

Cumberland And Westmorland Convalescent Institution

Silloth Nursing and Residential Care Home

Inspection report

Convalescent Home
Silloth
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 17 & 24 November 2016 and was unannounced which meant the provider did not know we were coming. We last inspected the service on 17 July 2014 and found the service was meeting the legal requirements in force at that time.

Silloth Nursing & Residential Home is registered to provide nursing and personal care for up to 38 people some of whom may have a physical disability. There were 37 people in the home on the day of our visit. The home is on one level providing spacious accommodation and ample communal areas. All bedrooms are single with ensuite toilets and the home provides a range of equipment suitable to meet the needs of people living there. There is an interior courtyard with raised flowerbeds for residents and extensive views across the Solway towards Scotland.

There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

People who used the service and relatives we spoke with consistently highly praised the skills of staff working in the service. One person living in the home told us, "It's very reassuring that we have such good nurses here, they are always on hand to seek advice from. I get attention straight away." A relative summed up the views we consistently gained from all the relatives we spoke to by saying, "It was a huge comfort to us knowing (relative) was being cared for at this home and we will be eternally grateful for this and the way they were looked after her in her final days, a rock of support every step of the way. This home makes a difference to people's lives, they should never change."

People received ongoing healthcare support from a range of external healthcare professionals and people's health and nutrition were effectively monitored and responded to in line with nationally recognised practice. The registered manager took a pro-active approach to ensuring people who lived with a dementia related illness received care based on best practice.

The home was recognised nationally as a beacon for end of life care and was awarded the "National Gold Standard Framework (GSF) 'Beacon' Award - Winner" as the best nursing home in the country in November 2016 for end of life care as well as retaining this GSF Beacon status for the third year running. We received feedback from a relative who told us, "During the year that [relative] spent at the home [relative] received care that surpassed all of our expectations, especially during the last two months of her life. She received holistic care of the highest quality and her needs and choices were respected until her death. The staff also cared for us as a family, and fully involved us in our [relative]'s care."

A healthcare professional told us, "My team have tremendous admiration and respect for the leadership and excellent standards shown by all the staff at Silloth Nursing home. Another professional said, "It is always a

pleasure to visit Silloth Nursing Home because it proves to us there is good care out there, although we recognise that Silloth Nursing Home is a very rare gem."

People were supported with care and compassion and there was an ethos of care which was person-centred, valuing people as individuals. Without exception people who used the service, relatives and health professionals voiced that staff demonstrated exceptional kindness and compassion. Relatives told us, "I know my relative gets the very best care here. I'm 100% sure of that." We saw a relative had completed a recent survey and commented, 'My [relative] is treated with respect and dignity, their needs are exceptionally well met and above all else they are safe and receive excellent medical attention."

We found that this home was particularly effective in delivering consistently high quality care because of the emphasis it placed on building a really strong staff development programme. The provider valued their staff and saw them as an asset when delivering high quality care to people. Staff received extensive training and support to meet people's needs effectively.

Staff were very highly motivated and proud of the service. There was an emphasis on developing staff potential within a positive learning environment to create a high quality service. Staff had regular opportunities to reflect on their practice and to request any additional support or training. Staff were 'champions' in specialist areas. Champions had received additional training and skills in their specific areas. Skills were then shared within the rest of the staff team to create more positive outcomes for people who used the service.

The service was thoroughly committed to ensuring good links with the community and placed a strong emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

People were at the centre of care planning. People told us that they were made to feel "in charge" and "in control" from the time they first made the decision to move into the home. The staff knew the people they were supporting really well and treated them in a respectful but friendly way. One person told us, "I get exceptionally good support from all the staff, from the matron right through to the cleaners and handyman. They help me lead my life exactly as I would wish it."

People were safe because risks had been identified and managed. All the staff in the home had completed training to give them the skills and knowledge to carry out their roles and to ensure people in the home were safe. A relative said, "Words cannot say how excellent the care is. The staff team are amazing. Nothings too much trouble and I have total confidence that my relative gets the best treatment. The staff are so skilled and good at what they do."

Systems were in place for the safe storage, administration and disposal of medicines. Records showed people received their medicines as prescribed and in their preferred manner.

There was a strong emphasis on supporting people to eat and drink well. Staff encouraged those people who were reluctant to eat with their nutritional intake. People were supported to eat a well-balanced diet and those who were at risk of malnutrition and/or dehydration had their food and fluid intake monitored. People told us of the high quality and range of the meals provided.

The service was managed by an experienced, knowledgeable and motivated registered manager and deputy who worked in partnership with other organisations to develop new and best practice. People received a high standard of care because staff were guided by an experienced and committed management

team.

The staff team spoke positively about the support they received and were highly motivated and enthusiastic. They spoke about wanting to ensure people received a high standard of personalised care and spoke positively about the team work and support they got from each other to achieve this.

The provider had a range of quality monitoring systems and made improvements in response to people's feedback, the audits and in response to accidents and incidents. There was a strong commitment to deliver a high standard of personalised care and continued improvement based on the views of people who used the service and the enhancement of their lives. Complaints were taken seriously, thoroughly investigated and lessons learnt from them.

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 kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People were provided with information which would ensure they could recognise if they were unsafe.

People received their medicines as prescribed and medicines were managed safely.

There were robust systems in place to ensure people risks in relation to the environment were minimised.

The home was well staffed to provide care and support to people when they needed it.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

People were very well supported by a team of staff who were highly skilled in meeting people's needs and received on-going training and development to enable them to deliver the most effective service.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People received ongoing healthcare support from a range of external healthcare professionals and staff used innovative ways of supporting people to eat enough.

People's health and nutrition were effectively monitored and responded to in line with nationally recognised practice and the registered manager took a pro-active approach to ensuring people who lived with a dementia related illness received care based on best practice.

Is the service caring?

Outstanding 

The service was extremely caring.

The service had a strong and visible person centred culture which enabled both people and staff to maintain high expectations of what could be achieved. People were very well supported to increase their independence and to regain daily living skills.

Staff had formed strong caring relationships with people who used the service. They took the time to listen to people and get to know them. They went out of their way to make people feel valued, cared for and cared about.

