

Mannarest Limited

Dewi-Sant Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 29 April and 5 May 2015 and was unannounced.

Dewi-Sant Residential Home provides care and accommodation for up to 34 people. On the day of the inspection 31 people were using the service. Dewi-Sant Residential Home provides care for older people who may have mental health conditions which include people living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines administration records were all in place, but had not all been correctly completed. An action plan had been put in place to address all the issues found. Processes had been changed and fed back to staff. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, speech and language therapists and district nurses.

Summary of findings

Call bells were not always answered promptly. Action had been taken to address this concern. A new call bell system was in the process of being installed and practice had been changed to regularly monitor call bell response times.

People and staff were relaxed throughout our inspection. There was a calm and pleasant atmosphere. People were often seen laughing and joking and told us they enjoyed living in the home. Comments included; "I'm well looked after by caring staff we have quite a laugh at times." and "You couldn't get better at a top hotel, I love living here." A relative said, "I think this home is excellent, my brother has been living here for years and I can't fault any aspect of it". A healthcare professional commented that he and a colleague had discussed how they would like to live at the home themselves.

People spoke highly about the care and support they received, one person said, "I'm really well cared for the staff are really really good." Another stated: "On the whole it is an excellent place to live, I would recommend it to anyone". Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who matter to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interest and individual hobbies. One person said, "I'm encouraged to do things for myself".

People told us they felt safe. Comments included, "I feel safe and protected" and "I'm surrounded by caring

people, that's what makes me feel safe". All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People and those who mattered to them knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. No written complaints had been made to the service.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included: "I really do love my job."; "I have learnt so much, I love working here" and "This job is my life, I absolutely love it, it is like we are all one big family".

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. A staff member said: "The training is great, gives you the confidence to do your job to the best of your ability".

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not always safe. Staff did not always manage medicines consistently and safely. Accurate records were not always kept. Action had been taken to address this concern.

Call bells were not always answered promptly. Action had been taken to address this concern, and a new call bell system had been installed.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Requires improvement



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Good



Is the service well-led?

The service was well-led. There was an open culture. The registered manager was approachable and there was a clearly defined management structure in place.

Good



Summary of findings

Staff were motivated and inspired to develop and provide quality care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Dewi-Sant Residential 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.

The unannounced inspection took place on 29 April and 5 May 2015 and was following concerns we had received.

The inspection was undertaken by one inspector. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to

send us by law. We also reviewed information we had received from health care professionals, the local authority safeguarding team and people who had raised concerns about the service.

During the inspection we spoke with seven people who lived at Dewi-Sant, five relatives, the registered manager and seven members of staff. We also spoke with four health and social care professionals, a district nurse assistant, an independent mental capacity advocate and two speech and language therapists, who had all supported people within the service. We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at four records related to people's individual care needs and ten people's records related to the administration of their medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Medicines administration records (MAR) were all in place, but had not all been correctly completed. For example, gaps were present where medicine had been given, but had not always been signed for. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. We raised our concerns with the registered manager who detailed what action they had already taken with regards the safe management of medicines. New processes had been implemented, which included a new weekly medicines audit. A staff meeting had been arranged to help ensure staff understood the importance of safe administration of medicine. Two members of staff had been appropriately disciplined for not completing MAR correctly, and all staff had undergone competency checks by the registered manager.

People told us call bells were not always answered promptly and were concerned if staff would respond quickly enough in an emergency situation to meet their needs. Comments included, “If I was on the floor, I would worry whether I would get help quickly, it is frightening”, “Call bells can take a while to be answered” and “If I had one complaint, it would be about call bells not being answered that promptly”. A call bell audit had been conducted by the registered manager, results of which had indicated a fault with the current system. The system did not always detect when people had pressed their bell and as a result staff had been unaware of people’s need for assistance. The registered manager had made several attempts at contacting the company responsible for servicing the call bell system. Due to lack of response the service had decided to have a brand new system installed by a different company. This was being installed on the day of our inspection. The call bell issues and action taken had been fed back to staff and the people who lived at the home. The registered manager confirmed that a call bell audit would be undertaken regularly to help prevent this incident from occurring again in the future.

