

Peter Michael Mayhew

Smyth House

Inspection report

106 High Street
Leiston
Suffolk
IP16 4BZ

Tel: 01728831373

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Smyth House provides accommodation, care and support for up to 18 older people. Some people are living with dementia. There were 11 people living in the service when we carried out an unannounced inspection on 31 May 2017.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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 service is run.

At our last inspection 2 and 3 March 2016 we rated the service as overall requires improvement. At this inspection we found that previous shortfalls had been addressed, improvements were ongoing to ensure people consistently received safe, effective, compassionate and high quality care.

People received care and support that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with them in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences. The atmosphere in the service was friendly and welcoming.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Regular assessments had been carried out and care records were in place which reflected individual needs and preferences.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. Retention of staff was good and supported continuity of care.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with relevant professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Support workers understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice

People were encouraged to maintain relationships that mattered to them such as family, community and other social links. They were supported to pursue their hobbies and to participate in activities of their choice. This protected people from the risks of social isolation and loneliness.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system with identified shortfalls addressed promptly which helped the service to continually improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Systems were in place to help protect people from the risk of abuse and harm. Staff knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to staff on how to manage risks and keep people safe.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People received their medicines safely.

Is the service effective?

Good 

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good 

The service was caring.

Staff knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence was promoted and respected.

People were listened to and their views valued when making decisions which affected them.

People and their relatives were complimentary about the effective relationships that they had with the management and the staff.

Is the service responsive?

Good ●

The service was responsive

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were respected and acted upon.

People were able to pursue their hobbies, participate in activities of their choice and to maintain links within their local community.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open and transparent culture at the service. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

Smyth House

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 service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 31 May 2017 and was undertaken by an 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.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We met and spoke with nine people who used the service and two visiting relatives. We observed the interaction between people who used the service and the staff.

We spoke with the registered manager and six members of staff. We reviewed the care records of four people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the service had sustained this rating.

People who used the service were relaxed and at ease in their surroundings and with the management and staff. They told us they felt safe and protected living in the service. One person said, "Everything (safe). There's always someone (staff) on hand if we need them, always someone (staff) around." They continued, "We get visits (frequent night checks) at night to make sure we're safe." Another person said, "I've got a call bell if I call them they (staff) come straight away." A third person smiled and nodded when we asked if they felt safe living in the service.

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (reporting concerns of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One member of staff told us, "You have to do it (report it), there's no way to avoid it, it is always better to tell the truth." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and accessing the local community. People who were vulnerable as a result of specific medical conditions such as diabetes, types of cancer and who had mental health needs had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Staff told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and preferences.

People told us and our observations confirmed that there were enough staff to meet people's needs. One person said, "There seems to be at the moment (enough staff) – I've never had occasion to look around and think 'where are they?' Another person commented, "There seem to be (enough staff), I don't see anyone waiting." A relative added, "I can't say I've ever been concerned, there's always someone [staff] available".

Staff provided people with care and support at their own pace and were able to give people the time they needed for assistance. The registered manager explained how the service was staffed each day and this was determined by the needs of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that the provider took steps to ensure that there were sufficient staff available to meet people's assessed needs.

Safe recruitment procedures were followed. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

There were suitable arrangements for the safe management of medicines. People told us they received their medicines on time and in a safe manner. One person said, "They (staff) usually hold on and dish out the medication to make sure we take them. I think it's good that they [staff] watch us actually swallowing them. They [staff] do explain to me what they're for." Another person described to us how staff regularly checked they were not in any discomfort and offered them pain relief, they said, "They'll (staff) find something for me (pain relief)."

Staff were provided with medicines training followed up by regular checks on their practice by the registered manager. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Regular audits on medicines and frequent competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

At our last inspection we rated this key question requires improvement as staff understanding about depriving people of their liberty was inconsistent. At this inspection we found that the registered manager had addressed the previous shortfalls through effective training and staff were knowledgeable in this area. These improvements had been sustained and we have changed the rating to good.

People fed back that staff were well trained and competent in meeting their needs. One person described their confidence in the staff when assisting them safely to mobilise. They said, "All the staff can transfer me in to my wheelchair." This was confirmed in our observations where we saw several instances of staff moving people comfortably and safely using the appropriate equipment. Staff took their time and throughout the transfers provided reassurance and an explanation of what they were doing. This put people at ease and we saw them sharing a laugh and a joke with members of staff.

