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St Anthony's Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 & 27 May 2016 and was unannounced.

The service met all legal requirements we checked at the last inspection in January 2014 and the previous year.

St. Anthony's Care Home is registered to provide personal care and accommodation. The home provides accommodation for up to five people. Each person has their own bedroom and some have en-suite facilities.

The home had a registered manager in place. 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.

People receiving care were safe. Their risks had been assessed and well managed. There were procedures in place for monitoring and managing risks to people. When there were changes in the level of risk, the risk management strategies changed to reflect this.

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood procedures for safeguarding people.

Risk assessments for the environment had been drawn up and were regularly reviewed with the changing needs of the people who lived at the home in mind.

People were protected from the risks associated with the recruitment of new staff. The service followed safe recruitment practices.

People were safe because staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times.

There were appropriate arrangements for obtaining medicines. The registered manager and senior staff regularly reviewed and audited medicines to ensure they met people's current needs.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. The registered manager, his deputy and staff team knew people well and understood their specific care needs.

The service had had a good working partnership with primary care services. People had access to healthcare services when they needed them.

Staff sought people's consent to care and treatment. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

The staff team were passionate about providing good care and routinely treated people with kindness and respect. People receiving care, relatives and professionals described the home in complimentary terms. They told us the home provided excellent care.

Staff took time to understand people's life stories and encouraged people to celebrate important life events and significant people. People were supported maintain their personal interests and hobbies.

The service looked at ways of including people in planning their care. People were encouraged to input in their care through a range of avenues, including participation in their assessments, 'service-user meetings', life stories, surveys and staff's own observations.

People received care that was flexible and responsive to their individual needs and preferences. People confirmed they were involved in their care and felt listened to. Staff ensured people's care plans matched their individual needs, abilities and preferences. People and their relatives told us they were listened to and knew how to make a complaint.

There was an effective quality assurance system in place. The registered manager and staff team were proactive in seeking out ways to 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.

People were protected from the risks of harm and abuse because staff knew safeguarding procedures.

Staff were able to talk about areas of risk knowledgably and they correctly explained strategies which had been agreed to protect people.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed.

There were sufficient staff available to meet people's assessed care needs.

Is the service effective?

Good

The service was effective.

People received individualised care that met their needs. Staff had received relevant training.

The service had had an excellent working partnership with primary care services. People had access to healthcare services when they needed them.

People's nutritional needs were met and kept under close review. They were regularly consulted about their meals and their preferences were acted on.

The registered manager and staff worked within the principles of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff supported people with their communication needs.

Where people were not able to formally participate in planning their care, staff found ways for improving people's participation.

Staff were kind and compassionate and treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff were supported people with their communication needs.

Where people were not able to formally participate in planning their care, staff found ways for improving people's participation.

Staff were kind and compassionate and treated people with dignity and respect.

Is the service well-led?

Good

The service was well-led.

The management had provided staff with appropriate leadership and support.

There was a effective quality assurance system in place. The registered manager and staff team were proactive in seeking out ways to improve.

St Anthony's Care Home

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 inspection took place on 25 & 27 May 2016 and was carried out by one adult social care inspector. It was unannounced.

Before the inspection the provider completed 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. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

At this inspection we spoke with two people who lived at the home. We were not able to speak with other people who used the service because of their complex needs. We also spoke with the registered manager, deputy manager, staff, healthcare professionals and people's relatives.

We spent time observing the interaction between people who lived at the home and staff.

We also spent time looking at records, which included the care records for five people. We looked at the recruitment, supervision and appraisal records of four members of staff, a full staff training matrix and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe and secure using the service. They told us, "I am happy here with staff. I am safe." Another said, "I do feel safe with staff." People's relatives and their representatives had consistently given positive feedback about the safety at the home. They told us people received consistently excellent safe care. One relative told us, "My [relative] is safe and well looked after." Another relative said, "St Anthony's is an excellent home. We feel it is very safe." A further relative complimented the service, 'The home feels welcoming, caring and safe." An advocate of a person receiving care told us, "It is a safe environment. People are well looked after. The physical environment is safe; no obvious hazards."

There was a safeguarding policy. There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood the procedures for safeguarding people. They described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. Posters displayed in the registered manager's office and staff room provided staff with immediate access to information and guidance on how to report any concerns about people's safety. Staff told us they were confident that any concerns reported to managers would be treated seriously and appropriately. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

Safeguards were in place to protect people's money. There were procedures in place for the safe handling of people's money. Each person had a 'financial profile', which described what support they needed with their finances. The money belonging to people was checked at regular intervals by the responsible person to reduce the risk of financial abuse. Each entry on the individual account record was countersigned to provide a witness to each transaction. The money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift. A financial audit trail was kept for each person using services and this audit trail was made available to us.

