges regular letters and photos. The person is delighted to have ties with his extended family again.
● English was not some people's first language and we observed staff proactively using translation apps to speak to people in their spoken language and ensure people had understood the information given to them. Staff had learnt key phases such as 'good morning' and 'how are you?'. Due to people's dementia this offered them reassurance and familiarity.
● Activities were offered throughout the week where people enjoyed music sessions, arts and craft and outside entertainers such as pet therapy, art therapists and musicians. One relative told us, "They have all sorts going on here, they have had Shetland ponies in, owls and singers." On the day of inspection, we observed people enjoying a member of staff's dog who comes to work with them every day. We observed that people valued and loved having the dog around and being able to make a fuss of him and take him for walks in the garden. In the afternoon people enjoyed mocktails and dancing. One relative told us, "They go the extra mile, it's the little things like getting people up dancing and it's wonderful to see the smiles on people's faces."
● Activities were exceptionally diverse, and staff ensured people had a mixture of things to do within the home and out in the community. These ranged from garden parties in the summer, to frequenting local cafes and pubs, accessing local voluntary groups and holding annual 'come dine with me' events with

friends and family. Within the home people were supported to bake and on the day of inspection they were getting ready for the 'big bird watch' and showed us the bird feeders they had made. One lady helps with the laundry and takes great pride in being needed and useful. People's ideas were sought on how they wanted to spend key events such as Christmas and Easter and how they wanted their bedrooms and the home decorated to make it personal to them. Photos of how people spent their time were displayed across the home and the paintings they had done. It was clear from people and relatives feedback including those who stayed in their bedroom and our own observations, that the activities provided had a significantly positive impact on people's lives and provided them with meaningful opportunities that they may not have had if they were living alone. People told us, "They had more than enough to do in the day."

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.

● The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate.
● We saw evidence that people's identified information and communication needs were assessed and met. For example, people had access to electronic pads to access films and newspapers in different languages. The registered manager had arranged for 'talking newspapers' to be delivered from the library. People with visual impairments had access to audio books. The provider had arranged for people to have voice activated smart device's in their bedrooms. Staff worked with people to ensure reminders were set to individual preferences such as music, news and weather updates. This meant that people with impairments or sensory loss, could independently access information and entertainment via the internet.

Improving care quality in response to complaints or concerns
● The provider had a clear complaints policy in place. People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. The complaints procedure was displayed in the home. The registered manager told us how they have not received any complaints in the last 12 months.
● Since the last inspection the provider had introduced an electronic feedback form for visitors to complete. Visitors were asked questions based on their experience of their visit. One relative told us, "When we leave there is an electronic feedback form that asks questions about our experiences from the visit and I will always complete this." This meant visitors could leave positive and negative feedback immediately, if they did not feel happy talking to staff. The feedback was reviewed regularly to ensure any complaints or concerns were addressed and acted upon.
● Relatives told us they felt listened to and one relative said, "I understand the complaint process but have had no reason to make a complaint."

End of life care and support

● At the time of inspection no one who was at the end of their life.
● The registered manager told us that if a person's situation changed, conversations with people and relatives (where appropriate) would take place to understand their wishes for end of life care, including their preferences and funeral arrangements. Feedback from relatives following a person's end of life was extremely positive about the staff's caring and compassionate approach to end of life care.

● People were able to die with dignity. This is known as a 'DNACPR' which stands for Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Good

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

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

● We received positive feedback in relation to how the service was run, and our own observations supported this. The registered manager had created an open and positive culture that delivered high-quality, person-centred care. One member of staff told us, "Our role is to strive for outstanding care and fulfil people's wishes, needs and preferences." One relative told us, "It is so relaxed you are never in the way and everything just feels like home. Never a nasty smell. As a family we are so pleased with the care and we couldn't dream of a better place."

● Staff knew people well and understood their individual needs. On relative told us, "The home is extremely well managed. I suggested a year ago about the staff having name badges which all the staff now have." Another relative said, "Very happy with the service, quality is good. The staff are attentive to everyone's needs and are proactive in engaging with people."

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 registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

● Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Staff understood their roles and responsibilities and spoke highly of working for the service. There was a clear written set of values that staff were aware of, displayed in the home, so that people and relatives knew what to expect from the care delivered. One member of Staff told us, "Really good team work, we all work well together, have good communication and it all runs very smoothly. The manager is so good, and I feel happy to come to work."

● We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends. The registered manager told us, "I trust my team and I get staff to reflect on what they could do better."

● The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

● People and relatives and were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings. The provider had invested in an external counselling service for staff which provided emotional support.

● People, their relatives and staff took part in yearly surveys. People, relatives and staff told us, they felt supported and listened to by the provider. Feedback from the surveys was very complimentary about the home.

● Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us, "We feel valued and we get thanked every day when we go home."

Continuous learning and improving care

●The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and met regularly with the provider.

● Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication.

● The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current needs and any changes in their care. We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others

● The registered manager and staff proactively worked in partnership with healthcare professionals to promote positive outcomes for people. Professionals we spoke to were complimentary about working with the home and told us the registered manager was helpful and proactive.

● One member of staff gave an example where a person had a grade 4 pressure sore and as a team they worked with the Tissue Viability Nurse, to improve healing.

● The registered manager kept abreast of local and national changes in health and social care, the Care Quality Commission (CQC) and government initiatives.