

## Coate Water Care Company (Church View Nursing Home) Limited

# Westley Court Care Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Westley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Westley Court Care Home is a residential nursing home for 33 people, some of who live with dementia. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not gone down since our last inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care which was highly responsive to their individual needs. People were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team. People were supported to maintain their purpose and pleasure in life by staff who worked creatively to support their individual needs. The provider and staff team were passionate about providing high quality care tailored to people's individual needs and preferences. Staff invested time to understand the experiences of people who lived at the home. People told us they had formed excellent relationships with the provider, staff team and other people who lived at the home, built on trust and respect. Staff took time to understand people's life stories, so people received support in the ways and at the times they preferred. People, relatives and health professionals told us the care provided was responsive to people's needs and because of this people experienced extremely positive outcomes. People and relatives told us staff were empathetic and gave compassionate care. Relatives and health professionals praised end of life care provision at the home.

People, relatives and staff agreed the service was extremely well managed and Westley Court was an exceptionally caring home. Everyone consistently praised the skills of the management team and emphasised they were motivated to provide an exceptional service. The provider ensured care was based upon good practice guidance. Exceptionally good governance was embedded into the provider and registered manager's processes. This ensured people received a highly effective service which put them at the heart of their care.

Links within the local community were an important priority. Excellent links had forged with the local hospice which provided training and support to both staff and people who lived at the home. The home had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. There were processes to monitor the quality and safety of the service provided and actions were taken to drive continuous

improvement for the benefit of the people who lived there.

Staff understood their responsibility to safeguard people from harm and had a good understanding reporting concerns both within and outside the home. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence. Staff had a good knowledge of how to support people at these times.

The provider and staff team were committed to ensure people were involved in decisions about their care and how they led their lives. Should people lack capacity to make their own decisions, staff understood the principles of the Mental Capacity Act (MCA) and their advocates or families and other health professionals were involved in making decisions in their best interests. Staff obtained people's consent before they provided care and support.

Staff with a range of skills were available at the times people wanted to receive support, in all aspects of their lives. Staff had received training so people's specific care and support needs were met, and we saw training was put into practice. Staff told us the provider proactively ensured they had many opportunities to further develop their skills and knowledge. Staff felt supported and valued by the provider and they prided themselves on providing high quality care.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained. Wherever possible staff supported people to retain responsibility for their own health. Medicines were managed so that people received their medicines as prescribed.

People were supported to maintain relationships with people important to them. Visitors were welcomed at the home and were encouraged to be actively involved in people's lives.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service has improved to outstanding.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remained good.	<b>Good</b> ●

# Westley Court 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.

Inspection site visit activity started and ended on 22 November 2018 and was unannounced. The inspection team consisted of one inspector, one assistant inspector and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning care for some people living in the home.

During the inspection, we spoke with six people who lived at the home and seven visiting friends and relatives. We also spoke with three care staff, the cook, three nursing staff, the deputy manager, the registered manager and two representatives from the provider.

We reviewed the risk assessments and plans of care for three people and their medicine records. We also looked at provider audits for reviewing people's care, the home environment and maintenance checks, Deprivation of Liberty authorisations, complaints, an overview of the last two months incident and accident audits, staff meeting minutes and 'residents' meeting minutes.

## Is the service safe?

### Our findings

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. One person told us, "Yes I do feel safe. The staff are all kind and always coming in to check on me, as I leave my door open." People's friends and relatives were confident people were safe and staff ensured people remained safe. One relative told us, "The place is very secure and I am happy for her safety here."

Staff we spoke with told us they would report any concerns about people's well-being if they suspected or saw something of concern to the registered manager. Staff understood their responsibilities to safeguard people and told us they were confident in the management approach to ensure people remained safe. One relative told us they had, "Complete peace of mind her being here". The registered manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed.

Where people had risks associated with their care the required equipment had been identified and put in place. Where people needed support from staff to maintain their safety staff were available and knew the support and guidance to offer. For example, we saw two staff assisting a person to walk, so their risks of falling were reduced. One person told us, "I don't feel in danger at all. I have an alarm button and there are always staff about checking on me for peace of mind." Staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or specialist wheel chairs. We saw staff supported people safely and offered reassurance when people were hoisted.

People's care plans contained details of their risk and how staff should support people. Staff we spoke with were aware of people who may become anxious or upset, and how to provide care to support individual people to remain safe. Where an incident happened, further reviews identified how or why the incident may have occurred. Staff had made appropriate referrals to other health professionals, where needed. One person had been referred to the mental health team to better understand their needs. All staff we spoke with told us any changes were always addressed without delay and they were informed of any changes.