Staff knew people really well and gave them the time and information they needed to make choices about their daily lives. Staff were knowledgeable about supporting people in the end stages of their life and provided sensitive and companionate support that went the extra mile.

People receiving end of life care were treated with love and compassion, as were their relatives and those that mattered to them.

Is the service responsive?

Outstanding 

The service was very responsive.

Peoples' needs were thoroughly assessed prior to their moving in to this service.

People received an exceptionally personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them from the moment they moved into the service.

The service was thoroughly committed to ensuring good links with the community and placed a strong emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

People could raise concerns and complaints and these were taken seriously, investigated and lessons learned to develop the service in a positive way and to further drive up quality.

Is the service well-led?

Outstanding 

The service was very well-led.

There was an extremely positive atmosphere and people were very much at the heart of the service. High quality care and support was consistently provided. This was because effective systems were in place that regularly assessed, monitored and improved the quality of care.

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive.

Staff spoke positively about working as a team and felt valued for their contribution to the service. The registered manager and deputy were proactive in supporting staff with their personal development.

People, relatives and staff felt their views were listened to and there was a strong positive culture throughout the service. Robust quality assurance systems were in place which took into account people's views and experiences.

The registered manager had excellent productive working relationship with external social care and health related bodies.

Silloth Nursing and Residential 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 17 & 24 November 2016 and was unannounced.

The inspection was carried out by one adult social care 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 had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding teams.

During the inspection we spoke to 14 of the people living at Silloth Nursing Home and five of their relatives and two friends. We spoke to seven members of care staff, four of the nurses, the registered manager and the deputy. We also spoke with three visiting healthcare professionals.

We looked at a sample of care records belonging to six of the people who used this service and we observed staff supporting people with their day to day needs, in communal areas. We looked at the recruitment

records of recently appointed staff, the staff duty rosters and the staff training records.

Is the service safe?

Our findings

People were protected from the risk of abuse and avoidable harm. People we spoke with told us they felt safe in the service. One person told us, "I can talk to staff if I am worried about anything and they make me feel better." Another person told us, "I feel completely safe here. I have lots of staff coming in. There's always staff to hand." One relative told us, "[Relative] is safe and well looked after." Another relative told us, "The manager and staff are absolutely fabulous at putting you at your ease. I know my relative gets the very best care here. I'm 100% sure of that." We saw a relative had completed a recent survey and commented, "My [relative] is treated with respect and dignity, their needs are exceptionally well met and above all else they are safe and receive excellent medical attention."

One visitor told us that they were fully confident people were safe and well cared for. They said, "You have no worries about people here". Another visitor said, "I'm here nearly every day, at different times. I have never seen anything untoward; people are spoken to kindly and with respect. If there was anything wrong happening I'm sure I'd have picked up on it. It's a fabulous place to live and I'm hoping to come here when I need care."

People were supported by staff who recognised the signs of potential abuse and knew how to minimise the risk of people who used the service coming to harm. We saw staff received regular training and guidance in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and how to escalate concerns to the registered manager or to external organisations including the local authority, who lead on any safeguarding concerns. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. The nurse who delivered safeguarding refresher training to staff told us how they used case studies to provide staff with examples about safeguarding, and how they should respond as well as the consequences of them not providing people with safe care.

All the staff we spoke with told us that they would be confident reporting any concerns about the safety of people or the behaviour of other staff members. Staff told us that they were well supported and knew they could speak to a nurse on duty, the registered manager or a senior manager if they had any concerns. One staff member told us, "I have no concerns, I'd be happy if my relative lived here".

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Staff we spoke with told us that the registered manager had undertaken checks to ensure they were suitable to work in the service prior to them commencing employment. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

We saw that staff had completed training in how to provide care and maintain people's safety. Good systems were used to identify risks to people and there was guidance for staff on how to maintain people's safety. Risks to individuals were thoroughly assessed and extensive information and control measures were

put in place for staff to follow. These maximised people's opportunities for independence whilst minimising the risks they faced. For example one person was at high risk of falls and had fallen prior to moving into the service. There was an extensive plan in place which detailed the risks and how this linked to aspects of the person's health needs. This included considering what support the person required to be able to access the garden and to maintain their independence with their mobility as they wished. There were clear actions detailed how to reduce the risk of falls and any near misses which took into account the person's history, medicines taken and their physical condition. This had resulted in a reduction in falls and increased this person's confidence and mobility. Another person had been risk assessed for their continued independent use of a mobility scooter into the nearby town. There had been careful and detailed work carried out by staff in conjunction with the person to raise awareness of weather conditions and darker evenings so that the person could continue to use their scooter safely.

People we spoke with told us that there were enough staff available to provide the support they needed. We confirmed this by checking the staff rotas and through our observations during our inspection. We judged that the home was well staffed across all areas in order to meet people's needs. People told us of the "amazing" and "fantastic" team work to ensure all their needs were provided for. One person living in the home said, "There are always staff about". Another person told us, "It's very reassuring that we have such good nurses here, they are always on hand to seek advice from. I get attention straight away."

The home provided support to people who required nursing care. There were appropriately qualified nurses employed to ensure people's nursing care needs were met. Staffing levels were assessed on a daily basis by the registered manager and the deputy using nationally recognised tools to assess people's health needs. Staff we spoke with said they felt there were always enough staff to meet the needs of people who used the service. One member of staff told us, "There are definitely enough staff, we have never struggled. We have time to sit with people and motivate them, they love it and it gives us so much job satisfaction as well."

People were living in a safe, well maintained environment. People described how well the service was maintained and our observations supported what we had been told. The provider employed maintenance staff to ensure the premises were well maintained and safe. There were systems in place to ensure any maintenance needed was responded to promptly. We saw records of checks that had been carried out on equipment and the premises. Any new maintenance request was put on to a fault report sheet and maintenance staff prioritised the repairs with regard to safety and urgency. One relative told us, "The environment is really good and well maintained. [Relative] can walk around the gardens safely if they want to." One person in the home told us, "The handyman is always at hand and the cleanliness is second to none." Another said "The housekeeping is excellent and never dips."