People told us they felt there were enough staff to meet their needs and keep them safe. Comments included, “I feel safe”, “I feel very safe and protected by the staff” and “I lived alone at home, here there are always plenty of staff around, it makes me feel safe.” Staff confirmed there were

sufficient numbers of staff on duty to support people. A staff member told us; “There are always enough staff on duty, you get time to sit and talk to people and not just provide support.” The registered manager told us staffing levels were regularly reviewed and were flexible to help ensure they could meet the needs of people. They confirmed additional staff could be arranged at any time if the need arose. Staff did not appear rushed during our inspection and acted promptly to support people when requests were made. For example, we observed one person asked a member of staff if they could speak with a particular staff member in private. The member of staff immediately stopped what they were doing and promptly supported the person to find the staff member in question. Once the staff member was located, they too stopped what they were doing, and led the person to a private room where they talked.

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. One staff member commented that they had recently raised an alert when they had identified a person returned to the home with unexplained bruising. They had made a full report, body mapped the bruising and with consent had taken photographs. They confirmed the registered manager supported them throughout the process enabled them to be fully involved and praised them for their good work in achieving a positive outcome for the person involved, and helping prevent further harm being caused.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records where appropriate contained behavioural risk assessment forms. These forms were used to record events before, during and after an incident where a person had become distressed. The information was then reviewed to consider if there were common triggers and the action taken to defuse the situation was noted to allow learning to take place. The incident was then logged in the person’s care record and discussed with staff during daily handovers. Staff told us they were encouraged to share detailed information to help keep people safe. Staff told us how behaviour which was classed as challenging was recognised universally by staff

Is the service safe?

as a form of communication. They said “We try really hard to understand what has brought on a change in behaviour, we respect the person, give them time and space and use our knowledge of the person to try and restore them to a calm place.” New staff were enabled with support, to spend quality time with people whose behaviour may challenge others. This was so relationships could be built immediately which had been evidenced as one way of helping to prevent incidents from occurring in the future .

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate

checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member commented, “When I first came here I had to wait for the various checks to be completed, then I shadowed people.”

People’s needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people’s individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “Staff are well trained to do the job they are meant to do” and “There isn’t one member of staff who isn’t capable, they are all good at what they do.” A relative said, “[...] has very limited communication, staff know him so well and without doubt have the right skills to meet his needs.”

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. A member of staff told us, “My induction was great, I shadowed experienced staff for a week and completed training. It gave me all the tools I needed to do my job completely.” The registered manager told us, staff could openly discuss and request additional training and would be supported to achieve their goals. Staff confirmed this. For example, one staff member told us, “Training is second to none, it’s impeccable. [...] invests in us in a big way, she notices our strengths and weaknesses and helps us to improve.” Another said, “We are always being encouraged to better ourselves, I’ve recently been promoted and I love learning.”

The registered manager told us and we saw evidence that they kept up to date with new developments and guidance to promote best practice. The registered manager informed us they had read information regarding the new care certificate and plans were in place to incorporate this into their induction process.

The registered manager commented that supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Open discussion provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. Staff confirmed they felt motivated to always strive to better themselves. Comments included, “I’m always being asked to come up with ideas, some of my ideas can be a bit barmy, but they are always listened too” and “I came up with an idea, I was allowed to run with it, I did and it worked. I felt brilliant and it encouraged me to

think of more ideas.” One member of staff talked us through an idea they had thought about to try and help prevent people suffering major injury when they fell. They had conducted a lot of research on line, and discovered vitamin D supplements had been shown to help reduce the likelihood of people breaking bones as a result of a fall. The registered manager advised the member of staff to speak with GP’s and discuss their findings. The service had received a letter from a local GP surgery acknowledging the research around the benefits of vitamin D supplements, and confirming they may consider its use in the future when reviewing people’s needs.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person’s legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. One staff member highlighted how important it was to take notice of the MCA when reviewing care plans. They said, “One person’s capacity fluctuates, therefore I select the days when his capacity to make decisions is good, to go through their care plan with them”. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people’s behalf. An independent mental capacity advocate (IMCA) commented that the service always acted in line with people’s best interests and followed decisions that had been made.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services

Is the service effective?

quickly when changes to health or wellbeing had been identified. One person told us, “You only have to say you would like to see a doctor and it is arranged there and then”. Detailed notes evidenced when a health care professional’s advice had been obtained regarding specific guidance about delivery of specialised care. For example, a physiotherapist had been contacted promptly when staff identified a person struggled to move their joints which impacted on their want to get out of bed. A relative commented, “Staff are quick to get professional help, no question about that.” A healthcare professional commented that the service were good at identifying people’s needs early and were impressed by the way staff sought support from them promptly.