All people we spoke told us staff were available and we saw staff were present in the communal areas, and responded to requests and call bells people used when they wanted staff. One person told us, "I don't feel in danger at all. I have an alarm button and there are always staff about checking on me for peace of mind." We saw staff assist people without rushing and making sure nothing further was needed. One relative told us, "Oh yes, we both think that there are always adequate staff here in our opinion." Staff told us they had time to spend with people and we saw staff were available to support people through the inspection. One staff member told us often there were more staff on duty than the required number, which added to people's experience of not feeling alone.

People's level of need was assessed by the registered manager so they knew how many staff were needed to provide safe care to people. This was reviewed frequently or as people's needs changed, such as end of life care or a discharge from acute hospital.

All people were supported by staff to take their medicines every day. Staff who administered medicines told

us how they ensured people received their medicines at particular times of the day, or when required to manage their health. One person told us, "They are so good looking after me with my meds. [Staff] come to me with them and I take them. I completely trust them, I do. I only have a couple of capsules but they never miss me at all."

When people needed medicines 'when required' information was available alongside the medicine administration records (MAR) folder. People's medicines records were checked frequently by management team to ensure people had their medicines as prescribed.

People and relatives felt the home was clean and staff were in post to maintain the cleanliness of the home. One person told us, "They are always around doing cleaning. The place is very well kept." There had not been any infection control concerns and no infectious outbreaks had happened. The home was clean and odour free and the registered manager had made further improvements to the communal decoration of the home. One person told us, "It is spotlessly clean. No smells like some places! This means a lot to me, to move about in a clean and nice smelling home." Staff we saw used protective equipment, such as gloves and aprons.

## Is the service effective?

### Our findings

People had shared their needs and choices with the management before starting with the service. One person told us, "I only came yesterday, they [staff] are already calling me by my first name, and just put personal pictures up on the wall for me already, too. I am very pleased with them so far."

The provider had completed an assessment of people's care needs to assure themselves they could provide the care needed. One person told us, "They always call me by my first name and know I like to walk around on my frame here, which they let me do. I like to stay as active as I can and they respect that." Relatives were pleased the pre-assessment process took account of their family member's individual needs. The staff also took advice that had been given by community nursing teams and GP's.

People we spoke with were happy staff understood their care needs well and could provide the care they wanted and needed. One person told us, "They know I like to get around in my chair and let me go around and do what I want. [Staff are] always asking how I am, on first name terms."

Relatives said staff and management were knowledgeable about their family members' care needs and the support they needed. One relative told us, "They [staff] all are very skilled and well trained at their jobs." Care plans showed staff how to support people to have improved health outcomes, such as maintaining a healthy weight and wounds which had healed. One person told us, "I need two to hoist me from my bed and they are so careful doing it and talk to me as they do it. They help me get wheeled around and you can tell they all know what they are doing for my welfare."

Staff told us about the needs of people they supported and explained how they had the knowledge to support and responded accordingly. Staff said their training was focused on practical courses, such as first aid, caring subjects, such as living with dementia, and the opportunity to gain externally recognised qualifications. All staff we spoke with they told us the management team supported them in their role to provide good quality care for people. Staff had supervision, which supported them in their understanding and development of their role in caring for people.

People told us they enjoyed their meals and could ask for an alternative to the menu. One person told us, "You get a good choice of food and if I don't like it for any reason I tell them and they will get something else for me. The food is very good indeed here." The chef provided a variety of meals that considered people's cultural, religious and health needs. One person told us, "Oh the lady chef is wonderful. The food is excellent, you get a choice. They do all sorts."

Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs, such as soft options or helping a person to eat. One person told us, "I can't do it myself, so need help to eat. They bring it to me and sit with me, feeding it to me. I am never rushed at all and staff always ask if I have had enough or want more."

People who were at nutritional risk were monitored to ensure they maintained a healthy weight and



referrals were made to external professionals for advice and support when needed.

People had seen opticians, dentists and were supported to see their GP when they required it. One person said, "They are excellent here and always respond quickly. They made an appointment with the dentist the other week and my friends came and took me. I can get up when I want to as well." Records showed where advice had been sought it had been implemented to maintain or improve people's health conditions. The management had developed good working relationships with local health and care teams in relation to people's care. For example, the community nursing team had attended to provide people with specialised care. People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals.

