

# Follett Care Limited

# Tripletrees

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 13 November 2018. Tripletrees is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tripletrees is situated in Burgess Hill in West Sussex and is the only home owned by the provider. Tripletrees is registered to accommodate 28 people. At the time of the inspection there were 28 people accommodated in one adapted building, over four floors. Each person had their own room and access to communal bathrooms. The home provided accommodation for older people and those living with dementia.

The home had a registered manager. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. Since the previous inspection on 27 April 2016, the provider of the home had changed. The registered manager had taken over ownership of the home. The management team consisted of the two providers, one of whom was the registered manager, and another member of staff who was the head of care. At the previous inspection the home was rated as Good. At this inspection we found the home remained Good.

People were at the heart of the registered manager's and staff's vision and values. The registered manager and staff held the values of love, respect, compassion and care in high-regard. These values were embedded in staff's practice. Without exception, comments from people and their relatives were overwhelmingly positive. Comments from people's relatives included, "The care is so good. I can sleep easily in my bed now. They even help my relative to know who I am. The carers are loving and considerate" and "You cannot beat the care and consideration they receive here. I would give them 10 out of 10. It feels like one happy family". A healthcare professional told us, "They seem to have people's best interests at heart".

Thoughtful, compassionate and creative ways of enabling people to feel valued and well-cared for had been put into practice. People were asked what would make them feel content and if they had any wishes. One person had expressed sadness and anxiety about not knowing where their parent's graves were. Staff had exceeded expectations and had searched records and cemeteries until these had been found. The person had been supported to visit and lay flowers at the graves. They were reassured and settled once they knew where their parents were.

Innovative approaches with the use of technology demonstrated that staff cared about people and wanted them to have a good-quality and enriched life. 'Apps' had been created and each person had their own log-in when using an electronic tablet. Dependent on people's abilities, they could use these independently or with assistance from staff. Observations showed people enjoyed looking at this personalised facility. This included photographs of their families, or places of interest to them, their favourite television programmes and music that they liked to listen to.

People told us that they remained safe. They were protected from abuse and discrimination. Sufficient numbers of skilled staff ensured people's physical and emotional needs were met. Risks to people's safety were identified and mitigated. Infection control was maintained.

People's needs were assessed and reviewed on an on-going basis. People received personalised care. People were actively involved in their care and in decisions related to it. People were supported to maintain their health. They had access to medicines, which were managed safely, and received support from external healthcare professionals when required. An external healthcare professional told us, "They really work with us to make sure people are getting good care". People received appropriate end of life care to ensure their comfort.

People told us that they enjoyed the food. People's access to nutrition and hydration continued to meet their needs. People had access to an environment that met their needs. Communal areas, as well as private spaces, enabled people to spend time on their own or with others.

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 at the home supported this practice. People were treated with respect, their privacy and dignity was maintained.

People and relatives were involved in the running of the home. Their opinions and suggestions were respected and acted upon. People, relatives, staff and an external healthcare professional, were complimentary about the leadership and management of the home. When asked to describe this, a relative told us, "Exceptional".

Further information is in the detailed findings below.

## 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 home remains safe.

Good ●

### Is the service effective?

The home remains Effective.

Good ●

### Is the service caring?

The home was exceptionally caring.

People were supported by extremely kind and caring staff. Staff went the extra-mile to ensure people's needs were known and met.

People were respected and they led dignified lives. They could make their feelings known and these were listened to and acted upon.

People's skills and experiences were respected. They were supported to maintain their independence.

Outstanding ☆

### Is the service responsive?

The home remains Responsive.

Good ●

### Is the service well-led?

The home remains Well-led.

Good ●

# Tripletrees

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This unannounced inspection took place on 13 November 2018. The inspection team consisted of one 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 the expert-by-experience had experience of older people's services.

Before this inspection we looked at information we held, as well as feedback we had received about the home. We also looked at notifications that the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with ten people, eleven relatives, five members of staff, a visiting health care professional and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care records and medicine administration records for six people, three staff records, quality assurance audits, incident reports and records relating to the management of the home. 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 observed the care and support people received as well as the lunchtime experience and the administration of medicines.

## Is the service safe?

### Our findings

People continued to be safe. One person told us, "You feel safe because there are always lots of people around, always someone to help me".

People continued to be supported by staff who were suitable to work within them. Pre-employment checks, employment history and references had been obtained before staff started work. People had access to sufficient staff to meet their needs. When people called for staff's assistance they received this in a timely way. A relative told us, "There are lots of carers to look after my relative". Consideration of staff's skills and levels of experience were made. New staff were allocated to work alongside existing staff to ensure that they were supported to have a good awareness of people's needs.

Staff understood their responsibilities to safeguard people from harm. People told us that they felt comfortable to speak to staff if they had concerns about their care. The deployment of staff meant that there was always staff within communal areas to ensure people were safe. Staff were mindful of potentially challenging situations. There was a low number of altercations between people. Staff were available and on-hand to offer distraction techniques and interact with them to help occupy their time. Consideration was made of people's life experiences and the impact this could have on how they were cared for to help them to feel safe. For example, one person had experienced a traumatic life event. The registered manager ensured that the person was assisted by staff who were the same gender to help the person feel safe and comfortable. When there were concerns about people's safety, appropriate referrals had been made to the local authority. Advice and guidance provided by the local authority had been listened to and complied with.

People were protected from discrimination. One person was speaking in a derogatory manner about another person's chosen career. A member of staff overheard and intervened. They took time to have a conversation with the person explaining about people's differences and the value that we could all contribute.

Risks to people's safety had been considered and people remained safe. Staff worked alongside people and their relatives when devising care plans and risk assessments. Consideration of people's preferences was made to ensure that they could continue to enjoy pursuing their pastimes in a safe way. For example, when people were living with dementia and wanted to enjoy trips outside, staff ensured that they accompanied them to assure their safety. A relative told us, "They help my relative to be independent. They weigh up the risks and they can wander from room to room quite happily".

Medicines continued to be managed in a safe way. Trained staff administered medicines and had clear guidance to inform their practice. People told us that they had access to medicines when they needed them. People's consent was gained before staff offered support. They were asked if they required 'as and when required' medicines. Their right to refuse medicines was respected. People had access to regular GP visits where their medicines were reviewed and discussed. Audits conducted by the registered manager as well as external pharmacists ensured that medicines continued to be managed safely. Information about people's

health and the medicines that were prescribed, was readily available should people transfer to other settings, such as when they were admitted to hospital. This helped to ensure that people's care was consistent.

Accidents and incidents that had occurred had been recorded, monitored and analysed to identify trends. Lessons were learned and information from the analysis of accidents was used to inform staff's practice and supporting documentation. For example, risk assessments and care plans were updated to reflect the change in people's needs following an accident. One person, had experienced several falls. Staff had identified this and had arranged for the person to have tests with their GP and had made a referral to the falls prevention team.

People had access to equipment that were safe. Equipment was regularly checked to ensure people's safety. Infection control was maintained and the home was clean. Staff used personal protective equipment when supporting people with their personal care needs. They disposed of waste appropriately to minimise the risk of cross-contamination.

## Is the service effective?

### Our findings

People's wishes continued to be respected and they were provided with choice. People told us that staff always gained their consent before offering support and our observations confirmed this.

Faith in staff's abilities remained. A relative told us, "All staff are well trained and skilful. I have never heard anyone saying, 'sit down' or saying anything upsetting. They are comforting and considerate". Another relative told us, "I've got nothing but praise for the staff. They are on the ball". Staff were supported and encouraged to undertake courses that the registered manager felt were essential to their roles. This included a course about dementia care. Staff told us that this had helped them to understand what people may be experiencing and enabled them to support them in a considerate and appropriate way.

Observations of interactions between people and staff demonstrated that staff were mindful of how best to interact and engage with people who were living with dementia. Both the registered manager and another member of staff were responsible for delivering most of the courses that were provided. This enabled them to be tailored around people's individual needs to ensure that staff knew how to support people appropriately.

Staff told us that they continued to feel well-supported. They had access to regular supervisions and appraisals that enabled them to discuss their roles and reflect on their practice. Feedback was provided and they were supported to consider additional learning and development opportunities. There was a strong emphasis on role-modelling. The registered manager worked alongside staff which encouraged staff to mirror good practice. The registered manager observed staff practice and made suggestions if they witnessed practice and interactions that needed to improve. Links with external healthcare professionals and local colleges enabled staff to have access to current good practice and to develop within their roles.

Consideration was made to ensure that people's holistic needs were assessed. People's physical and emotional health had been assessed and staff worked hard to ensure that people were supported appropriately to meet all their needs. People continued to be supported to maintain their health. They had access to medicines when they needed them and staff worked in accordance with best practice guidance to ensure people received appropriate care. For people who had complex long-term health conditions, effective monitoring was in place. A handheld device was used to monitor if people were showing signs of atrial fibrillation, if signs were apparent, intervention could then be offered before any conditions escalated. This helped to reduce the risk of strokes or further disease. Staff were responsive when there were changes to people's health. Timely referrals to external healthcare professionals ensured that people were provided with appropriate treatment and coordinated care. An external healthcare professional told us, "Staff know about the people and report things in a timely manner. They really work with us to make sure people are getting good care". A relative told us about the improvement in their loved one's health since being at the home. They told us, "They used to have lots of urine infections when they were at home, they have had none since they have been here".

People had access to a 'homely' environment and told us that they felt comfortable and at ease. Communal areas provided people with opportunities to engage and interact with others. People also had their own

rooms so they could spend time alone or entertaining their family and visitors. The registered manager acknowledged the importance of creating a welcoming environment and had made efforts to maintain and improve the home. Redecoration had taken place and people had been included and consulted. People had been provided with an additional living space. A conservatory had been added to provide people with a bright, quieter space to use should they choose to. Photographs of people were displayed on their bedroom doors to support people to orientate and recognise their rooms. Photographs of food had been displayed in the dining room to encourage people to associate the space with eating and drinking and to promote and encourage nutrition.

People continued to have access to sufficient food and drink. They were complimentary about the food and drink. Soft drinks, fruit and sweets were available for people to help themselves. People were reminded and encouraged to have sufficient amounts to drink. People could choose where to eat their meals. One person disliked eating in the presence of others and was supported to have their meal in a quieter area of the home. When people required support to eat and drink, staff reminded people of their food choice, explained what they were doing and ensured that people were supported at their preferred pace.

A sociable and relaxed atmosphere was created. People enjoyed shared conversations with people sitting at their table or with staff, who took time to have conversations with them. Consideration was made about encouraging people's appetites. A hatch leading from the kitchen to the dining room enabled people to enjoy the cooking smells that came from the food being prepared. People commented to each other about the smell of the food being cooked. This helped people who were living with dementia, to know that it was time for a meal and supported them to be ready to eat. The registered manager regularly observed and joined-in at meal times to ensure that people's experiences were pleasant and met their needs. Regular dining surveys were sent to people which asked them about the food, their interaction with catering staff and their overall experience. Results were analysed and changes made if required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff continued to have a good awareness of the importance of involving people, and those involved in their care, in decisions. When DoLS had been authorised by the local authority, staff worked in accordance with any conditions that had been associated to them. For example, one person's DoLS condition advised staff to ensure the person regularly spent time outside of the home. Daily records showed that the person had been regularly supported to visit local places of interest.

## Is the service caring?

### Our findings

Without exception people and their relatives commended the exceptional quality of care they received. Exceptionally positive, caring relationships were the focus of staff's practice. Comments from relatives included, "The care is so good. I can sleep easily in my bed now. They even help my relative to know who I am. The carers are loving and considerate" and "You cannot beat the care and consideration they receive here. I would give them 10 out of 10. It feels like one happy family". A healthcare professional told us, "They seem to have people's best interests at heart".

Care and compassion was at the heart of staff's practice and central to the care people received. The registered manager demonstrated the values of love, care and respect to both the staff team, people and their relatives. Staff felt valued, empowered and highly-motivated and this helped to create an atmosphere and culture where people felt secure, well-cared for and loved. There was a strong and tangible emphasis on person-centred care. A warm, friendly, welcoming and homely atmosphere ensured that people felt at ease and at home. The registered manager and staff cared about people and wanted people, to not only have a comfortable life, but to have a good, high-quality life.

People and their relatives spoke about the difference staff had made to their lives. A relative told us, "They have given my mother a new lease of life just by being kind and considerate", "My mother is a changed personality. She used to hide under the sheets at her last care home. They have given her the confidence to carry on" and "It has made a difference to their life being here. They are no longer lonely and on their own for hours on end".

The registered manager and staff went the extra-mile to empathise with people. People were asked what was important to them and what would make them happy. A wish tree had been set up. Staff supported people to talk about their wishes and had recorded and hung these onto the tree. One person had a love of horses and had enjoyed seeing horses throughout their life. They had wished that they could see horses again. Staff had supported the person to visit horses and their relative told us, "They took my relative to see the horses. They were brought up on a farm with shire horses. They loved their visit and they still remember it". Another person had spoken to staff about their parents who had passed away. They were upset as they did not know where their parents were buried and this caused them distress and anxiety. The registered manager and staff exceeded-expectations by researching records and local cemeteries to locate the person's parent's graves. After extensive searches these had been found and the person was supported to visit and take flowers to the graves. The person was comforted and felt at ease with the knowledge of where their parents were.

People's diversity was acknowledged and practice was adapted to ensure that people were treated in an inclusive way. Efforts had been made to gather information about their lives so that staff could continue to support them to feel valued and to encourage their self-worth. Innovative practices had been developed and were used to encourage conversations and interact with people. The registered manager had purchased electronic tablets and a member of staff had developed personalised 'apps' for people to either use independently or with staff's support. The 'apps' displayed icons which could be accessed. These

included a section on people's preferred music, television programmes and films as well as photographs or videos that were important to them. Some people were living with dementia. Observations showed these people enjoying using the electronic tablets, they were observed looking at photographs of their families or of themselves when they were younger. Staff took time to engage in conversations with people about the photographs and about their lives. This helped to promote reminiscence and people were seen to be actively engaged in conversations about the places that they had loved and what work they used to do. A relative told us, "My relative uses an iPad and staff have put an 'app' on it with programmes of their favourite songs, memory lane photos and favourite sit-coms, all personal to them. They all have their own passwords".

Staff had gone 'over-and-above' and during a conversation with one person had found out that the person had appeared in a television documentary. Staff had searched for the documentary and had found it. This was then placed onto the electronic tablet for the person to access and watch. This demonstrated that staff cared about people's life experiences and what was important to them and had made an extra-effort to provide meaningful occupation.

As part of the refurbishment of the home, a conservatory had been built to enable people to have a quieter space to use should their desire. Observations showed people enjoyed spending time in the conservatory where they could enjoy views of the garden. Staff had once again, exceeded expectations by focusing on what people might enjoy when using the space. A member of staff had visited a woodland and had spent time recording the birds singing. This was then played within the conservatory for people to listen to. People and their relatives told us that they found this peaceful and that it helped them to relax. A relative told us, "My relative loves to sit in the new conservatory listening to the birds. They are real to them, it is like going outside in the fresh air".

People continued to be treated with dignity and respect. Staff were mindful of people's life experiences and of what they could continue to offer. The innovative technology and the support that staff provided to work alongside it, helped to ensure that people were actively engaged and stimulated. Staff anticipated people's needs and were mindful of keeping people occupied to minimise people's anxiety. An external healthcare professional reflected on staff's practice when supporting people with their emotional health and anxiety. They told us that they found it refreshing to see that when people were experiencing signs of distress or anxiety that staff would offer people a hug, if this is what they wanted, instead of being overly-reliant on medicines to manage people's behaviours. This was demonstrated in practice. Staff took time to support people, whose behaviour had the potential to challenge others, to access the garden to calm their anxiety and distract them. People were observed coming in from the garden smiling and content. Other staff took time to dance with people to music that people had chosen. People were observed to be laughing and smiling.

Staff showed concern about people's wellbeing. One member of staff noticed that one person had lost an earring. They asked the person if they knew where it was and spent time looking for it. When they had been unsuccessful in finding it, they asked other staff who explained to the person that the earring had been found and was safely in their room. This appeared to reassure the person as they were seen smiling and thanking staff. Some people had been visited by an optician who had supplied them with new spectacles. One person was observed informing staff that they could not see very well out of them. Staff took time to sit and listen to the person's opinion and explained that they would contact the optician to ask them to visit again.

People's right to privacy was respected and maintained. Staff were mindful and sensitive to people's needs when supporting them to access bathroom facilities and when assisting them with their personal care.

People's privacy, with regards to information that was held about them, was maintained. Records were stored in locked cabinets and offices and conversations about people's care were held in private rooms. People's access to their 'apps' on the electronic tablets, were password protected to help ensure private information and photographs could not be accessed by others.

Positive relationships had developed between people and observations showed people enjoying conversations with one another and showing kindness and compassion to each other. People could have visitors and relatives at any time and told us that their guests were made to feel welcome. A relative told us about how the registered manager had demonstrated kindness and how their actions had shown respect for the importance of maintaining contact with relatives. They told us, "It was my parent's Birthday and we all met in a local pub to celebrate. We went in taxis and the manager took responsibility for my other parent and used their own car to enable my parent to join the celebrations. That was exceptional, showing great kindness". People had also been supported to contact their relatives through Skype video calls so that they could enjoy seeing their relatives when communicating with them.

People were involved in decisions that affected their lives and the care provided. People could have access to advocacy services if they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

People could remain independent. We observed people independently walking around the home with their mobility aids and choosing how to spend their time. People were encouraged and able to assist staff with activities of daily living such as preparing sandwiches or laying tables.

## Is the service responsive?

### Our findings

People continued to receive personalised and responsive care. People were central to their care and fully involved in the planning and on-going review of it.

People's holistic needs continued to be assessed. People and their relatives were actively involved in discussions about their care. Regular reviews ensured that the guidance provided to staff, was current and reflected people's needs and preferences. Staff focused on the 'whole' person, ensuring that not only were people's physical needs assessed and met, but that their social and emotional needs were too. When people required support with their mental health, staff ensured that they liaised with external healthcare professionals as well as doing all they could to support the person with their emotional wellbeing. For example, staff spent time with people, offered physical comfort if that was something the person wanted, and supported them to spend time outside of the home, accessing the gardens or places of interest. People and their relatives told us that this helped to lift people's mood and supported them to feel less-anxious.

One person had a health condition that affected their mobility. Staff understood this and were responsive to the person's needs. They ensured that the person had access to their medicines half-an-hour before they were supported with their personal care needs. This meant that the person's symptoms were minimised, they were comfortable and their mobility was improved.

People's individuality was recognised and prompted. People could wear clothes of their choice. Some people preferred to wear shirts and ties whereas others liked more casual clothes. Some people wore jewellery. This helped to maintain people's identity. A relative told us, "Everyone is treated equally, men, women, all cultures and religions".

People's wellbeing was at the forefront of staff's motivation. Staff knew people well, they took time to get to know the person and what their lives were like before they moved into the home. This helped staff to understand what people might enjoy doing. A dedicated activities coordinator was instrumental in ensuring that people had access to sources of stimulation and interaction to occupy their time. Planned group activities and external entertainment was provided, however, the value of one-to-one interactions was acknowledged and promoted. People were supported to enjoy regular trips into the garden, to local shops and cafes. Virtual reality technology was available for people to use to enable them to experience underwater scenes. They had access to television programmes, music and photographs that were meaningful to them. Staff used these as prompts for conversation to engage people. They spent time with people, sitting alongside them and having meaningful conversations about their lives and families. People enjoyed banter with staff and were observed to be smiling and laughing with them. People were valued and their skills and experiences acknowledged. Staff told us about one person who helped prepare sandwiches for others. Observations showed another person assisting staff to prepare the tables ready for the lunch time meal. A relative told us, "My relative likes to think it is their job".

People were provided with a call bell so that they could call for assistance from staff. For people who were unable to use a call bell, due to their capacity and understanding, regular checks were undertaken to ensure

people's safety when they were in their rooms.

Services must identify record, flag, share and meet people's information and communication needs to comply with the Accessible Information Standard (AIS), in line with section 25 of the Health and Social Care Act 2012. Staff ensured people's communication needs had been identified at the initial assessment and formed part of their care plans. These documented the best way to communicate with people. Information for people and their relatives, if required, could be created in such a way to meet their needs and in accessible formats to help them understand the care available to them.

Residents' and relatives' meetings as well as surveys provided opportunities for people and their relatives to share their opinions. People told us and records confirmed, that people could speak freely and air their views. A relative told us, "We can talk about anything that we are happy or worried about. I brought up a minor point and they immediately sorted it out. They listen". People told us that they were happy with the care they received. People and their relatives told us that they would feel comfortable raising concerns. When people or their relatives had done this, records showed that the provider had taken appropriate and timely action to deal with these. One person had raised a minor comment with a member of staff. The registered manager had met with the person to establish their concern. Changes were made and a follow-up conversation took place to ensure the person was content and happy.

People were provided with the opportunity to plan for their end of life care. Staff respected people's wishes if they did not want to discuss this aspect of their life. Some people had chosen their preferred place of care, who they would like with them at the end of their lives and their funeral arrangements. Feedback about the level of care and compassion people had received at the end of their lives was overwhelmingly positive. Relatives had commended the caring nature of staff to ensure their loved one's comfort.

## Is the service well-led?

### Our findings

People, relatives and staff continued to experience a service that was well-led. Feedback was overwhelmingly positive. People, their relatives and staff spoke about a service that was managed well. When asked about the leadership and management of the home, a relative told us, "Exceptional".

Since the previous inspection on 27 April 2016, the provider of the home had changed. The registered manager had taken over ownership of the home. The management team consisted of the two providers, one of whom was the registered manager, and a member of staff who was the head of care. Tripletrees was the only home owned by the provider. The registered manager had worked hard to ensure that the previous provider's ethos and values continued to be upheld and promoted. There was a welcoming, homely and friendly atmosphere. People spoke about the service being a 'home-from-home' and having a 'family-feel'. The registered manager and staff worked hard to ensure this remained. A relative told us, "You can't believe the changes the provider has made to make this a safe environment. All completed in the last year. New floors, a new conservatory where residents can wander safely and sit and listen to the bird song".

The registered manager worked alongside staff to ensure a 'whole-team' approach. A relative told us, "They are all 'hands-on'. I looked at many care homes before selecting Tripletrees". Staff told us that they valued this as it made them feel that the registered manager understood their roles. The registered manager was knowledgeable about people's needs and support requirements and could advise and support staff to ensure that these were met. Staff spoke highly of the registered manager. Comments from staff included, "[The registered manager] is a 'people person'. They don't sit in the office all the time, they are around talking to people. It's a homely sort of place" and "We have a good working relationship with the manager. We know that she is the manager, of course we do, but she doesn't act as a manager, she is one of the team".

Regular staff meetings enabled staff to be involved in decisions. Staff told us that their suggestions and opinions were welcomed and listened to. Regular formal supervisions and appraisals enabled staff to share their ideas and to receive feedback on their practice and development. Staff told us that they found these supportive and that they felt valued. One member of staff told us, "[The registered manager] is doing their best. They are there for you all the time, very good and very supportive".

The registered manager was committed to ensuring that people received high-quality care and that people were content and comfortable. The caring nature of the registered manager was evident and this passion and enthusiasm was cascaded to the rest of the staff team.

Regular residents' and relatives' meetings ensured that people could air their views and discuss any ideas or suggestions. A relative told us, "We discuss changes taking place or plans for the future. We will discuss Christmas activities next week". Regular surveys were also sent to people, their relatives, staff and external healthcare professionals to gain further feedback. Feedback was positive and praised the registered manager and staff as well as the care provided.

Quality assurance processes ensured a good oversight of systems and processes. Regular audits were conducted by the registered manager and action plans devised when improvements were required. Records showed that when issues that needed to improve had been identified, appropriate action had been taken in a timely manner.

People told us and records confirmed, that the registered manager had demonstrated their awareness of the duty of candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. Records showed that relatives had been kept informed of any changes to people's needs. A relative told us, "If there are any problems they ring or email and we can get here right away. We only live up the road. It's like being part of a big family".

The provider had complied with the CQC registration requirements. They had notified us of certain events and incidents to ensure that we had an awareness and oversight of these to ensure that appropriate actions had been taken.

Links with external healthcare professionals and local authorities had been developed to ensure that people received a coordinated approach to their care and staff learned from other sources of expertise. The registered manager was pro-active and was enthusiastic to continually improve and develop the service that people received. They attended meetings with other registered managers in the local area and regularly looked at other provider's CQC inspection reports to learn and take on-board good practice. People, relatives and staff undertook fundraising to support the local community, to further promote links with them.