People were informed about, and involved in their healthcare. Records showed where people had been encouraged to have as much choice and control as possible in important decisions about their health. For example, it was documented that one person having been given all the information they required to enable them to make a decision, had decided to decline accepting the flu jab. It was then evidenced that several days later they had changed their mind and agreed to accept a district nurse administer the injection.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people’s needs. Fresh fruit was available in communal areas of the home and jugs of drink were kept full in people’s rooms. The registered manager confirmed people were supported to have food wherever and whenever they chose. A relative commented, “If [...] wants breakfast at 11am then they get breakfast at 11am.”

People were involved in decisions about what they would like to eat and drink. Feedback following mealtimes and resident meetings were used to improve the menu and helped ensure people’s preferences were met. People told us the meals were good and of sufficient quantity. Comments included; “I need special food and that is catered for the meals are very good. They are hot enough and enough in quantity” and “I can’t fault anything here, the food is lovely.” We observed staff interaction with people during the lunch time period. There was a relaxed atmosphere. People who needed assistance were given support. We saw staff gave people choice, checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person’s record evidenced when staff sought advice and liaised with a speech and language therapist (SLT). An assessment had identified a potential choking risk. A pureed diet had been advised to minimise the risk. This had been regularly reviewed to ensure it met the person’s assessed need. Staff were all able to recall the information contained in the latest SLT assessment and we observed a member of staff adhere to the exact details of the care plan when they assisted the person in question with their lunchtime meal. A SLT commented that staff were good at identifying people’s needs, sought appropriate support, and always followed their recommendations really well.

Is the service caring?

Our findings

People felt well cared for. They spoke highly of the staff and the quality of the care they received. Comments included; “Staff are dedicated to their work, they are very caring.”; “I can’t fault the staff, they are so kind, I’m looked after very well.” and “I have a laugh with staff, they are as good as gold.” Relatives told us; “Kind and caring staff without a doubt” and “Staff are very friendly and do the best they can.” A health care professional commented that staff were very professional had good relationships with people and made necessary interactions fun.

People told us their privacy and dignity was respected. One person said; “Staff are very good at respecting my dignity, I need help to bath twice a week. I’m made to feel very dignified and comfortable.” Another person told us, “Staff respect my privacy, they asked me if I minded them checking on me during the night. It’s nice to be given the choice.” Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would ensure doors and curtains were closed, and how towels were used to cover certain areas to help ensure people felt as comfortable as possible. A relative told us, “[...], likes to stay in his room, staff respect the privacy he desires.”

Staff showed concern for people’s wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. For example, one person showed signs of distress when their relative needed to leave the home for a short period of time. A staff member promptly assisted the person. They spoke with the person in a kind manner, reiterated that their relative had popped out and reassured them they would not be long. The member of staff then comforted them until their relative arrived back to the home. We heard the person comment, “Thank you so much my dear”.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what people told us and what was recorded in care records. Comments included; “We get time to spend with people and get to know the residents really well.”, “Getting to know people and know what they like really makes a difference. I’m able to use what I know about people to help them to open up to me and let me know what they want to do.” and “People all have their own special ways of wanting things

done, if you don’t spend time getting to know people, then you couldn’t give them the personal touch they need.” A member of staff explained how the service sourced a piano for a person who expressed they enjoyed playing. The registered manager confirmed when the person felt well enough, they would provide entertainment to the home, and played hymns whilst others sang along.

People received care from staff who took time to understand their history. Staff used information obtained to provide compassionate and caring support. For example, one person explained to staff how they had worked in a particular retail outlet for the majority of their working life and expressed joy when relaying to staff fond memories of this from their past. The registered manager informed us that staff had responded to this by taking the person out to visit the shop they had spent so much of their life in. The person had a great day and with affection talked staff through all the changes that had taken place since they last worked there.