Written risk assessments were detailed for each individual. The risk assessments were managed thoughtfully, taking into consideration the least restrictive approaches and interventions. The management were aware a balance needed to be struck between risk and the preservation of rights. For example, one person was taking their own medicines even though there was a risk they could miss a dose, or overdose. The service ensured there were safeguards in place to minimise any risks. Staff were able to talk about areas of risk knowledgably and they correctly explained strategies which had been agreed to protect people from harm, such as those to minimise potential risks associated with choking, epilepsy and people's finances.

Risk assessments for the environment had been drawn up and were regularly reviewed with the changing needs of the people who lived at the home in mind. The fire risk assessment, general fire precautions and arrangements for managing fire safety had been kept under review. The service had an up to date fire risk assessment and carried out regular fire drills. There was a fire panel in place which was monitored by an external agency. Fire safety doors were connected to the fire alarm system and were on automatic release in the event of a fire to provide additional safety. All electrical equipment was checked to ensure the

equipment was safe to use.

Each person had a personal emergency evacuation plan (PEEP) in their plan of care. This gave guidance to staff to ensure people's safety was protected during the evacuation of the building in the event of fire or other emergency. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

The service was contracted to an external company which provided specialist and professional support in all aspects of health and safety. The external company also carried out an annual independent health and safety inspection. In the last audit that was carried out in October 2015, the service achieved 100% compliance.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) checks, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

People were safe because staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times. There was a rota system in place to ensure that enough staff were on duty. Staffing levels were flexible so that if people needed extra support due to illness or to take part in their particular interests there were staff available for this. We saw numerous examples where staffing levels were adjusted beyond the usual ratio in response to people's needs. For examples, there were a few examples when the registered manager worked as an extra staff to support people to attend activities.

There were suitable arrangements for the recording, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored daily and was within the recommended range. There was a record confirming that unused medicines were disposed of via the pharmacist. The home had a system for auditing medicines. This was carried out by senior staff of the home. There were no gaps in the medicines administration charts examined.

Good

Is the service effective?

Our findings

People who were able to speak with us consistently told us they were cared for and supported effectively, according to their needs. One person told us, "Staff are very good. They support me to prepare my meals." Another person said, "I am happy here". In a recent survey, a further person stated they were supported by staff who knew them well. Equally, people's relatives were complimentary about the care people were receiving. One relative told us, "The care that my [relative] receives is outstanding. Staff are very gentle." In the same vein, another relative said, "The care provided at the home is excellent. We take part in reviews. I am invited all the time. Staff are very supportive to my [relative]." Healthcare professionals also held the same view. One compliment from a healthcare professional to staff read, 'Thank you all for all your support. You have always followed closely any care instructions I have prescribed'.

People had access to general health care services. The service consulted with local primary care providers to ensure people who used the service had relevant healthcare support. The service worked with a wide range of services to help them plan to meet people's highlighted needs. There were strong links with chiropody, psychology, art therapy, speech and language therapy (SALT), psychiatry, occupational therapy, learning disability nurses, dietician, and GP services. This ensured people received holistic care through their access to mainstream and specialist services.

Each person had a Health Action Plan, which set out their health needs. This, in conjunction with annual health checks ensured potential health problems or unmet needs were identified in early stages. People's needs had been identified in their support plans and staff were pro-active in making sure these were well met. People had regular health checks and staff quickly acted on any health issues to ensure people received timely interventions. Where there was a risk people could not receive support in a timely way, the service showed they were willing to go an extra mile to ensure people received care that met their needs. For example, the service privately funded input from a psychologist from the Autistic Society, to bypass a waiting list for much needed support. In another example, the service funded input from a hydro therapist to support a person with complex needs. The registered manager told us this person is now more alert and their mental and physical well-being has improved.

Professionals told us staff were excellent and well trained. Staff had completed a Care Certificate induction when they started their role. On completion of induction, new staff shadowed more experienced staff until they were assessed as competent to work alone. Learning and development encompassed both eLearning and face to face training. All staff had had a personal development plan and had completed mandatory and specialist training, such as health and safety, moving and handling, food hygiene, safeguarding, medication administration, respect and dignity, and caring for people with dementia. We found staff to be knowledgeable in relation to these areas. This meant that people were supported by staff who had the skills to meet their needs and ensure their safety.