Effective systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions with staff and records showed that staff were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example diabetes, falls awareness, mental health, pressure care awareness and end of life. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role. One member of staff told us, "We have regular team meetings and supervisions. There is good training available and the manager is open to ideas." Another staff member said, "I do feel supported. I make sure to ask first if I'm not certain. (Registered manager) is a really nice manager."

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the

MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS to ensure that any restrictions on people were lawful. People's care plans contained information about the arrangements for decision making for those who lacked capacity, best interest decisions, and the decisions that they may be able to make independently.

We saw that staff consistently sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included documents which had been signed by people and/or their relatives where appropriate to consent to the care identified in their care plan. This included disclaimer records for photographs to be taken and sharing information with other professionals and for staff to assist them with their medicines.

Feedback about the food in the service was complimentary. One person said, "The food's good, yes enough [choice]. There is nothing here you want that you don't get." Another person told us, "Oh my word, I'm always full up. We do have lovely food." They added, "If you want something special done they'll [staff] do it for you." A third person shared with us, "I've enjoyed everything I've had [to eat] here." The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals.

People told us the staff monitored their health and well-being to ensure they maintained good health and identified any problems. One person said, "They'd [doctor] be in straight away. They're very good. The staff called the doctor straight away when I had pains in my leg. [Doctor] prescribed a pill." A relative told us how the staff were alert to changes in people's health and acted quickly. They said, "Straight away the staff picked up that UTI [urinary tract infection]. They [staff] are fully aware." Where staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that appropriate action was taken to maintain people's health and wellbeing.

People's care records contained details of hospital and other health care appointments. One person described how they were supported to maintain their health. They said, "I go to the dentist next door, staff stay with me, the optician comes and tests my eyes in my [bed] room. I'm happy with these (reading glasses)." Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

At our last inspection we rated this key question good. At this inspection we found that people were still supported by kind, caring and compassionate staff and this rating remains good.

People told us they liked living in the service and described how they felt comfortable and at ease with the staff. One person said, "The staff give that extra little bit, you don't have to ask; absolutely wonderful."

Another person commented, "Each one of the staff are very human, they treat me very well, they leave me when I'm quiet in the corner, but they soon make up for it, come and sit and discuss their lives." A third person shared their positive experience with us saying, "I feel part of the family, once you've lost your own family that's what's important; knowing all of the carers [staff],"

We observed the way people interacted with the staff and the management team. This included how people responded to their environment and the staff who were supporting/communicating with them. People presented as relaxed and at ease in their environment and with the staff. We saw one person smiling and hugging a member of staff as they both left the service to visit the town centre. Several people were seen laughing and enjoying friendly banter with the staff as they were getting ready to eat their lunch time meal.

There was a warm and friendly atmosphere in the service. We saw that people were relaxed in the presence of staff. Staff knew people well and understood their needs. Time was given to people, and we saw that interactions were not rushed. When speaking about people, we observed that staff were respectful in their language, and ensured people's wishes were communicated. Interactions seen between staff and people were kind, compassionate, person-centred and supportive. This showed that staff attended to people's needs with due respect.

Staff we spoke with described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and demonstrated a positive approach. One member of staff said, "I love what I do. Yes it is hard work but very rewarding. I am getting to know the people here and what makes them tick. Everyone is different." Staff knew people well; demonstrating an understanding of people's preferred routines, likes and dislikes and what mattered to them.

The registered manager demonstrated an extensive up to date knowledge of all the people living in the service without referring to records. They were hands on and visible within the service and people and relatives were complimentary about their approach and caring manner. One person said, "The manager is always around if you want a word. Makes time for everyone." A relative said, "The manager is a good listener; easy to talk to."

People's independence and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner.

People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

Peoples care records had been devised according to the assessed needs of the individual. Their care records showed that people, and where appropriate their representatives had been involved in their care planning. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected

We observed that staff took an interest in the hobbies and interests of people which helped to promote positive relationships and shared experiences. During our inspection people were watching TV, knitting, reading newspapers and magazines, and enjoying being outside in the garden.

People were supported to maintain relationships with others. People's relatives and or representatives were able to visit the service when they wished.

Is the service responsive?

Our findings

At our last inspection we rated this key question requires improvement as information held on people's care records was inconsistent and not always up to date. At this inspection we found that the registered manager had addressed the previous shortfalls by implementing an electronic records system to support staff to maintain accurate records. They had also worked closely with the local authority to develop the content of people's records to provide more personalised information. These improvements had been sustained and we have changed the rating to good.

People were complimentary about the responsiveness of the registered manager and staff team. One person said, "They'll (staff) do anything for us, sometimes it isn't in their line of duty but they'll still do it, a bit of shopping." Another person said, "The staff are incredibly kind, attentive and know how you like things done. You don't have to keep telling them." A third person said, "I only have to press my bell and they come straight away. Very good like that. You're not left waiting." A relative spoke positively about the staff and their understanding of people's needs. They told us, "Great comfort in knowing that (person) only has to press the buzzer and the (staff) are there. The staff do know the regulars very well."

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. One person shared their experience of the staff acting on what they said commenting, "They (staff) do write it down (requests) and respond, they're conscious of your likes and dislikes. Even if you don't like asking they will listen and explain in a way that I can understand."

We found that people's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. They encouraged people when they undertook activities independently and supported them to choose their own daily routine. We observed that people moved confidently about the service choosing where and with whom to spend their time. One person confirmed our observations saying, "I come and go as I please. They (staff) are very good at knowing my moods; when to help and when to leave me alone." We saw a positive and enabling interaction from a member of staff who encouraged a person to join in with a group playing a game. With support the person enjoyed the game and looked pleased to have been involved.

One person talking about being involved in the ongoing development of their care arrangements said about the staff, "I think they (staff) do all they can for you; they do listen, they listen very well." This was reflected in the person's care records which showed that their feedback had been acted on, for example, the person had requested to have their bath time changed from afternoon to the morning and this had been accommodated.

People's care records reflected the level of care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs and preferences. This included details about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly

reviewed and updated to reflect people's changing needs and preferences. These included feedback from family members, staff, health and social care professionals and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs.

Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing. Where people had chosen to remain in their bedrooms this was respected and staff ensured they had their call bell alarms positioned within their reach should they need assistance.

Throughout the service there were photographs displayed of people undertaking different activities and events. This included a recent vintage tea party held in the service's garden. This was done in conjunction with the local communities vintage celebrations, which included a parade through town. The registered manager explained that as not everyone was able to attend this, they had brought the celebrations to the service so people could still be a part of it. People told us they had enjoyed this and described how the staff including the registered manager had dressed up. One person said, "I almost didn't recognise them [registered manager and member of staff] They looked so different. It was a real giggle. They played the music and we had a little dance and sing song." Another person said, "Last weekend the staff all dressed up, nineteen-forties songs, clothes."

We observed people participating in activities and hobbies that interested them, both on an individual and group basis throughout the inspection. For example, people were playing board games and doing quizzes as well as watching television, reading and chatting with each other and staff. In the afternoon after lunch several people went to sit outside in the garden to chat and enjoy the warm weather. One person told us they were looking forward to an upcoming event they said, "Some of us are off to the local garden centre, going to have afternoon tea and cake that will be nice." A list of activities was displayed within the service. This included planned entertainment, games, trips and arts and crafts. One person said about the choice of activities available, "There is always plenty to do if you wish." Another person commented, "We're not busy bodies but we always find something to do, knitting, reading, colouring, crosswords; most of us have a hobby of some sort." A relative told us, "The staff do know the regulars' [people] very well, it's their home. They're involved quite a lot in the decorations and they're encouraged to take part. [Person] knits for a local charity."

Staff encouraged people to maintain links with the local community. During our inspection one person was taken out into the town at their impromptu request to do some shopping.

People told us that their diverse needs were met. For example one person told us how they valued being able to celebrate their faith and going to the local church. They said, "Staff take me to my church every week. They [staff] can always find somebody, it's important to me, and we have sometimes been at night too when there's something on".

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last 12 months. Themes included caring staff approach and supporting an individual and their family when they moved into the service. Discussions with people, staff and the management team told us that the service responded to people's comments and concerns. For example, incorporating changes to the menu and the planning and provision of activities and events, as well as

individual changes to care arrangements such as times people wanted to get up in the morning or have their personal care.

People and their relatives told us they knew who to speak to if they had a concern. One person said, "Any problems you can go to the senior ones [management team]." Another person told us, "You could go and talk to [registered manager]; I have every confidence in this place and the people [staff]." A relative commented, "If I had any issues I would speak with the manager." A complaints process was in place, although no formal complaints had been received in the last 12 months. The registered manager explained that this was because any comments or issues were addressed straight away and as they worked regularly on shift in the service they encouraged people and relatives to talk to them directly if they had any problems. They told us they were developing their systems for capturing information from comments and complaints so they could reflect the actions taken to further improve the service. Records seen confirmed this.

Is the service well-led?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection we found that the registered manager had made continued progress in addressing the shortfalls found at the last inspection, particularly with staff training, documentation of people's records and meeting people's social and wellbeing needs. They were able to demonstrate how lessons were learned and how this helped to ensure that the service continually improved. They acknowledged some improvements were still needed, to ensure that the systems, processes and staff responsibilities were fully embedded. However, we found that this positive change in the culture of the service meant it was being well run and have changed the rating to good.

Effective systems and processes to assess and monitor the service had been implemented. For example, regular checks on health and safety, medicines administration and management, risk assessments, care plans and daily records. These independently highlighted where there had been shortfalls and the actions taken to resolve this, such as inconsistencies found in the medication audits when recording people's medicines. Steps taken to address this included internal communications to staff on best practice, competency checks and further training where required. In addition the registered manager had delegated some of their responsibilities to senior members of staff giving them areas within the service to champion best practice amongst their colleagues. This included safe management of medicines, infection prevention and control, health and safety and care records. They ensured they had effective oversight of these areas by meeting regularly with the designated staff leads to review processes and systems and discuss any issues. This provided an opportunity to drive improvement across the service by sharing best practice, identifying themes and trends, escalating issues of concern and developing accompanying action plans. One member of staff said, "I like doing the med [medicines] audits and stock checks. I have an interest in medicines and making sure it's done right. Any problems I raise them with [registered manager]. The new system seems to be working well. I will be learning the [electronic] system for doing the care records. That should be interesting."

There was an open and supportive culture in the service. Feedback from people about the staff and registered manager was complimentary. One person said, "No worries here. If you are concerned then you can speak with them [staff and registered manager] and they will fix it." Another person when asked if the registered manager was approachable and listened to them said, "Yes, [Registered manager] comes in here quite often, talks to me. [They] writes in [their] book what I say and [they] brings it up in the staff meetings. I do feel that [they] are doing that."

People, their relatives and or representatives were regularly asked for their views about the service. This included regular care reviews, daily interactions, resident meetings, communications and quality satisfaction questionnaires. We reviewed some of the feedback received from the annual satisfaction survey and saw that the return rate was good and comments were positive. People's feedback was valued and used to make improvements in the service, such as changes to the menu following people's comments and request for wooden planters in the garden so people could pursue their interest in gardening. The registered manager showed us the monthly newsletter they had recently introduced to provide information about

what was going on in Smyth House. They told us it had been well received and people and staff were contributing ideas for future issues. One person said, "[Registered manager] asked if I would like to write something for the next edition. I am thinking about what this should be."

The registered manager had instilled an open and inclusive culture within the service. Under their leadership the staff team were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt that people were involved in the service and that their opinion counted. One member of staff said, "So much has changed since you [CQC] were last here. Been lots of changes but for the good. There is a great team of people here. We work hard and all support one another." Another staff member told us about their positive experience of working in the service commenting, "The way we [staff] work together as a team really, in some care homes they don't get along but here it's a family connection."

People received care and support from a competent and committed staff team because the registered manager encouraged them to learn and develop new skills and ideas. For example, staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Staff were motivated to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. They demonstrated to us a commitment to providing a good quality service.

Meeting minutes showed that staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, "We have regular team meetings and good communication to keep up to date." Another staff member shared with us an example of how they had made some suggestions about how to work differently with a person who due to their condition had become 'anxious and distressed' about something. They told us the management team and their colleagues had listened and supported them to try out their suggestions which had a positive outcome for the person.

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and mental health services to ensure they were following good practice and providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary, with one healthcare professional stating, "We have always found the staff to be caring and professional."

The provider's quality assurance systems were currently being further developed to identify and address shortfalls and to ensure the service continued to improve. The registered manager showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.