The provider had an infection control policy in place that was available to all care workers and staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care.

We observed how medicines were handled and found people were asked for their consent to take their medication. People we spoke with told us that staff gave them their medicines when they were supposed to and relatives said they were happy with the way staff managed their relations' medicines. One person told us, "I have lots of tablets, and one of the nurses brings them to me. It's always at the same time. I never miss any."

We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols and records showed that the registered manager and deputy looked at ways of continually improving their medicines systems. We saw they had requested an

amendment to the medicines administration records to ensure staff were working within the National Institute for Health and Care Excellence (NICE) guidance, aimed at improving health and social care. Each nurse who administered people's medicines had undergone an observed competency assessment. These were undertaken annually and as well as observing the nurse throughout an administration process they included the nurse's reflection on their practice.

Is the service effective?

Our findings

People who used the service and relatives we spoke with consistently praised the skills of staff working in the service. One person told us, "Staff are so good at what they do and they have lots of training to do this." Another person said, "I think we have the best staff in the country here. We are very proud to win the nursing home of the year award. It's very well deserved".

A third person told us, "The staff are very gentle and not at all rushed. Everything is done properly. The care and treatment is second to none. The nurse's spot things very quickly and if they are not happy they will ask if I want to see the GP. It's great team work."

A relative we spoke with told us they felt the staff were very well trained and said, "They are amazing at their job. My relative can sometimes be 'off her feet' and before you know it the nurses have worked out what's wrong. They keep me part of the team as well, I feel fully involved and that's really important to providing the best for my relative." Another said "My relative had a really tricky condition that had been difficult to treat when she was in another home. But it wasn't long before they had sorted it. This was because they all did the same procedure the four times a day that was needed."

We saw a relative had written in a recent survey, 'Words cannot say how excellent the care is. The staff team are amazing. Nothing's too much trouble and I have total confidence that my relative gets the best treatment. The staff are so skilled and good at what they do.'

Another relative said "The strength of this home lies in the staff it employs; they are always so pleasant and welcoming to me when I visit and one cannot help but be impressed by the compassion, dignity and respect they show to residents, they are good professional carers.'

When staff started working in the service they commenced an induction to ensure they developed the skills and knowledge needed to support people safely. Staff enrolled on the care certificate which is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The home had produced an induction file which is based on the Care Certificate but included a section on the Gold Standards Framework. One member of staff we spoke with had been working in the service for several months and described their initial induction, which had included an orientation into practice used at the service. They told us, "The training is brilliant. I have had 100 % support."

The provider ensured the service was effective in relation to making sure staff had the appropriate skills and knowledge through their commitment to a workforce plan, which encouraged staff to develop and promote good practice. Staff we spoke with highly praised the training and told us they felt this was appropriate in helping them develop the skills and knowledge they needed to support the people who used the service. One member of staff told us, "I have been given a fantastic amount of training. It gives you so much confidence in caring properly for people. I take a real pride in my work knowing I'm doing it right." Care staff told us they were given extensive training updates and were encouraged and supported to undertake

external training, including professional qualifications. A number of care staff had gone onto become qualified nurses and returned to the home to work as nurses.

We saw records which showed that staff had been given training in various aspects of care delivery and also in relation to the individual needs of people. The nurses employed in the service were given support to keep up to date with and develop their clinical practice. Each nurse had an area of specialism such as tissue viability and pressure area care, palliative care, diabetic link nurse, moving and handling instructor, and infection control link nurse. This had led to adhering to recognised national best practice and effective care to people in these areas. One member of the care staff said, "One of the reasons staff stay working at this home is because they are treated as professionals and cared for as much as the residents are. We get really good support for professional development. It's second to none."

Staff received training as part of the Dementia Care Matters Initiative which is a leading dementia care, culture change training organisation. We saw this had a significant impact on the support people who lived with a dementia related illness received and brought about a reduction in people communicating through their behaviour. For example staff received training in how to support people who lived with a dementia related illness and accredited training for the assessment, prevention and management of people who had episodes of confusion and could behave unpredictably. Training in dementia care and in the Deprivation of Liberty Safeguards (DoLS) were open to all staff within the home. Throughout our inspection we saw this training had a positive impact on the way staff supported people who lived with a dementia related illness and sometimes communicated through their behaviour. For example we saw how the cook took time to sit patiently with people to find out what they would like for their tea and to chat about old Cumbria recipes that many people could identify with. This had led to a lively conversation where people became animated and engaged.

We saw in a recent survey that a relative had expressed these views on staff skills of working with a person with dementia stating, "I never knew how distressing it would be to watch a loved one "falling into dementia", but there was always the reassurance that she was safe with you. We know she could be contrary at times but your lovely staff with their understanding and training ensured she remained well cared for all the time."

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 were supported to make decisions and choose what they did on a day to day basis. People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit and we observed staff gave people information to enable them to make an informed choice. On one occasion a person was unsure about taking part in an activity and the staff member kindly said, "The last time you did this you enjoyed it." We saw one person had commented at a recent meeting held for people who used the service, 'I like the fact there is not set routine. The staff let me set my own pace and work around me.' We saw a relative had written to the registered manager and commented, 'The consequences of decisions were always clearly communicated to [relation] and then [relation] was listened to as [relation] made their own choice and this choice was always respected.'

Staff were all trained in the principles of the MCA. This meant that people were supported by staff who had a

good knowledge and understanding of the MCA and how to apply the principles of the act to people's care and support. People's support plans contained clear information about the level of capacity people had to make their own decisions and where they may need support. The registered manager was proactive in advance planning for people who had capacity at certain times, known as fluctuating capacity. We saw that detailed assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. For example one person was declining their medicines and the registered manager, with input from the GP, had assessed the person's capacity to see if they understood the risks of not taking their medicines. The assessment detailed that the most suitable environment for the conversation and the best time of day had been considered. The person had been assessed as not having the capacity and so a best interests decision meeting had been held with a multi-disciplinary team, including the person's family and GP where a decision was reached and recorded.

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 had assessed people who used the service that lacked the capacity to make certain decisions to identify if a DoLS application needed to be made and doing so when it was required. The registered manager was proactive in seeking advice from the granting authority and following up progress on applications that had been made. We saw there was an up to date DoLS authorisation in place for one person and they were being supported in line with the directives in the authorisation.

People were provided with whatever support they needed to eat and drink well. One person who used the service told us, "There is some food I don't like but there are alternatives." A relative told us, "[Relation] likes the home cooking." Staff we spoke with told us they felt people were supported to eat and drink the amount they needed to promote and maintain their well being. One member of staff told us, "The food choices are brilliant and people have as much to drink as they want. There are plenty of snacks and they (people who use the service) can have what they want to eat." We saw during a recent meeting held for people who used the service that one person had commented, 'The food is amazing. There is such a choice, it is like a hotel.'

Innovative methods were used to tantalise people's appetite, capture an interest in food and boost their nutritional intake. The registered manager recognised the value of implementing pilots and projects in relation to nutrition and hydration. Information about a 'water and healthy aging' hydration best practice toolkit was detailed in the newsletter circulated to people who used the service, and there were leaflets promoting this initiative throughout the service. All the staff we spoke with were very knowledgeable about the importance of ensuring people were well hydrated, especially in the summer months.

The cook told us of the measures she took to make sure the food was both appetising and suitable for people with swallowing difficulties. One of these was to use cornflakes as part of apple crumble as she said this added crispiness and flavour but melted quickly in the mouth. The cook spoke of training courses attended that helped her provide fortified foods to assist people with maintaining weight, such as smoothies and cream shots added to foods. The senior nurse we spoke with told us that people were supported with their nutrition and said, "Staff go round with nutritious snacks on a regular basis." We observed people had continual access to drinks in communal areas and their bedrooms which we observed staff prompting them with on a frequent basis.

People's nutritional needs were assessed regularly and there was extensive information in support plans

detailing people's nutritional preferences and needs. The care plans of three people showed they were nutritionally at risk and we saw detailed plans had been put in place to guide staff in how to support them to gain weight and to prevent further weight loss. This included advice sought from a dietician, increased frequency of weight assessment and adding extra calories to food. We saw this had been effective with all three people gaining some weight since admission to the service. Staff told us they felt people were supported with nutrition and one member of staff described how people had their own snack boxes of their preferred snacks in their rooms and a cheeseboard was available when anyone wanted this. The home was renowned locally for its homemade cakes, puddings and biscuits. One person said, "The gingerbread is to die for!"

A proactive approach to healthcare needs was used to support people with health issues. From the point of admission to the service people were assessed in relation to their health needs so that care plans could be implemented to ensure they received the monitoring and support they needed. People had their health needs assessed by the GP used by the service within five days of admission; along with a review of the medication they were prescribed. The registered provider told us that they then ensured effective healthcare by monitoring key health indicators and tools to identify and respond to changes with evidence based support and intervention. Such as waterlow scores and daily living measures to assess independence and reduce the risk of falls.

We saw care planning was based not only on people's current health but also preparing for the risk of health decline, and how their support may need to change to reflect this. This also identified if the person was facing any risk to their health and wellbeing, such as the risk of tissue damage or weight loss. Where people had health care conditions there were comprehensive care plans in place. For example one person had diabetes and there was an in-depth assessment of how the condition affected the individual, what risks were presented and what measures were needed to keep the person's blood sugars stable and minimise any complications to their health.

A health care professional told us, "My team have tremendous and admiration respect for the leadership and excellent standards shown by all the staff at Silloth Nursing home. They invite families to reviews on our behalf, they ensure documentation is up to date and at hand, they instinctively know what we will ask for and there is always a quiet comfortable private room set aside for our meetings." Another professional said, "It is always a pleasure to visit Silloth Nursing Home because it proves to us there is good care out there, although we recognise that Silloth Nursing Home is a very rare gem."

People told us they could access the GP if they needed to and that they were supported to see the dentist, chiropodist and optician. A GP clinic was held in the home every Tuesday so that people could choose to see their GP within the home. Records confirmed what people had told us and we saw the registered manager had worked to create relationships with key people from a variety of health support organisations. We spoke with this GP and they told us that staff were quick to identify any decline or signs of possible decline in people's health. They told us staff were 'on the ball' and if anything was requested, such as samples requiring analysis being obtained, this was done promptly. We saw close working relationships between services and health professionals such as speech and language therapy, community psychiatric nurses, dieticians and specialist nurses for tissue viability and multiple sclerosis. The home was extremely good at coordinating and collaborating with other services to ensure people had effective treatment when they needed it to stay well. For example, we saw that a person who was almost 100 years old had been supported by the home to have an operation and aftercare to increase their mobility.

While the carefully monitoring and support of people's health and well-being was best demonstrated in the end stages of people's life, it was equally good across all areas of people's healthcare. The home was

recognised nationally as a beacon for end of life care. The home had won a national award for "National Gold Standard Framework (GSF) 'Beacon' Award- winner" as the best nursing home in the country in November 2016 for end of life care. The assessment panel stated, "The short-listed homes clearly represented 'the best of the best'. It is clear that Silloth Nursing home have something significant and significantly different to offer as best practice to the field, addressing all aspects of end of life care and demonstrating commitment to a person-centred care for residents and dedication to high quality end of life care."

A GP said, "It does not matter which member of staff I speak to or deal with as they all know the patients and give me the information I require." Another GP said, "On several occasions I have experienced a fantastic team effort as well as the integration of GP services to provide outstanding standard of end of life care and general care. The training and application of the GSF is stringently applied." This meant that, GPs told us that the vast of majority of people were able to die at the home in line with their wishes.

Is the service caring?

Our findings

Without exception people who used the service, relatives and health professionals voiced that staff demonstrated exceptional kindness and compassion. One person we spoke with told us, "Staff are truly exceptionally kind and caring." We saw people had been asked about what they thought of the staff at a recent meeting and one person had said, 'The staff have all been exceptional.' A relative told us, "It is a lovely atmosphere. Very friendly. Anything you need, nothing's too much bother." Another relative told us, "The staff are excellent, kind and friendly." We saw one relative had written in a recent survey, 'Staff are inspirational in their professionalism, compassion and care.'

The registered manager told us, "The philosophy of care in the home is 'know me, hear me, care for me'. The focus is on life. We are determined that everyone should live a life of their choosing right to the end and we are here to facilitate that." We saw that this attitude was reiterated across the staff team. For example a care assistant introduced a poster to the home that stated "Our residents do not live in our workplace, we work in their home" this was displayed on the notice board in the corridor. Another sign in use was a "Care in Progress" so that people's dignity was protected.

We saw a different relative had sent feedback to the registered manager stating, 'A big thank you for all the love, care and respect you have shown [Relative]. Before arriving at Silloth Nursing Home she had a rough time but you picked her up, dusted her off and made her feel as special as she deserved to be. She became my mam/grandma again. The activities, chats and giggles you gave meant the world to her and this gave her a new lease of life when she needed it the most!'

People were cared for by staff who valued them and demonstrated a genuine love and pride of working at the service. One member of staff described how much they enjoyed helping people who used the service and told us, "It gives me a sense of personal achievement to be able to work with people who have a range of conditions." Another member of staff told us, "I love seeing them (people who used the service) happy, even if it is simply a walk in the garden to listen to the sound of birds. Everybody here cares so much." A third member of staff told us, "I like to see them (people who used the service) laugh and enjoy things." This member of staff went on to say, "I love working here, everyone is happy and the feeling you get when you walk through the door is brilliant."

The majority of staff had been working in the service for many years and people we spoke with told us they felt this had helped to create a strong team. We saw a relative had sent a letter to the registered manager which said that their relation had wanted their key nurse to be there when they reached the end of their life. The relative had written, "[Relation] had grown to love and trust [key nurse]. I am delighted that in the event [relation] got their wish." We saw that in the last year the vast majority of people had been supported to die at home in line with their wishes.

We observed staff interacting with people throughout the day in a happy and cheerful manner. There was frequent laughter between staff and people who used the service and it was clear that staff made a huge amount of effort to provide people with a fulfilling day, no matter what role the staff member held and

understood how their role at the service contributed to people's care and wellbeing. A good example of this was the actions of the person employed to carry out maintenance in the service. We observed this member of staff and it was clear they knew people and their personalities in as much detail as the care staff and interacted with them in a jovial manner throughout the day. We saw that people who used the service loved this interaction and they commented positively on this member of staff saying things like they were, "So good, very kind and happy." One person had commented at a recent meeting held for people who used the service, 'The maintenance man was very helpful when I moved in nothing has been too much trouble.' Another person said that shelves had been put up later the same day when they had commented about wanting to display some ornaments in their room.

We observed another member of staff who spent a lot of time sitting with people who used the service, chatting and listening intently to what they had to say. They offered reassurance and diversion to people who lived with a dementia related illness and responded to people's requests. This was done in a way that demonstrated the compassionate, caring and understanding values required by experienced care staff.

One aspect of the ethos of the service was to create a family type environment where people who used the service and their relatives were a family. We saw examples of this and of people's relationships with their relatives being valued and cultivated. People's relatives were welcome to dine with their relation in the service and this was actively encouraged on the day we visited. One person told us of how staff had taken them to visit their relative in hospital over several weeks, and some of this had been done in staffs own time.

When people had relatives visiting for a special occasion or just from a distance away, the home gave all the family the use of a small dining room and set it up so it had a homely feel. The family were then given a meal with their relative free of charge. A quiet private sitting room was also given over to families to use when visiting or when people were at the end of their life and relatives needed to have some time to themselves.

People we spoke with felt the home went the extra mile to enhance the lives of people who used the service. We saw that one person who used the service had commented in a recent survey, 'They look after me like their own. It is like one big family. There is a lovely atmosphere here. The staff have got to know me well. That is a lovely feeling.' A relative described the "family friendly" ethos and how their relative was supported by staff to regularly visit their spouse, who still lived at their marital home. Another relative told us, "I am always made welcome." And another said, "We feel very lucky to have become one of your extended family."

There were a variety of lounge areas for people to choose from and walls had been filled with display cabinets which displayed ornaments and pictures. Thought had also been given to the views from people's rooms and there were bird tables and coops built providing a stimulating and interesting view for people.

We saw positive outcomes the care experience provided at Silloth nursing home could have on people's well being. People who lived with a dementia related illness had extensive care plans to help them to communicate their needs and feelings. For example, one person had received input from a clinical psychologist and their report was used to inform the communication care plan in place. This included a risk based approach and information on enabling the person's independence based upon what the condition allowed. The plan was centred on the individual's experience of the illness and how it affected them which would give staff the information they needed to support and communicate with this person.

The registered manager and staff followed the principles of the Gold Standards Framework (GSF) indicators to identify people who may be close to the end of their life and to plan for this eventuality. The GSF is an accreditation, services can work towards and achieve and is aimed at improving the quality of care for all people nearing the end of life, in line with their preferences. The registered manager, deputy and nurses had

attended GSF training in palliative and end of life care. The registered manager told us this had resulted in people who used the service being able to receive end of life care at the service and avoid admission to hospital.

The home were so good at this they were awarded the "National Gold Standard Framework (GSF) 'Beacon' Award- Winner" as the best nursing home in the country in November 2016 for end of life care, and retained this beacon status for the third time.

A healthcare professional told us, "The care approach at the home is proactive and compassionate with open and honest empathy towards patients, relatives and visitors." And also stated, "They provide an excellent quality service, working in conjunction with ourselves, and when the time comes the patient has an excellent death. It is possible and they do it all the time."

We saw there had been many letters and cards sent to the registered manager from other relatives praising the staff for the care given to their relations when they reached the end of their life. Comments included, '[Relation] received a quality of holistic care that surpassed our expectations', 'I was delighted and very moved to witness my [relation] receiving care of the highest quality', '[Relation] was treated with care, compassion, friendship and respect', 'We would also like to send our sincere thanks and gratitude for looking after [relation]. We were very impressed with the professionalism and care shown to [relation] especially in the last few days, everyone was genuinely concerned and could not have done more for [relation] or my family. You should be very proud of all your staff and the service you provide', 'It gave us peace of mind that [relation] was well looked after and cared for, especially in [relation's] last few days. You could not have done more, and we were very impressed with you all' and '[Relation] had such a peaceful end and you made it a special time.'

We saw how people's end of life wishes were met by the home. One person was helped to develop a "bucket list" and staff made sure that as many of these as possible were met. From having a special meal and a take away to going to see a Show.

The home had a bed that the organisation funds for the well-being of the local community, this is used regularly by the GPs for people in the community who were in crisis in order to avoid going into hospital. A GP told us that was a great resource in such a rural area and was frequently used to give carers respite breaks and had also been used for people at the end of their life too. Telling us, "We have used this respite bed for palliative care as well and it has been most rewarding for us to look after the patients in our community at a time when they most need it. The families of these patients will tell you, as they tell us, what a great service it is." One relative told us, "It was a huge relief to be able to have (relation) nursed for in your community bed. I could not have imagined what it would have been like to have used the bus for visits to the hospital with the thirty mile round trip in winter."

Visiting health and social care professionals described to us their impression of how the service supported people when they reached the end of their life. One health professional told us, "The management team care passionately about end of life care and there is an extensive package in place which includes aftercare for relatives." Another told us, "I found that the home provided palliative care of the highest quality." A third told us they felt the service had a, "Commendable focus for getting things right for patients at the end of life."

We saw relatives were given support and compassion following the loss of their loved one. Following the death of a person a card and letter were sent to the relatives to offer condolences. We saw how the home had bought relatives holdalls to put the belongings of their loved ones into take away. One staff member

said, "I've worked in other care homes where people who pass away have their belongings put into bin bags. This would never ever happen here. We respect people right to the end and their memory too." The home had raised funds and designed a memorial garden in memory of those who have passed away. We were told that relatives were encouraged to return and visit the garden. The garden was designed to be peaceful and reflective with seating and flower areas. There had since been a second memory garden donated by a famous writer and historian in memory of his mother and to show appreciation to the home.

The registered manager described reflections and developments made to further support how the principles of GSF were used, such as the use of 'After Death Analysis' (ADA) used to identify what went well and what could have gone better so that there was a learning and improvements made to future care. Staff were also supported following the death of a person they had cared for, and staff were able to attend the funeral if this was in line with the wishes of the person and their relatives.

We saw that the home was part of the Six Steps End of Life care programme. The Six Steps programme aims to enhance end of life care people receive by supporting staff to develop their roles. The six strands of equality and diversity were used to assess and record on admission and then embedded into people's care plans. We saw evidence of this being respected in practice. For example one person had always followed their preferred religion and we saw this was embedded throughout their care plan and staff knew what the person liked to do in relation to this religion. They knew when and how the person liked to pray and recognised the importance of the person receiving regular visits by a representative from their chosen place of worship. We saw there was information in people's bedrooms and in communal areas with information about local religious services and how people could access them. Records showed that religious and pastoral services were also discussed at meetings held for people who used the service and a member of the social care team described representatives from different congregations visiting to meet people's preferred religious preferences.

People were supported to have their privacy and were treated with dignity. Staff working in the service had committed to the dignity champion pledge to ensure they understood the values and their role in relation to observing a 10 point dignity challenge. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. One visiting health professional told us, "My view is that all the staff show the residents a lot of kindness, giving them the respect they deserve and ensuring their dignity is preserved at all times."

People had extensive plans in place which detailed the different aspects of how staff should support them with privacy and dignity to promote individualised care. These included guidance for staff on how to promote people's sense of belonging and worth in the service, including being supported to stamp their own identity, such as having ownership over their belongings. For example we saw how one person of over 100 years was provided with small pieces of gym equipment when they had expressed an interest to stay active over the winter months. Staff had spent time with the person and researched options and this had greatly pleased the person as they said it helped "their mind and body."

Is the service responsive?

Our findings

People told us that this was a really good service and said that they always received the support they required at the time they needed it. They told us that the staff in the home knew the support they needed and said that this was always provided promptly. One person told us, "I get exceptionally good support from all the staff, from the matron right through to the cleaners and handyman. They help me lead my life exactly as I would wish it."

People were at the centre of care planning. People told us that they were made to feel "in charge" from the time they first made the decision to move into the service. People were welcome to visit and try the service prior to making a decision about whether this was the right place for them. People and relatives we spoke with consistently told us that after looking at other services, once they had visited Silloth Nursing home they felt it was the right place for them. The relative of one person told us, "I am thrilled. We looked at a lot of homes and Silloth Nursing home was the only one that felt right from the minute we walked through the door." We saw one relative had commented in a recent survey, 'The contact and information before [relation] arrived was excellent and helped put my mind at rest that we were very lucky for [relative] and the rest of the family [relation] was moving to this home.'

We received feedback from a visiting health professional and they told us, "I have always found the home to be very thorough in carrying out their own assessment of needs and to be very committed to providing a high standard of care for those with complex conditions. It is my experience that the care home maintain high standards in regards to care plans and to ensuring changing needs are identified and met. It is also my opinion that the home have demonstrated they provide a good quality of life for those they are caring for."

People's potential for achieving a fulfilling life in the service with their preferences for care and support were placed at the heart of care planning. We found this approach ensured care and support was centred on the person and fundamental in helping people to shape the way they received care and support. Once people had moved into the service they were made to feel at home and included in the day to day life of the service. The home had a residents group and residents were also committee members on the charitable board that runs the home. The deputy chairperson is currently one of the residents. The board has all the minutes from the residents meetings and the most recent request had been to offer people wine on a daily basis as standard. One person who had recently moved in told us, "It is a marvellous place; I have had such a big welcome and made me feel at home already." Another said, "We can have a full say in the running of the home and what we do on a day to day basis."

Upon admission people were allocated a primary named nurse who was responsible for overseeing the person's care and support, as part of the primary nursing scheme used by the service. A limited number of care staff were also allocated to the person to provide continuity of care and to develop relationships, in line with this approach. People's care needs and wishes were then explored and people commenced planning their care and support. One person described planning their care when they first moved into the service. They told us, "I discussed my care in detail with the matron and deputy, who both came out to see me at home. When I arrived at the home we went over it again and lots of reassurances were given about making

me feel I could speak up about any changes I required. We looked at my care plan over a few weeks and we did make changes as I got to know better what I wanted. So I know I can ask for changes at any time and see the matron and deputy most days for a lovely chat and a catch up."

Throughout the admission process goals were set to support each person to adjust to life in the service and to build up knowledge of their skills and aspirations and how these could be developed. People's care was planned in a way which was responsive to their needs and was modelled on best practice used by health professionals. For example we saw nurses used a range of tools to assess people's health and well-being, such as to monitor people who may be at risk of falling or to assess if a person was showing signs of depression or low mood.

Established best practice was used in the development of care planning and followed through to care delivery. For example, one person was at risk of developing pressure ulcers and we saw there was extensive information in place guiding staff in how to monitor this and to reduce the risk. The clinical plan was followed through by the nurses in the service and clearly documented progress in caring for the wounds, some of which had healed. The tissue viability NHS nurse told us, "I have always found that my instructions are followed and that care given is to a very high standard."

There were care planning strategies which gave detailed guidance for staff on how to steer people towards personal objectives. For example one person who lived with a dementia related illness was at risk of social isolation and there were clear strategies for staff to guide the person towards integration and a more fulfilling life. Staff we spoke with had an exceptional knowledge of these objectives and how they needed to support the person. Records showed that staff were using the planned strategies and supporting the person to be less isolated. We saw that this person had taken up new interests and had started to go out of the home, with staff support, into the local town.

People lived in a service where the importance of being supported to use and maintain links with the wider community and to develop and maintain relationships with people was valued. It was evident there were strong links with the local town and surrounding villages and the people who lived there. People were an active part of the annual Christmas Fayre, which staff described as 'a really big community event.' People had been empowered to be a part of this event for some years and this year had, as usual, entered various competitions on the day of the event. One person in the home described being in charge of the raffle and another the tombola. Another person told us of decorations that a group of people in the home had been making to sell at the Fayre saying, "This year the things we have made in the craft sessions have been fabulous. I made a sort of bay tree out of baubles. I was really proud and pleased with them." And then jokingly said, "They were really fiddly though. I think we should have been paid to make them, its slave labour!" Both people living in the home and staff joined in the laughter at this comment. With one person saying, "We always have a laugh doing these crafts together. There's never a dull moment!"

People who had been a part of the local community prior to moving into the service were supported to continue with this sense of belonging. One person who used the service described living locally and visiting the service to attend open days prior to moving in. They told us, "I still feel a part of the community. I enjoy going to the pub and to a local meeting." A different person said they had been helped by staff to continue using their mobility scooter to go into the local town. While another person spoke of supported to continue attending their local church. A number of people said that they received short respite breaks initially and that they liked it so much waited until there was a permanent vacancy to move in.

People were supported to maintain their independence through taking part in daily living skills. A nurse and care staff we spoke with described people getting involved in daily living tasks such as setting the table for

meals and dusting. We observed this in practice during the inspection. One person was given small pieces of equipment to use, such as a bike peddle machine to be used while seated to help keep them mobile on days when they could not get out for walks. This person told us, "I like to keep my mind and body active. I love to walk in the grounds but when the weather is poor I use this contraption instead. I also had an operation on my wrist to keep me independent, that's not bad is it for nearly 100 is it? The home has a can do attitude and that suits me." We saw another person who used the service had commented in a recent survey, 'We have lots of entertainment and games but I can help around the place too. I like to set the table or help with the gardening; this makes me feel useful.'

The activities provided had been discussed at meetings held with people who lived in the home. We saw that outings had been arranged to local attractions in response to people's requests. Some people had enjoyed trips to local garden centres and local towns. We saw that activities were planned to take account of people's preferences. One person told us, "There are loads of activities". Another person said, "There's always something going on that you can join in with if you want". A relative commented in a recent survey conducted by the home, "I must take this opportunity to say how good your programme of events and activities is- I too enjoyed things when mum was well enough to join in!"

Individualised activities were used as a part of a positive and proactive approach to support people who sometimes communicated through their behaviour. We observed many occasions where people who lived with a dementia related illness walked through the lounge a member of staff directed them to carry out an activity such as folding tableware or sorting out the drinks trolley.

We saw how one person was given an area of the lounge to have a large dining table set up to do jigsaws and craft items so that they could consistently go back to this activity that they enjoyed and got satisfaction from. We saw a relative had commented in a recent survey, 'The care staff and nurses have been brilliant with [relation], coaxing [relation] to join in with activities with obvious benefits to [relation]'s overall health.' People who had an interest in gardening had been supported to plant flowers in planters to place on their patio, and to join in a gardening club set up by the residents group. This often included regular excursions to various garden centres.

People told us they had a voice and that they were listened to. They knew what to do if they had any concerns. One person we spoke with told us, "I have never raised an issue but if I had one I would ask to see my nurses." Another said, "I usually see the matron and deputy most days and they always encourage me to let them know if I have any issues. Everything is sorted out straight away, you never feel awkward bringing anything up." A relative told us, "They (staff) always ask me if I have any concerns. If I did (have any concerns) I feel confident they would deal with these." Another relative told us, "The matron, deputy and nurses are all very approachable and listen to concerns and sort them out. You can tell it's a matter of pride for them to get it right for people, nothings too much trouble." There were accessible and detailed complaints procedures displayed in the service so that people would know how to escalate their concerns if they needed to.

Is the service well-led?

Our findings

We found people received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. There was a registered manager, known in the service as the Matron, in post who was supported with the day to day running of the service by a deputy, known as the Sister. The registered manager and deputy were qualified, competent and very experienced to manage the service effectively. They worked in partnership with other professionals to ensure people received a high standard of care and support. We saw good evidence of working in partnership with other services such as physiotherapy, community nurses, speech and language therapists and GPs to support people and improve their quality of life.

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included "The manager and deputy are exceptional. Their communication is good and concerns raised have always been addressed and followed through by senior management. Poor performance has been managed effectively" and "The managers and staff at the home are approachable and efficient. I have a very good working relationship with them." An NHS professional said, "The matron and senior nurses have been working together now for over 10 years, which in this day and age is in itself remarkable. My team have tremendous respect and admiration for the leadership and the excellent standards set by all the staff at Silloth Nursing home."

We saw that the leadership in the home had led to a positive and sustained commitment to quality. The registered manager, deputy and staff spoke passionately about wanting to provide a high standard of care to people. They had clear values about the way care and support should be provided and the service people should receive. For example, staff told us that team work was a real feature of the home and spoke highly of the support from the management team. They said they enjoyed working at the service as they said it was a very warm, friendly and supportive environment. Comments from staff included "I really love working here. I started as a carer here and then went on to do my nurse training and now I've returned here as a nurse. I wouldn't dream of working anywhere else. I get such good support and learning opportunities." And care staff said, "I've learnt so much since I started. If I need help, I will get help. The matron, deputy and all the nurses are very supportive." Ancillary staff we spoke with told us that they felt valued and well supported. They said other staff members worked with them if required to ensure the quality of the service. A local GP said, "I have experienced first-hand the fantastic team effort within Silloth Nursing Home. The coordination between health and social services is commendable. Especially the stringent application of the Gold Standard Framework (GSF) in relation to end of life care is worth mentioning."

The registered provider invested heavily in the staff team and in staff training to encourage staff to continue to work in the organisation. A number of staff told us that they had been supported to develop in their careers and said they appreciated this. The registered provider had supported staff to train as nurse practitioners and to complete nursing degrees. This helped to ensure they had access to enough qualified and highly skilled staff to provide people with the all the support they needed. The registered manager and deputy said that they always ensured that the home was staff well above what was recognised as the minimum levels required. The staff rotas we checked confirmed this.

The registered manager spoke of their drive to providing new staff with a "really good foundation" and how each new staff member was supernumerary for at least a fortnight. This is well above what we would normally see within a care setting where two to three days is the average.

The staff understood the services values and philosophy and we saw that these values underpinned staff practice. One of the service's values was promoting independence. The National Institute for Health and Care Excellence (NICE 2010) 'Dementia quality standard' supports the importance of promoting and maintaining independence in dementia care. We saw that staff encouraged people to do as much for themselves as possible.

We saw that the service had a number five Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA and shows that the service has demonstrated very good hygiene standards.

The home had a strong learning and development culture; staff were nurtured and supported and tools were used to drive up the quality of the service offered to people. For example, the registered manager described reflections and developments made to further support how the principles of GSF were used, such as the use of 'After Death Analysis' (ADA) used to identify what went well and what could have gone better so that there was a learning and improvements made to future care. This is one of the many examples of the tools used by senior managers to analysis how effective the service is and on how they could improve. The numerous champions within the staff team ensured that innovative best practice ideas were always discussed and introduced in the home, as have been frequently referenced throughout the report, such as the approach to dementia care and tissue viability best practice.

People who lived in the home were frequently asked for their views about the service provided. We saw that there were regular meetings where people were asked about their views and for any further improvements that could be made. We saw action had been taken in response to requests from people in the home. The times of the meetings had been changed in response to feedback from people who lived in the home and activities provided in response to suggestions received. One recent meeting had covered a range of topics from wanting to have kippers at breakfast to people openly discussing their funeral plans. The deputy said, "There's nothing people are afraid to talk about here. We encourage it from the moment they walk through the door." The registered provider also asked people to complete a questionnaire to share their views of the home. All of the completed questionnaires that we saw were positive about the service provided.

There was an extremely positive culture within the home and what numerous people living in the home called "a can do attitude" with people were very much at the heart of the service. Risk assessments were used to promote positive risk taking and maintain people's independence and safety as much as possible. Examples included supporting people with medicines and going out safely on a motorised scooter. The home was not risk adverse but instead made sure that all had been done to make opportunities and for people to carry on being as independent as possibly.

High quality care and support was consistently provided. This was because effective systems were in place that regularly assessed, monitored and improved the quality of care. Audits were carried out periodically throughout the year by the registered manager and the senior management team. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed. We saw that the registered manager and senior nurses carried out checks to ensure people received a high quality service. They regularly walked around the home checking the environment and speaking with people who lived there to gather their views. However we saw that all staff took responsibility to ensure a safe environment, for example we saw staff being vigilant

about removing trip hazards and overheard care staff reporting small jobs that required attention, such as a catch on door and how the maintenance man mended this shortly after it was reported.

Action was taken to drive improvements when this was required. Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. These were reviewed monthly by the service to identify if there were any trends or patterns. They recorded what was in place currently to minimise the risk and also learned from mistakes by ensuring robust procedures were put in place to prevent re-occurrence. For example, a recent incident had resulted in a wrong piece of equipment accidentally being used. Immediate action was taken to ensure appropriate treatment for the person involved and following this procedures and protocols were reviewed and strengthened to minimise the risk reoccurring. The staff member and all other staff were given training on the new system put in place. A reflective practice session was held on the incident so all nursing staff could contribute to the improvements. The deputy commented, "Accidents and mistakes do happen the most important thing is to deal with them properly, be open and honest and learn from them so we minimise the chances of this and other things happening again. We made sure that we kept the relatives fully informed as well."

We saw that well managed systems were in place to monitor the quality of both the care provided and the environment. The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. Staff told us that it was common for the registered manager or deputy to come in at any time of the day or night if there was a problem to offer support.

Staff told us they felt confident to raise any issues with the management team. One member of staff told us, "The management team work well together, they are approachable and get things sorted." They told us that any faults or problems were responded to promptly. Complaints were recognised throughout the staff team as a way of learning and making improvements to the service based on the findings. One member of staff we spoke with told us people felt confident to raise concerns and said this was positive as the management team were then able to know what needed to be done to improve.

Registered providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The registered manager of the home had informed us of significant events as required. This meant we could check that all appropriate actions had been taken.