

Crocus Care Ltd

# The Red House

## Inspection report

Clonway  
Yelverton  
Devon  
PL20 6EG

Tel: 01822854376

Website: [www.crocuscare.co.uk](http://www.crocuscare.co.uk)

Date of inspection visit:

09 April 2019

10 April 2019

Date of publication:

10 May 2019

## 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

About the service: The Red House is a residential care home providing care and accommodation to a maximum of 25 people. People living at the home were older people, who may be living with dementia.

People's experience of using this service:

People using the service benefitted from kind, caring and committed staff. People and their relatives told us they were treated with kindness, compassion and respect.

We observed positive and compassionate interactions between staff and the people they supported. People were able to be as independent as they wanted and were also provided with prompt, sensitive support when needed.

People were placed at the heart of the service and were as far as possible involved in decisions about their care and lifestyle. People and their relatives told us they were listened to and their care was personalised.

People's care was delivered safely. The staff team was consistent, employed in sufficient numbers and had the skills and training to care for people safely.

People's risks were understood and managed well. People's rights and independence were respected and promoted. Management and staff understood their role with regards to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. When people were unable to consent, and make decisions for themselves appropriate processes were followed. People were protected from discrimination and abuse because staff understood how to safeguard people.

People lived in a home that was well-maintained, comfortable and designed to meet their needs. Much consideration had been given to making sure people had lots of opportunity to occupy their time in a meaningful way. Relatives were made to feel welcome and were kept fully involved in issues relating to their loved one's care.

People lived in a service which had a positive culture and was led by a passionate and dedicated registered manager. The Red House had good relationships with health and social care professionals and liaised with these services to help ensure people's full range of care needs were met.

Rating at last inspection: At the last inspection the service was rated as Good. The last report was published in December 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good

Follow up: We will continue to monitor the service to ensure people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we will bring

the inspection forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# The Red House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

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 is elderly and maybe living with dementia.

#### Service and service type

The Red House is a "care home". People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 25 people. At the time of the inspection 24 people were living at the home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

The inspection took place on the 9 and 10 April 2019.

#### What we did:

Prior to the inspection we reviewed information we held about the service such as provider notifications. A notification is information about important events such as incidents, which the provider is required by law to send us. We reviewed the information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we met everyone currently living at the service. We spoke with ten people about the home and the care they received, we also;

Reviewed four people's care records, which included, care plans, risk assessments and medicines records.  
Reviewed records of accidents and incidents.

Reviewed four staff files, which included recruitment checks, induction and training records.

Reviewed records relating to the running of the service, including, complaints, audits, policies and quality checks.

We observed the interactions between people and staff as care and support was being delivered.

We spoke with the registered provider and registered manager, with eight staff and ten residents. We also met and spoke with three relatives, and three healthcare professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. A flow-chart was available for staff so they could easily refer to processes and contact details if they needed to raise a safeguarding concern.
- Staff attended safeguarding training and this was regularly updated.
- Staff said issues relating to safeguarding and safe working practices were regularly discussed in staff meetings, handovers, and 1:1 supervision.
- People said they felt safe living at The Red House and relatives said they felt confident their loved ones were safe and well cared for. One relative said, "Oh yes, they are wonderful, we trust them totally."
- We observed people were comfortable and relaxed with staff supporting them. People sought out staff when they wanted reassurance, felt anxious or unsure. For example, one person was concerned about their medicines and if they had been given what they needed and on time. Staff said the person needed regular reassurance and they provided this in a gentle and sensitive way. The person visibly relaxed when they had been provided with the reassurance they needed.

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk while allowing people to remain as independent as possible.
- Where people were at risk of falls, staff liaised with professionals to minimise risk and considered equipment such as sensory mats and personal alarms, which alerted staff people were moving. This meant staff could support people safely.
- When people had risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration. Professionals shared very positive comments, "The staff always inform us of any skin issues, they are pro-active and do everything we ask them to do." Healthcare professionals said staff had a good understanding of risk in relation to skin and people's diet, "When people need their weight monitoring this is done, food and fluid charts are always up to date. We asked them to reposition [person's name] every 2 hours. The staff were right onto it and there has been immediate improvement. It is rare people have skin problems, but when they do the manager and staff are quick to deal with it."
- People had safety devices so they could call for help in an emergency, for example there were call bells in bedrooms and bathrooms.
- Staff were always available in the communal areas monitoring people's safety, mobility and interactions with each other.
- Risk assessments relating to the environment were in place and precautions taken to minimise risks to people. For example, window restrictors and radiator covers had been installed to support people's safety.

Water temperatures and fire safety equipment was checked regularly and people had individual plans to help ensure they could be evacuated safely in the event of a fire.

## Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. Every person we spoke with said there was always enough staff to meet their needs and to support them safely.
- When people required higher levels of support to meet their needs sufficient staffing levels were in place. For example, some people needed assistance with eating. We saw enough staff were available to support people to enjoy their meals safely.
- Staffing levels were regularly reviewed to ensure they continued to meet people's needs. The registered manager said they had recently increased staffing levels from four to five in the morning based on staff feedback about changes in people's needs at this time of the day.
- People received support from a consistent staff team. Staff had worked at the service for many years. A staff member said, "Staff don't really leave and if they do they soon come back."
- A robust and detailed recruitment process was followed to help ensure staff employed were suitable to work with vulnerable people. Background checks were completed before new staff started working at the service to check staff were safe to work with people and of good character.

## Using medicines safely

- People continued to have their medicines stored, recorded and administered safely. Medicine Administration Records (MARS) were completed in line with best practice.
- Audits of medicines were undertaken, and staff could describe what action they would take if they identified any medicines errors.
- There were suitable arrangements for storage and disposal of medicines, including medicines requiring extra security.
- Storage temperatures were monitored to make sure medicines would be safe and effective.
- Staff undertook regular medicines training to make sure they continued to have the skills and knowledge to manage medicines safely.
- Staff understood how people preferred to have their medicines administered. For example, one person liked to have a drink and for staff to describe each tablet and what it was for as they were given. We saw staff following these guidelines ensuring there was sufficient time to administer the person's medicines in the way they wanted.
- Staff worked closely with people's doctors and held regular medicines reviews when required. Discussions were held with healthcare professionals to consider how best to support people who did not understand why they needed their medicines. For example, discussions had been held with one person's doctor and the older person's mental health services as they had become increasingly agitated taking their night time medicines. A best interest agreement had been made to allow staff to administer the person night time medicines with their early evening medicines to reduce anxiety when the person went to bed. Staff said this change had been successful improving the person's mental health and sleep pattern.

## Preventing and controlling infection

- The home was clean and hygienic throughout.
- Cleaning staff were employed and cleaning schedules were in place to ensure standards were maintained.
- Personal protective equipment, such as aprons and gloves were available for use when supporting people with personal care tasks. Antibacterial hand gel dispensers were available around the home. Staff had attended training in infection control and food hygiene.
- People, relatives and professionals said the home was always "Clean, tidy and fresh smelling."

#### Learning lessons when things go wrong

- Any incidents and accidents were recorded and highlighted to the registered manager. The registered manager checked these regularly to identify any trends or patterns so preventative action could be taken to prevent reoccurrence. For example, one person had sustained two recent falls when they were getting out of bed to use the toilet. Following analysis of the incident the person had been provided with a personal alarm bell to wear around their neck so they could easily alert staff when they needed assistance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people, relatives and professional feedback confirmed this.

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met. The registered manager met with the person and their family to find out as much as they could about people before they moved in.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
- Equipment was available to support people's needs and to promote people's safety and independence. For example, people had access to an assisted bath, and other equipment such as sensor mats and lifting equipment was available to support people's needs.

Staff support: induction, training, skills and experience

- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate during the induction period. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff said they felt the induction prepared for their role and they said they shadowed more experienced staff before working unsupervised.
- Staff training covered areas identified by the service as essential and included, safeguarding, infection control, moving and handling and fire safety.
- Some staff also attended external training and then used their knowledge to inform and support other staff in the team. Equality and diversity training had been planned and the registered manager was exploring Parkinson training as a person in the home was living with this condition.
- All staff said they felt well supported by their colleagues and management. They said there was time available to discuss their role and reflect on practice. This included regular supervision sessions with the registered manager, staff meetings and annual appraisals.

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

- People were supported to eat a varied and healthy home cooked diet. People commented, "The food is really lovely" and "The staff know our likes and dislikes, and we have lots of choices", Everyone said they had to enough to eat and drink and had regular access to food and fluids.

- Two cooks were employed and food was freshly cooked. People were given a choice of food and alternatives were available if they did not like the main meal. Homemade cakes were baked every day and these were offered to people with their afternoon drinks.
- Creative ideas were used to encourage good nutrition. For example, 'Fish Friday' and 'Wednesday Suppertime raffle'. A staff member said this was a time people could sample different foods and also added a bit of fun and interest to mealtimes.
- People's nutritional risk was regularly assessed. Referrals to professionals were made promptly when needs changed, for example if they had lost weight, their health declined or they were thought to be at risk of choking. Staff monitored people's food and fluid intake when it had been assessed as necessary.
- We observed people being supported to eat by staff in an unhurried, patient way. Some people due to their declining health needed to be supported to eat their meals in bed. Enough staff were available to ensure these people received their meals at the same time as others and were given the time and support needed.
- Consideration had been given to the environment to ensure people could eat their meals in comfortable surroundings. The dining room tables were prepared attractively with table cloths, flowers and condiments that people could help themselves to. People could choose where they wanted to eat and there were plenty of small tables and seating around the home for people to choose from.
- Mealtimes were made to be a pleasant and important part of the day. People were offered a glass of wine or sherry before their meal and gentle music was played in the background, which created a homely and relaxing atmosphere.

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

- The registered manager and staff worked across other agencies to ensure people received effective care. Regular reviews with health and social care professionals were arranged. Professionals told us, "The staff are very aware of people's health, they always speak to the community nurses if they have any concerns, they are very very caring", and "When someone needs extra monitoring they are onto it right away, whether that is food, fluid, or repositioning charts. The forms are put in the person's room and are always up to date."
- People had routine health checks and were supported to attend hospital and other healthcare appointments if required. People's care records included detailed information about their past and current health needs.
- Some people experienced periods of anxiety due to living with dementia. Staff referred appropriately to the local older person's mental health team when required. For example, one person had become increasingly distressed when evening medicines were being given. They had liaised with the mental health team to consider the most appropriate way of supporting the person to take their medicines safely and in a way, that would cause them the least stress and anxiety possible.

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

- The provider had worked hard to ensure the environment was comfortable, safe and met people's needs.
- The environment was bright and spacious, which supported people to move around easily. There were plenty of seating areas where people could sit and relax either with company or on their own. Bookshelves and small tables had been positioned around the home so people could occupy their time as they sat and rested.
- The entrance to the home led into a bright conservatory area with plenty of seating for people to sit and enjoy the comings and goings in the home.
- The original sitting room had been changed to the dining area to allow more space for tables and seating.

Tables were laid attractively to enhance people's dining experience.

- The sitting room provided a relaxing and quiet place for people who wanted to read or partake in other hobbies such as knitting and crosswords. Large windows provided views over well-maintained gardens and countryside.
- Much consideration had been given to making the home as visually pleasing as possible. Lighting was bright where it needed to be, or gentler in areas people wanted to relax. Pictures, signage and information provided interest as well as helping people orientate themselves around the home.
- People's bedrooms and bathrooms were well-maintained, personalised and contained equipment to meet individual needs.
- Ramps were available for people with mobility difficulties to access the home and gardens. The gardens were well-maintained with plenty of seating areas and garden furniture. Bird tables had been positioned so people could enjoy watching the wildlife from inside the home or sat in the garden.

## Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw people were supported to make choices and day to day decisions about their care and lifestyle. Staff understood people's rights and checked people understood and were happy before care and support was provided. For example, a staff member checked with a person if they were happy for their medicines to be given, and described each tablet and what they were for as they were given.
- Some people had restrictions in place to keep them safe, for example, one person had a sensor mat placed in their bedroom following two recent falls. Although the person's family and staff were aware of the reason for this piece of equipment the information had not been documented as part of the person's care plan. The importance of documenting and reviewing any restrictive practice was discussed with the registered manager who assured us they would update the person's records as a matter of priority.
- When people had been assessed by the service to lack the capacity to make decisions about their care and support applications had been made to the local authority as required. Any restrictions had been regularly reviewed.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. People said, "We are waited on hand and foot."
- Professionals were very positive about the care provided to people and said, "The staff are so caring" and "They are a lovely team and they genuinely do love their residents."
- Relatives were very positive about the care provided to their loved ones. Comments included, "They are so very caring, just wonderful. They really know about people. The care has definitely enhanced [ person's name] well-being, they haven't done so many things and had such a good time in years."
- The provider had received cards and compliments from people and families when they no longer lived in the home. Feedback we saw included, "You all have such big hearts, full of kindness, compassion, and love. Thank-you for giving [ person's name] such a lovely home" and "How lucky we have been for our mum to have found such a lovely home. Wherever they lived they created a warm, happy home so it was important to us that when she needed to be looked after she still had that."
- We observed staff treated people with upmost patience and kindness. For example, when people were anxious or asked the same question staff were respectful, gentle and patient in their response.
- People benefitted from staff who showed a genuine interest in their needs and lifestyle. We saw staff sitting with people, talking about family, hobbies and events happening in the home and local community. Two ladies were knitting for a local charity and staff talked to them enthusiastically about how they were doing.
- People who due to decline in health spent longer periods of time in their bedrooms, had the company and attention of staff regularly throughout the day. One person due to sensory loss chose to spend longer periods of time in their room. We saw staff sitting with them and talking about their day. Staff regularly checked another person who was unwell to ensure they were comfortable and had everything they needed.
- People's care plans included information about their abilities, interest and backgrounds. Staff were familiar with this information and knew people well. A compliments letter from a family member stated "It was very difficult for [ person's name] to leave their home, but the staffs happy, smiley faces and words of encouragement helped. Staff shared their own stories and news, which made [person's name] feel part of your larger extended family. This she adored and thrived on."
- Training in equality and diversity had been planned and the registered manager told us everyone was welcomed and respected at the Red House.
- People's religious needs were met. For example, one person was a practicing Jehovah Witness. The registered manager said all staff understood and respected this person's religion and choices. For example, staff understood the person did not choose to celebrate birthdays in the same way as others but had considered events that they could and would wish to partake in. Religious clergy from different

denominations visited the home to deliver mass and communion and people were supported to attend different churches in the local community.

#### Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, for example, choosing what they wanted to wear and activities they wanted to partake in. People who were able to eat independently or were able to manage their medicines were supported to do so. A staff member described the routine for one person who liked to be independent. They said "[ person's name] likes to be very independent. They like to know what time, day it is, who is on duty. We take their breakfast and they then like to be left alone to get ready."
- Staff were mindful of people's privacy and dignity. We saw staff knocking on people's doors and waiting before entering and closing doors or speaking quietly when sharing sensitive private information. Professionals said people's privacy and rights were respected. Comments included, "Whenever we visit we are able to see and talk to people in the privacy of their own rooms."
- People said staff spoke to them respectfully and delivered care in a way they wanted and expected. One person said, "The staff know I am a private person, they respect that, but are there to help if needed. I have my own phone in my room and can contact my family whenever I choose".

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

- Most of the people living at The Red House were able to express their views verbally and were supported to do so. We heard lots of conversation between staff and people about daily routines and events in the home. People said they felt involved and had opportunities to express their views.
- Questionnaires, seasonal newsletters and individual meetings with people, family staff and the registered manager were used to gather people's views.
- In the entrance of the home a notice had been placed asking if visitors had any cups and saucers they didn't need anymore. The staff said, "This was based on people saying, "Tea tastes better in a tea-cup." We like to listen and get people the things they want."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were assessed prior to their move to The Red House. The assessment checked people's needs could be met by the service, their preferences for care were known and they would fit in with the current people living at the service.
- Care plans were detailed and contained information, which was specific to people's individual needs and the routines they liked. It was noted that although staff were very familiar with people's needs some plans lacked detail when their needs had increased due to illness or declining mental health. This was discussed with the registered manager, who assured us they would review and update the records of the people discussed.
- People's communication needs were identified and documented in their care plans. Staff knew people well and adapted their communication style accordingly. For example, if people were living with dementia staff knew to keep information and choices simple and clear. One person was registered blind and a staff member had started to learn braille to aid their communication. Everyone was offered a landline in their room and two people used personal computers to keep in touch with family living abroad.
- The service was flexible and responsive to people's needs. For example, when people's needs changed due to deteriorating health and age the service worked closely with district nurses, doctors and mental health teams so they could help ensure people could remain living at The Red House.
- Much thought had been given to helping ensure people had opportunities to occupy their time. Two activities co-ordinators were employed and a weekly activities plan was in place and available to people. Items relevant to people's hobbies and interests were visible around the home so people could see and easily access what they wanted. For example, communal areas had tables with magazines, bookshelves, music equipment and arts and crafts. A snack trolley was available with items people had particularly requested as well as small baskets of crisps and small snacks in the communal areas, which people could easily see and help themselves to.
- Information was available to interest people and initiate memory and conversation. For example, a poster displaying pictures and information relevant to the month had been positioned in the conservatory. Information about Springtime and photos of people visiting a local farm to feed lambs were available for people to see. The 'Weekly Sparkle' magazine was also placed around the home and provided people with past and current news items.
- The home was situated near to the town of Tavistock and a mini-bus was available to take people out for trips and community events. On the day of the inspection a group of people were going out to a regular singing club.
- People were able to pursue hobbies in a meaningful way. Two ladies had been knitting squares for a local premature baby unit. The hospital staff had written to thank them for their kind work and this had been

shared with people and posted on the homes notice board.

- People were able to have their hair cut at the home by a visiting hairdresser or were supported to go to salons of their choice in the local community.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. This was visible to people who used or visited the service.
- Every person we spoke with knew how to make a complaint. One relative said they would be speaking with the manager later that day about an issue involving their loved one. They were confident the manager would listen and act accordingly.
- Staff and the registered manager responded promptly when they were told or thought people had any concerns in relation to their care. For example, one person had raised a concern about their care during the night. The registered manager met with the person to discuss their concern and was clear about how it would be addressed.

#### End of life care and support

- Staff had undertaken training in end of life care.
- Professionals were very complimentary about the end of life care provided to people at The Red House. Comments included, "The end of life care provided by staff is very good. We have worked closely with the staff, but we have confidence in them. They ensure people have a dignified and peaceful end."
- At the time of the inspection one person was receiving end of life care. Staff were very clear about this person's needs and the importance of maintaining their rights and dignity. For example, staff said, "They don't really want their curtains open now, we respect this but try to have their room as comfortable and homely as possible." Staff spent time with the person and had ensured they had enjoyed a 'pamper activity' even though they couldn't join in the activity with others.
- Cards had been sent to the provider and staff by relatives when their loved ones had passed away. Comments included, "The care and kindness you gave and showed during [person's name] last year gave us peace of mind, and not forgetting the support you gave us [family] at such a sad time."
- The registered manager had sought bereavement counselling for one person living with dementia who was showing confusion and anxiety in relation to their loss.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us, [the registered manager] " It is lovely, always around if we want to talk." and "We see the manager everyday." Professionals were positive about the leadership of the service, "[registered manager] is excellent, brilliant, she always informs us quickly of any health issues. There was a problem with a person's air mattress, [registered manager] had it fixed immediately."
- Staff were positive about the management of the service. They told us, "[registered manager] is great, always supportive, and if we are a bit low on staff they are prepared to roll their sleeves up and help." We found the registered manager passionate and knowledgeable about all the people they supported.
- The culture and atmosphere of the service was warm, welcoming and inclusive. Staff were valued for their contribution and their ideas were listened to and respected.
- All staff were positive, smiling and exchanging positive interactions with people as they worked. These interactions helped create a positive and homely feeling throughout the home.
- The provider and registered manager were visible and known to people, professionals, and staff. Relatives confirmed the management team were approachable and available at all times. One relative had written to the provider, comments included, "We were delighted when [registered manager] became manager. Since then there has been a lovely, relaxed feeling in the home. You commit to your residents totally and this is evident in how happy and content they all seem."

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by senior carers and the provider. Seniors had set responsibilities with oversight from the registered manager. Staff had particular responsibilities to help ensure important aspects of the home were organised effectively, such as medicines.
- The providers were well known to people, family and staff. During their visits to the home they met and spent time with people as well as overseeing improvements, such as the environment and garden.
- Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular audits of the environment, medicines and infection control. A maintenance worker was employed to help ensure any issues picked up could be promptly addressed. Training and supervision of staff was also monitored and overseen by the registered manager. The provider met regularly with the registered manager to discuss people, the running of the home and any improvements required.

- The registered manager was aware of their regulatory responsibilities. For example, notifications were made promptly and the Provider Information Return had been submitted on time.

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

- People's, relatives and staff views were sought. This helped ensure on-going improvement of the service.
- Meetings were held with people to discuss issues such as the environment, menu's, and activities. Changes had been made as a result of these meetings.

Continuous learning and improving care

- The provider and registered manager attended local conferences to keep up to date with best practice and changes in legislation. The registered manager attended the local authority dignity in care forums, and had also completed training relevant to the service and their role. For example, they had completed a end of life training programme organised and run by local hospice staff. This training and knowledge had then been used to support staff caring for people in the home.
- Plans were in place for on-going environmental development. The registered manager and provider were aware of the need to consider people's longer-term needs in relation to the environment. Consideration had been given to improving signage for a person who was registered blind. A staff member was also in the process of learning braille to assist these improvements and to improve the support provided to this person.

Working in partnership with others

- The service had close working relationships with the local primary care services and older person's mental health team. Feedback from these services was consistently positive.