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. Staff knew people’s individual communication needs, and were skilled at responding to people appropriately. For example, a relative explained that their loved one had very limited communication, and that staff knew exactly how to communicate with them. They commented that staff used their skills and knowledge to give their relative a choice over switching to a new much bigger room, and explained the benefit the new room would have on meeting their needs. Their relative communicated to staff they did not wish to move. The staff respected their decision. Another person told us how they had expressed to staff they had been experiencing difficulty with their hearing and eyesight. Staff had explained the various options open to them. They had decided to have appropriate tests to see if there was anything that could be done to improve their situation. They commented, “I am having a hearing test and an eye sight test tomorrow”.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; “I come in at all times of the day and without exception I am always welcome” and “No restriction at all, you can visit whenever you want and we do.”

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. The registered manager told us care plans had recently been updated. A member of staff who had expressed a keen interest in taking responsibility for this had been asked to take on the role. The staff member helped to ensure each record was set out to describe exactly how staff could provide support that was personalised. They commented, "I was given complete control to restructure the care plans recently. I was tasked with improving the way they were written to make sure they represent what people want and need."

People were involved in planning their own care and making decisions about how their needs were met. For example, one person wrote in their care plan, they wished to eat in their room in private. We observed this was respected. They said "I have dinner in my room, it is my choice". Another person's care plan stated, they enjoyed trips out whenever the opportunity arose. They told us, "I do very well here; I get taken on lots of nice trips".

People told us they were able to maintain relationships with those who mattered to them. Comments included, "I get lots of visitors. Staff help me get ready to go out with them when the weather is nice." and "My son calls every night which is important and my friend visits me a lot." Care records highlighted where people had no friends or family. Staff confirmed they were aware of how this could have a negative impact on people's emotions, especially when others received visits from loved ones. Staff ensured they spent one to one time with people during these times to comfort people who did not receive visits and make them feel special. One person told us, "I don't have any family, the staff are my family, they are very caring in that way".

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. A staff member explained how they supported people to attend places of interests. For example, one person was supported to attend weekly bible reading classes. The person told us "I go to bible classes once a week; it is really nice to get out." A member of staff said, "We try to get people out as often as possible, it boosts morale, aids mobility and lifts spirits." The registered manager confirmed they sourced

the use of a mini bus to help meet people's needs. Trips have included ten pin bowling, visits to garden centres, various picnics and a pantomime. The registered manager was also looking to secure their own vehicle so they could offer more choice on a regular basis for people to access areas of interest in the community.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. For example, one member of staff explained how they had experimented with colours to enable people to express their emotions. Group discussions had taken place to enable people to use a certain colour to inform staff how they felt about particular activities and enabled staff to understand what people did and did not enjoy. They said, "I wanted to see how people's behaviours could be explored and used to understand what people wanted to do. It worked really well and I felt great". Another staff member told us, "I read for people who are unable to read for themselves, I do people's nails for them, if that's what they like. If people don't like one activity, I sit down with them and find something they do like". The registered manager told us the service employed an activities co-ordinator to help ensure people were given time to express their views about how they wished to spend their time and what could be done to provide them with a better quality of life.

Information about a person's personal history was learnt and used to provide activities that responded to people's need. For example, through discussion with one person it was discovered that they would enjoy helping out around the home. They explained they would take pleasure from assisting with things like preparing vegetables for meal times. The staff arranged for the person to complete their food hygiene certificate. The person completed and passed the course and when able helped support the kitchen staff. The person told us, "I was proud to get my hygiene certificate, I like to help out, it makes me feel good. Today I have folded over a thousand napkins to help the staff." Other examples included, one person who had worked in social clubs all their life. They enjoyed walking around the home, dusting and wiping surfaces to pass the time. And another person who had always had jobs connected with security liked to ensure all windows and doors were locked off an evening. They told us, "It's my job to make sure everyone is safe".

Is the service responsive?

People were supported by staff who focused on their whole life, enabled important social links to be maintained and achieve goals. For example, one person had expressed a strong desire to revisit a place that held special memories for them of times spent with their husband. Staff enabled them and three other people to undertake the 10 hour round trip which included an overnight stay to fulfil the persons wish. The registered manager confirmed this had been totally funded by the service so it did not discriminate anybody who wished to go from taking part. One person told us, "[...] is my favourite place, I spent a lot of time there when I was younger. It was so nice and kind to be taken back there, I loved it." Another person was supported and encouraged to compose a poem and send it to a local parish magazine. The person showed us and permitted us to read the poem that had been published. They commented, "I'm really rather chuffed, to have my poem in the magazine makes me feel very proud".