"Staff received regular supervision. A supervision planner was in place and up to date. We saw from supervision notes that staff had quarterly meetings with their line manager to discuss work and areas for further development. An appraisal of their performance was also carried out each year. Staff told us they felt

well supported. One member of staff told us, "The manager is very supportive. She takes our view on board."

People were supported to maintain a balanced diet. The service adopted a wide range of inventive strategies to encourage people to eat well. There was information about how people were involved in choosing their meals and drinks. Their choices for meals and drinks were regularly adapted in line with their preferences. Those people who did not choose from the menu were offered alternatives. These included, using different types of pictures of foods and drinks, presenting food attractively by using colourful utensils with good contrast to the food, role modelling by encouraging staff to eat with people and working in partnerships with families to ensure people's choices were met.

A variety of food and drinks were made for everyone; the fridge, freezers and cupboards were fully stocked. Staff were trained to help ensure people make informed choices. Where there were communication difficulties around food and drink choices, staff had developed skills in interpreting people's wishes. For example, one person's care plan stated, 'staff understand my facial expression. They know if I like or dislike what I am being offered to eat. They record my likes and dislikes.' Those people who were able to eat independently, were encouraged to do so to maximise their independence and dignity. One per person told us they enjoyed preparing their meals. People who were not able to eat on their own were supported to be as independent as possible. For example, one person received training from staff to prepare their own meals. The person told us, with a sense of accomplishment, how pleased they were to be able to prepare their own meals.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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).

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. Staff and the management monitored each individual for any capacity issues and where a decision had to be made for the person, this was done in the person's best interest. The registered manager had completed mental capacity assessments, to check whether people could make particular decisions. Records showed people, or their legal representatives, had signed to say they consented to how they were cared for.

There were DOLS authorisations in place for two people using the service. Restrictions to their freedom were closely monitored. The registered manager told us, "We keep the front door locked for [this person]. If we see that there are any changes in their behaviour, we reassess to ensure the person is not unnecessarily restricted in movement." We saw the DoLS reviews were up to date.

Good

Is the service caring?

Our findings

People and their relatives gave us positive feedback about the caring attitude of staff. One person told us, "Staff are very caring. They go with me on holiday." Another person gave feedback through their advocate, "Staff are caring and treat me with respect." Some people could not speak with us because of their complex needs. However, they were able to express their feelings using gestures, smiles and nodding. We observed they reacted cheerfully and willingly to staff. Their relatives told us the service provided good care. Comments included, "My [relative] is well cared for. Staff are very gentle and caring", and "My [relative] is receiving outstanding care." Other professionals who represented people told us, "Staff involve people in their discussions and maintain eye contact" and "Staff are very respectful. They have excellent interpersonal skills, which they use appropriately with people]."

The service had a visible person centred culture. We spent time in the communal areas observing care. It was evident that staff knew people well. The atmosphere was calm, friendly and inclusive. The interactions between staff and people were caring and respectful. Staff had relevant knowledge regarding people's routines, likes and dislikes. People's care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. For example; 'what I can do independently' and 'What I need a lot of support with."

We spent some time observing the interaction between staff and people. People were comfortable and happy around staff. People who were in discomfort were attended to with kindness. We observed the manner in which staff interacted with a person in a wheel chair. They talked with the person in low tone and controlled voice. They did not appear hurried, and always ensured they were at eye level with them.

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention. In one example, one person had an emergency hospital admission as an inpatient. This person had complex needs, including communication and eating difficulties. Rather than discharging the responsibility to the hospital, the service spontaneously built a dedicated team to work alongside hospital staff throughput the duration of the hospital stay to ensure the person received care from staff that knew them well. This team consisted of the person's key worker and others who knew this person well. The registered manager described to us how this had contributed to transform the care experience of this person. She told us, the presence of staff who knew the person well meant the treatment that this person received took into full account of their learning disabilities and needs, so that the best possible health outcome was achieved.

We spoke with two people who were able to express their views clearly but there were others whose views may not have been so easily heard. The service made special efforts to make sure people's views were heard and acted on. The deputy manager told us, issues surrounding communication and expression led to some people feeling isolated and misunderstood. We were told this often contributed to anxiety or behaviours that challenged the service. For example, one person became unsettled, withdrawn and unresponsive when they felt misunderstood. The service sought art therapy input to assist this person to express their feelings. The art therapy took the form of drawing and painting, which suited the needs of this

person. The art therapist told us the interactive skills of this person had improved, including expression of emotions.

In other examples, staff enabled people to give their views by understanding their body language or speaking with people's relatives. We also saw the service employed visual supports, including pictures, real objects, objects of reference and symbols to support people with choice of activities, timetables and the sequencing of activities. The deputy manager highlighted the importance of routine for people with autism. Each person had a daily, weekly and monthly timetable and schedules as a way to help with routine and structure. Consequently, people continued to express choices even when their level of communication decreased. For example, one person with advanced dementia was able to continue making choices through the use of objects of reference.

People were supported to create a memory book. The service worked with people and close relatives to produce the book. This was used as an empowering activity, which enabled greater interaction and open communication between people and staff. Family photos or drawings were copied and added to the book, with names and captions, which helped the person to reminisce and share their experience with others. This was an excellent tool for people to remember important life events and significant people.

Staff respected people's privacy and dignity. People looked well-groomed and cared for and dressed appropriately. Staff spoke with people in a respectful way, giving people sufficient time to understand and respond. They were discrete when providing personal care. Staff knocked on bedroom and bathroom doors to check if they could enter when people were having personal care. The service was committed to ensuring its values such as 'care and compassion'. The service carried out an audit titled, 'Dignity in Everyday Life'. This was a self-audit to evaluate how everyone at the home, treated others in a dignified and respectful way. Questions included, 'do you treat people with dignity and respect at all times'; 'do you respect cultural and religious attitudes and beliefs of others'; and 'when working with colleagues do you talk amongst yourselves ignoring the person you are supporting'. The deputy manager told us this helped staff to consider whether their interactions with others were of quality in terms of ensuring their dignity.

People had End of Life Care Plans in place. Preferred priorities for care and advanced care planning documentation had already been completed which assisted in providing person centred end of life care. The service used professional guidance and recommendations by Leadership Alliance for the Care of Dying People and the National Institute for Care & Excellence guidance. They involved the GP, relevant health care professionals including palliative staff, family members and advocates. In all cases, consideration was given to MCA 2005 and best interest decisions. Some people had Do Not Attempt Resuscitation (DNAR) forms in place, and where we saw these they were correctly completed and regularly reviewed.

Good

Is the service responsive?

Our findings

People who were able to speak with us confirmed they were actively involved in planning their own care. They told us they were placed at the centre of care and that they lived fulfilled lives. One person said, "I needed a lot of support to manage my money. I could not buy things I wanted without staff assisting me. I now need minimal support from staff to manage my money because I have learnt how to budget." An advocate for a person using the service told us, "My observations are that service users are very much involved in their care. I get involved in reviews and care planning." A relative told us, "We take part in reviews. We are invited all the time." Another relative told us, "Staff always ask for feedback from us". We could also see from people's care records that their care and support was planned in partnership with them. We found that staff gave care in a personalised way. In the PIR the registered manger told us the service was committed to person centred care. During this inspection we tested this statement.

We looked at the care records of five people and found evidence of involvement of the person and their relatives. Care plans were detailed and reflected people's, likes and dislikes and included details about people's life histories. Care plans addressed areas including general health, risks, leisure and activities, maintaining relationships, nutrition, choices and end of life care. They identified people's needs, actions required and the staff member responsible for carrying out the task.

People who used the service confirmed they were involved in planning their own care and felt listened to and valued. Records showed people, and where necessary, their relatives or representatives were involved in the care plan review and were actively encouraged to participate. Staff used creative and individual ways of involving people. People were encouraged to input in their care through a range of avenues, including participation in their assessments, 'service-user meetings', life stories, surveys and staff's own observations.

The service placed a great focus upon empowering people to achieve the maximum of their potential. One person's 'eating and drinking care plan' drew attention to what the person was able to do independently. This was highlighted under headings such as, 'what I can do independently'; 'what I need minimal support with'; 'what I need a lot of support with' and 'what I would like to learn'. We saw during the inspection that this was respected by staff. In one example, one person told us it had been their dream to travel on their own without staff support. This person told us how this had been achieved with staff support. They told us, "I have got a bus pass and can travel independently. I can use the skills I have developed to travel to new places."

People's feedback was used to help with activity planning. The activity coordinators had regular meetings with people in order to deliver an activity program that best suited people's needs and interests. This included auditing and monitoring how the activities met people's needs and preferences, which led to introduction of new activities and withdrawal of less popular ones. We saw photographs of people on outings and engaged in interesting pastimes. One person spoke highly of staff and spent a lot of time telling us of their achievements since moving to the home. We could tell from their voice that they were content. Relatives were equally grateful, describing to us how staff always go an extra mile in supporting their relative. For example, historically, one person liked cycling but could not be involved because of their

deteriorating complex needs. In order to support the person to have the fun of cycling, the service joined the 'companion cycling' scheme. The scheme provided special cycles which incorporated a space for staff to enable a person with complex needs to participate. It was clear from the photos that they enjoyed the rides, which could be seen in their smiles. The person's feedback read, 'I go to a variety of cycling sessions where a special ramp bike is used to take me around in my wheel chair'.

The service worked to support people to maintain their relationships. There was a 'relationship promoter' whose role was to enhance relationships by organising events for people and their families, as well as visiting people's parents who were too frail to visit the home. The service also adopted communication technologies to support people who had relatives and friends who lived away from the home to keep in touch. We saw pictures of one person chatting to a relative who lived abroad. This person feedback read, 'I speak to [my relative] regularly, which I enjoy very much'. The registered manager told us that this had made communication direct and meaningful, given the interaction is visual and could last longer because it was a free communication. One relative told us, "The home facilitates our relationship with our [relative] through holiday visits. Staff also support my [relative] to visit their [relative's] grave at birthdays." People had also written comments to express gratitude about how staff supported them to maintain relationships with their families. Comments included, 'friends are invited for events in the home' and 'My family are invited for special events. They visit me occasionally'.

Another person liked bowling, which gradually they could not participate in because of complex needs. However, the service ascertained through observations that the person equally derived pleasure from watching others participate. A report summary in the person' care plan read, '[Service user] seems to have enjoyed watching others playing; being in their company and excitement of the game. This was quite visible in [their] facial expression.' All this meant that people had an enhanced sense of wellbeing and exceptional quality of life, even as they became more dependent.

People and their relatives told us they were encouraged to express any concerns or complaints they might have. There was a complaints procedure available in text and visual support such as photographs and drawings, which could be given to people; each appropriate to the person and in line with their needs. This assisted people to understand how to let staff know if they were unhappy with their care or other issues at the home. We saw there hadn't been any recent complaints. A person using the service said, "I have an advocate who will take up issues on my behalf because I am unable to do so myself." Relatives told us they had never needed to complain because they worked with staff to resolve issues as they occurred. A relative told us, "I have never needed to complain, but if l did I would speak to staff or the manager. They have always asked for feedback from me." Another relative told us, "I have never needed to make a complaint. If we did we speak to staff and they would support us."

Good

Is the service well-led?

Our findings

People were positive about the service they received. They told us the home provided good quality care. Their relatives shared a similar view. One relative told us, "I am pleased with the service. My [relative] is well looked after." Another relative said, "St Anthony's Home is an outstanding home. My relative is happier." In a recent survey, one person said, 'I feel safe and well cared for'. An advocate of one person receiving care told us, "St. Anthony's Home is a safe environment. People are well looked after."

The registered manager understood her legal responsibilities. They sent us notifications about important events at the service, and their 'provider information return' (PIR) explained how they checked they delivered a quality service and the improvements they planned. The registered manager had been in post for 20 years. The deputy manager had been in post for 4 years and staff turnover was low. A person using the service had fed back through their advocate that, "Staff turnover is low. So I get to know them well and they get to know me well."

There were clear management structures in place. The registered manager was supported by the deputy manager and two team leaders. Staff were aware of their roles and responsibilities and the reporting structures. Supervision, as well as quality assurance responsibilities were delegated along these management structures. Some staff were delegated 'promoter roles' in various aspects of care such as health and safety, infection control and activities.

There was an open and positive culture within the service. The service held regular monthly team meetings. Open and transparent communication was promoted and encouraged by the registered manager. Staff told us, "The manager is approachable. I am not worried to go and talk with her. When we suggest things, she listens to us and takes action." We noted from the minutes that staff had the opportunity to raise any issues and we saw action was taken to improve the quality of the service. In other example, we noticed people were referred to relevant healthcare professionals based on concerns from staff.

The registered manager and the deputy manager carried out regular quality assurance audits to monitor the quality of care provided and to identify any areas where improvements could be made. For example, the service had made improvements in medicines management and health and safety in respond to recommendations. People receiving care and staff were always asked of their opinions of the quality of service provided. When we spoke with the deputy manager he had a clear understanding of the organisation's vision, values and priorities. His passion about improving the service was also shared by staff. The deputy manager told us, "The culture and values of the organisation allow us to support people in a person centred way. You feel a sense of achievement and fulfilment."

The registered manager ensured staff were kept up to date and were knowledgeable about best practice. For example, the provider kept journals and guidance from reputable national organisations for good practice reference. For example, the service had guidance the National Institute for Care and Clinical Excellence for relevant care areas such as end of life care. In addition, end of life training was provided by

nurses from a local hospice to ensure staff were kept up to date with the latest developments so they could effectively support people.