People moved freely around the home and had many communal areas to choose from. People accessed the outside garden area which was secure. People told us they chose to spend their time in the communal areas or their bedrooms. One person told us, "As you can see they get me up when I want and I go around all day in my chair, wherever I want. I asked to see the fish downstairs and they took me straight away to see them. I liked that."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had agreed to their care and support and had signed consent forms where needed. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, they had been involved in any decisions made. All staff we spoke with understood the MCA and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and confirmed they would not do something against their wishes.

DoLS authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted people's liberty.

## Is the service caring?

### Our findings

People we spoke with told us about how they found living at the home. One person told us, "We have a laugh and a giggle and they [staff] always have time for me. They are most receptive, and I have made friends here too." People told us the staff were kind, caring and attentive to them. One person told us, "They are all very pleasant and always find time to talk to me. They are very caring, thoughtful and kind." People were comfortable with staff who responded with fondness and spoke about things people were interested in. We saw one staff member chatting to a person about their favourite animals.

The atmosphere in the communal areas varied throughout the home from quiet and calm with staff and people enjoying their time together to more lively areas with people and staff singing and dancing. One person told us, "It is excellent. I am happy here and feel like they are family."

We saw people and their families and visitors had developed friendships with the staff. We saw visitors were welcomed by staff at the home who took time to chat with them. One relative told us, "They look after her so well. We've never had any problems at all. Relatives told us there were no restrictions on visiting and came whenever they wanted. One person told us, "My daughter and two granddaughters are always coming in to see me also my friends. They can visit at any time."

People told us the staff involved them with the care they wanted daily, such as how much assistance they needed, or if they wanted to stay in bed or their bedroom. People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One person told us, "If I want to get up they will hoist me into my wheelchair and take me, but if I choose to stay here in bed it is no problem at all."

All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. Staff respected people's everyday choices in the amount of assistance they may need and this changed day to day. One person told us, "They never force you to do anything here. Nice and gentle, they are."

People told us about how much support they needed from staff to maintain their independence within the home. People told us staff offered encouragement and guidance when needed. People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One person said, "They close the door when moving me and if having a wash, they cover me well." One relative told us the staff were considerate of people's privacy and were confident to ask relatives to ensure doors were closed, if they were helping their family member with personal care.

The ethos of the home was to be inclusive and respectful of people and their families. The management team were involved with people and their lives. When staff were speaking with people they respected people's personal conversations or request for personal care. One person said, "This place has a very good name around here, the best. Everything is done well."

## Is the service responsive?

### Our findings

People received outstanding individualised care from a staff team who showed an exceptional desire to support people to achieve the best quality of life possible. One person had, on admission, a serious wound which had meant they were unable to get out of bed. Under the care of the provider's staff the wound had healed significantly. This had greatly improved the person's quality of life as they were now able to get out of bed. A visiting health professional provided their feedback on how impressed they were with the care and support provided by the provider's staff to this person. They stated they were 'Totally astounded' at the wound progression and in their opinion it was as a result of the 'Excellent wound care' at the home.

The views of people and their relatives were central to the development of people's care plans which were highly detailed and person-centred. One visitor shared their story of how their relative's mental health needs had meant other homes were not 'willing' to provide care. However, the management and staff at Westley Court had not only agreed to provide care but worked with the person to address specific needs. This had improved the person's life and well-being, for example reducing the use of medication and emotional stability.

Relatives were extremely complimentary about the compassionate and loving care provided at the end of their family member's lives. One relative shared their thoughts on how they felt the care provided had extended their family member's life by over two years due to 'tenderness and excellent quality of care'. Another visitor told us about their relative who had recently died. They told us, "The staff were absolutely super, more like friends. I have come back today to visit and they all remember me and have hugged me. I cannot speak highly enough about the care and warmth [person's name] received while here."

Relatives also provided examples of how the registered manager had gone 'above their expectations' to ensure additional specialist nursing support had improved the experiences of their family members. They also highlighted how effectively the staffing team had worked with other health and social care professionals to provide exemplary care, so people wishes at the end of life were fulfilled. A staff member gave us an example showing the approach they took was empathetic and took account of the person's wishes. A visiting health care professional was extremely positive about the end of life care people received. They stated people received exemplary care due the active involvement of the registered manager and staff who attending training and following best practice guidance and stated, 'They always keep up to date with the Advance Care Planning within the home and call on me when needed for this or to support patients or their loved ones who have a life limiting illness.'

People's wishes and aspirations were embedded in the culture of the home. This inspired staff and visitors to focus on individuals and provide support for people to lead enhanced lives in ways they chose. For example, one staff member had taken time with a person and enabled them to rediscover their passions of steam railways. They had gone on to arrange a ride on a steam train which the person was looking forward too. The staff member had worked collaboratively with visitors and management to empower the person to achieve this and they enjoyed spending time reconnecting with their own past. People's wishes were considered and incorporated as part of the care plan review as people's needs changed, to make sure

people received the support they required.

People living at the home and their relatives emphasised staff had developed an excellent knowledge of people's unique background and care preferences. Many examples were shared with us on how staff used this knowledge to enrich people's lives. These included ensuring people were supported and encouraged to express their life style choices. Staff identified one person who was experiencing an increase in anxiety and had a distrust of authority which linked to their previous life style. Staff understood the person needed additional continuity of staff to feel safe and build trusting relationships. Continuity was provided which, in turn, had helped the person become more settled.

Staff were proactive in using their knowledge to reduce people's anxiety and deliver highly effective person-centred care when people came to live at Westley Court. They worked with commitment and in imaginative ways which positively helped people to relax. Staff focussed on people's individual care and communication needs and developed highly effective plans to support them. Staff explained how better communication and knowing a person's favourite topics to talk about, helped provide calm and considerate care. They also told us about how this approach had promoted people's social inclusion. For example, one person loved the outdoors, staff had ensured the person was able to see outside from their room. Enhancements had been made to the courtyard garden, with raised sensory beds containing scented herbs. People now enjoyed using this area to talk with each other. Staff told us about another person who had enjoyed gardening but had previously declined to go outside. They now went outside to smell the herbs and loved being out in the garden again.

Staff 'went the extra mile' to help regain people's confidence and overall well-being by ensuring people's activities and interactions reflected the provider's values of 'family values at the heart of everything we do. That means treating people with the same care and respect they would expect from their own family and loved ones.' which were embedded at the home. For example, the activities co-ordinator had noticed one person's declining interest in taking part in social activities. They took the time to understand how the person was feeling so they could be included. They discovered that the person enjoyed singing and they purchased a singing machine for the person to use. In turn this led to the person re-igniting their passion of singing and they now enjoyed performing for others in the home. Staff told us the person had regained their confidence and delighted in being able to entertain people in the home.

People told us they were pleased with the regular opportunities they had to express their wishes and explore new opportunities. For example, one person told us they 'longed' to try lobster, so this was provided. There were many examples of how staff focussed and spent time with people to celebrate their achievements and acknowledge their goals. These were used to plan activities. One person said, "They have lots going on. I go to the shows and trips they put on and join in with the singers and good artists that come here." This reflected the staffs' commitment to make sure people enjoyed themselves. One staff member told us, "As you can see we take pride in what we do for the residents."

The registered manager had taken the initiative with support from relatives and people to drive through improvements for people with dementia in the local community. The provider told us they were passionate about the care they provided and wanted the local community to see Westley Court as a positive place for people to live in. People contributed to the local dementia friends group. 'The café' was first introduced in the community village hall. People had actively contributed to developing this further, with 'The café' now being held at Westley Court. This provided people with opportunities to make new friendships and further develop the communities' understanding of dementia.

The Accessible Information Standard is a law which requires providers to make sure people with a disability

or sensory loss are given information they can understand, and the communication support they need. People's care plans included assessments of people's individual communication needs, staff were aware of these and people were supported in ways which demonstrated this. For example, information was read to a person who had visual loss and the provider's complaints policy was provided to people in a format that met their needs, such as large print and pictorial formats. Where complaints had been received, they were followed up and where needed, information was used to enhance the care provided and make improvements.

## Is the service well-led?

### Our findings

People and their relatives told us the care provided was exemplary. One person said, "It is excellent. I am happy here and feel like they [staff] are family" A relative we spoke with said, "Care here is excellent, we are kept well informed and she has settled and is happy here, so that makes us happy."

People living at the home, their relatives and staff were at the heart of the home and how it was led. One person told us, "The staff are wonderful and do anything for me." The registered manager's vision was very clear. There was commitment throughout the staff team to ensure people received exceptionally high quality care, which focused on exceeding people's individual expectations. One relative told us, "She came here to be assessed and stayed. She became settled and loved it. They keep us well informed of how she is. The slightest thing with her welfare they will phone and tell us."

People benefitted from living in a home where there were clear management structures and staff were given uninterrupted time to focus on their roles and responsibilities. Staff told us they were supported in their job to ensure an exemplary quality of service. Staff had a clear understanding of their roles and responsibilities and had a shared understanding of the provider's aim and vision, to provide truly 'person centred' care. They told us they supported the provider's vision of 'Providing a homely atmosphere where residents, families and staff feel cared for as individuals.' One staff member told us, "We are committed and dedicated carers. The support has been phenomenal." The registered manager ensured effective communication between the staff team, people and relatives to achieve this.

The view that the home was led to provide an exceptional quality care for people, was reflected in the compliments received from several relatives and other organisations. A local dementia specialist had praised the staffs' knowledge and commitment shown during training. The provider had recently received very positive feedback on a national care home website. This included 'It's rare to find somewhere that offers the right atmosphere and a dedicated team of people who take their time to get to know the patients and their family which can make a difference in challenging times.'

We received consistent positive feedback from people and their representatives about the registered manager's approach. One person told us, "You couldn't wish for a better manager. They are excellent here and always respond quickly." The registered manager's vision was to provide a homely atmosphere where residents, families and staff feel cared for as individuals. One staff member told us, "As a staff team we are encouraged to manage up rather than be managed" which offered an atmosphere of exceptional mutual respect for all staff at all levels. People confirmed this approach resulted in exceptional care which enriched their lives. The registered manager ensured these values were embedded by constantly checking people had exceptional levels of care, and staff were fully supported by the leadership. One staff member said, "[Registered manager name] is lovely to work for, you feel involved and it's a wonderful place to work."

People were empowered to lead on the care provided to them. There was a clear emphasis on service development being structured around people's experience and feedback. People told us about their involvement in monthly resident forums which they used as an opportunity to talk about their home and

care experiences. People's views were then used to further drive through ideas for positive change or improvements. For example, in respect of social inclusion, additional religious visits had been requested which had improved people's enjoyment of life and showed people's views were valued.

The provider and registered manager's vision was to create an inclusive environment, driven by people, sharing success and having staff that aspired to achieve the best for people. People had provided their feedback which was extremely positive. The registered manager carefully used all feedback to look at ways to continually improve people's well-being. People decided how their nutritional support needs were met which led to further personalised choice at meal times, such as themed teas and people had fed back their satisfaction with the improvements. We found these visions were shared by all staff and fully embedded into the culture of the home.

People, their relatives and staff had built trusting relationships with the providers who regularly visited the home. A duty manager told us, "[Provider's names] visit often and knows everyone. They take a real personal interest and they are very passionate about wanting to make people's lives better." All the staff we spoke with told us this arrangement worked well and people benefitted from an inclusive homely environment.

The provider was committed to ensure staff were supported to continually develop their practice and invested in this through regular meetings and enhanced opportunities for staff training. For example, staff were very enthusiastic about the positive benefits to people following the in-house leadership training they had completed. The staff member had used the skills gained to actively reflect on a comment made by one person. This had led to improved processes in monitoring medicines.

There was a strong governance and accountability system and the management team had highly effective procedures to assess the service quality, safety and people's welfare. Very thorough checks and audits were undertaken, which demonstrated that each person had their individual care needs promoted. The provider was already building on the systems they currently used. This would provide further opportunities to include people's views and wishes in their care planning, with options such as voice recordings, videos and pictures for people to choose from.

The registered manager had developed very strong links with the local community and encouraged people, their relatives and the staff team to contribute to this. People now enjoyed good links with the Parish Council and local spiritual organisations, which had led to a weekly visit. Close links had also been developed with local schools and colleges. The registered manager told us they welcomed Princess Trust students. This provided people with the opportunity to support young people in their learning and for people to share their experiences and develop younger people's understanding of care. People's feedback had been very positive and they told us they enjoyed being part of the local community. One person told us, "They [staff] are very good and ask what we would like to have and try to accommodate everyone [from the community]."

Relatives gave us examples of extremely effective work undertaken with other health professionals, so people were able to access specialist support without delay and improve their relative's wellbeing. People enjoyed the best daily living opportunities and end of life care as the registered manager worked extremely effectively with other professionals. The registered manager shared and obtained best practice through regular contact with the provider's other registered managers. In addition, they kept updated with any changes to care practice through the local authority, clinical commissioning group, CQC and Skills for Care. This is an organisation that supports and advises those staff working in adults' social care.