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in several areas of the home. People knew who

to contact if they needed to raise a concern or make a complaint. People who had raised concerns, had their issues dealt with straight away. Comments included; "When I raise concerns, things get done" and "I haven't any complaint to make, I know what to do if I needed to".

The registered manager told us people were encouraged to raise concerns through resident meetings or a complaints box which was on display in the entrance hall. These were both used for people to share their views and experiences of the care they received. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made. For example, people raised a concern about the conduct of one person at the dining table. The person had been spoken too, information had been obtained to understand what help the person needed and equipment had been supplied to address and solve the issue. Staff confirmed any concerns made directly to them, were communicated to the management and were dealt with and actioned without delay. There had been no written complaints received by the service.

Is the service well-led?

Our findings

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Dewi-Sant. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed, the service measured their performance against recognised quality assurance schemes. The service had recently achieved the dementia quality mark, and was working towards achieving the six steps end of life care strategy programme.

People, friends and family and staff described the management of the home to be approachable, open and supportive. One person said, "You can go to the manager about anything, like you can any of the staff, they will always help you". Staff comments included; "[...] is so supportive, they have an open door policy, you can go to them at any time, they are so down to earth" and "Any problems at all [...] door is always open, they are very approachable".

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Comments included, "We are always encouraged to think of ideas and express any thoughts we have" and "I see others come up with good ideas that make a difference to people's lives, it makes me want to think of things". The registered manager talked through changes to practice that had been implemented and ideas from staff that had been acted upon with success. For example, one of their staff had redesigned the entire cleaning schedule for the whole home based solely on their own ideas. The staff member told us, "I was so proud to be given the opportunity and the responsibility. It really built my self-esteem".

The registered manager told us one of their core values was for all support to be person led and not task focused. The provider sought feedback from people and those who mattered to them in order to enhance their service. Resident meetings were conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, people had recently requested a tuck shop to be installed within the

home, so they could purchase snacks for themselves. Written feedback which was also requested at the meeting was provided and noted that a tuck shop would be trialled for a one month period to reflect people's choice. One person said, "I was given feedback in writing as I requested and I am looking forward to the tuck shop. It was really good that everything we brought up was acknowledged". Another person stated, "I always go to the meetings, gives me a chance to have my say".

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. For example, staff requested that the registered manager and the administration assistant completed a care shift, so they could see the pressures staff faced. This had been conducted and led change in the way tasks were allocated on a daily basis. Staff confirmed, if suggestions that were made could not be implemented, constructive feedback was provided as to why. A staff member commented, "Meetings are a good chance for you to air your views. If anything you suggest is deemed as a good idea, then [...] will run with it and support you".

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A SLT commented that the home was well run, they were always appropriately informed of people's needs and communication was good.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; "I love working here and I love the residents, if I have a couple of days off I can't wait to get and see everyone. It's like we are all one big family", "It is dream of a place to work, no two ways about it. We have such a laugh and the residents are big part of what makes it so special" and "I absolutely love it, it's home from home. Not once have I ever got up in the morning and not wanted to come to work".

The registered manager told us people and staff were at the heart of what they were striving to achieve. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example, several staff had funding agreed and had signed up to

Is the service well-led?

obtain a National Vocational Qualification (NVQ). Staff confirmed they had been supported by the registered manager to improve their skills and obtain qualifications. Staff told us this gave them a sense of achievement and helped them to meet the needs of people living in the home. Comments included, “I’ve just finished my NVQ2 and straight away I have been supported to start my NVQ3. I want to progress and take on extra responsibility, I’ve seen others succeed and I’m being given the same opportunity” and “There is such a supportive atmosphere, everyone is inspired to progress, I couldn’t believe it when little me was offered promotion.”

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One member of staff commented, “I went to [...] about some poor practice I had seen in another home, I was so upset. [...] supported me and helped me to contact the right people, it is lovely here”.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures.