Springfield Healthcare (The Chocolate Works) Limited

Chocolate Works Care Village

Inspection report

The Chocolate Works
Bishopthorpe Road
York
North Yorkshire
YO23 1DE

Tel: 01904208008
Website: www.springhealthcare.com

Date of inspection visit:
27 June 2018
29 June 2018

Date of publication:
16 August 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 27 and 29 June 2018. The first day of the inspection was unannounced. This was the first inspection at the Chocolate Works Care Village since it registered with the CQC on 30 May 2017.

The Chocolate Works Care Village 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.

The Chocolate Works Care Village can accommodate up to 102 people across three separate communities, each of which have separate adapted facilities. One of the communities specialises in providing care to people living with dementia. Although the service had opened in June 2017 there had been a gradual opening of communities and people had moved in on a planned process. At the time of our inspection there were 54 people living at the service.

The service had a registered manager. 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 told us they felt safe. Staff understood how to safeguard people from avoidable harm. There were sufficient staff to meet people's. There had been some difficulties in the recruitment and retention of staff which had led to a high use of agency staff.

Medicines were safely managed and risks were mitigated as far as possible whilst respecting people's choices.

Staff were recruited safely and received a robust induction and ongoing training programme. Staff described being well supported and were confident and happy in their roles.

People were supported to access support from health and social care professionals as needed.

We received mixed feedback about the quality of the food. The provider was working with people and the supplier to address these concerns.

The environment had been designed to meet the needs of people living at the service and to ensure it was as inclusive as possible. Some improvements were required to address the issues of noise travelling between two communities. The provider had identified this and was working towards a solution prior to our inspection.

The service adhered to the principles of the Mental Capacity Act. Consent was sought and choices were offered to people.

Staff were kind and compassionate. They understood and respected people's needs and wishes. People were relaxed and comfortable in their surroundings and visitors were welcomed.

Care was planned, delivered and reviewed with the person at the centre. People were supported to have a comfortable, pain free death with their loved ones.

There were a range of activities on offer for people and those who were able to, had been involved in choosing the range of activities on offer. However, people told us they would like more activities to take place on their own communities.

People and their families knew how to raise concerns and complaints and these were taken seriously. Lessons were learnt when issues were identified.

The management team were committed to delivering a high standard of care. There were robust systems in place to audit the quality of the service. They understood the challenges of opening a new service. They operated a pragmatic and planned approach to this.

The ethos and values of the service were adhered to by staff and the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. There were sufficient staff available to meet people's needs.

Staff knew how to safeguard people and were confident in reporting concerns.

Medicines were managed safely. Risks were assessed and plans were in place to reduce the risk of harm to individuals. Environmental safety checks were in place.

Is the service effective?

Good

The service was effective.

People received support from competent staff who were well trained and supported. The principles of the Mental Capacity Act were followed by staff.

Staff received training and support to ensure they provided effective care.

The environment had been designed with people's needs in mind. However, there had been some issues identified with noise between two communities.

Is the service caring?

Good

The service was caring.

Staff were warm. They provided kind and compassionate care. People were treated with respect and their privacy and dignity was maintained.

Staff knew people well which meant they understood their preferences and delivered care in line with these.

Staff were happy and relaxed and this led to a happy and calm environment for people to live in. People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and written based on individuals needs and preferences. They provided staff with the guidance required to deliver a good standard of care and support.

People had access to a wide range and variety of activities. Although the majority of these were still based on the ground floor which meant some people were less able to join in.

Complaints were taken seriously and investigated thoroughly and lessons were learnt from these. People knew how to raise concerns and were confident in doing so.

Is the service well-led?

Good

The service was well-led.

There was a commitment to ongoing review and development of the service which was new and evolving.

The management team and provider were open and transparent. They had strong systems in place to review the standard of support provided to people.

The management and staff team were committed to delivering a high standard of care and were aware of their roles and responsibilities.

Chocolate Works Care Village

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 29 June 2018. The first day was unannounced. The provider was aware we were returning on the second day.

Day one of the inspection was carried out by one inspector, an inspection manager, an expert by experience and a specialist professional advisor. The specialist professional advisor was a registered nurse (RGN). On the second day the inspection the team consisted of two inspectors and an expert by experience.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people who lived at the service and four relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 15 members of staff including nursing, care and ancillary staff. Along with the registered manager, deputy manager, head of operations (for the provider) who was also the nominated individual, the quality and compliance manager and the head of estates.

Following the inspection, we spoke with two visiting health professionals.

We looked around communal areas of the service and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for five people who lived at the service, the recruitment and induction records for four members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included; "I feel very safe here, I just know I'm happy here and they take very good care of me", "I feel safe here because there always seems to be plenty of staff about" and "I would feel safe telling them [care staff] to do things for me. I'm treated with respect. We have some fun and a giggle. It's like a family. I feel accepted." One person expressed concern about people coming into their bedroom. They said, "I do not feel safe here due to so many people having mental health issues. There is just no peace from them wanting to come into my room." We discussed this with the registered manager who agreed to investigate these concerns.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff had received safeguarding training. They told us they would always share any concerns with their manager or a senior member of staff and they were confident their concerns would be taken seriously and action would be taken to keep people safe.

Since registering with the Commission the service had made seven safeguarding alerts. We could see the registered manager and provider had been open and transparent regarding any potential abuse. They had worked with the local safeguarding authority to ensure investigations were completed and lessons learned.

Medicines were safely managed. People were given their medicines in line with the prescribing instructions. They were stored securely, with safe systems for receiving and disposing of medicines. Medication administration records (MARs) were completed correctly. Where people could, they were supported to look after and manage their own medicines. This meant people were supported to be as independent as possible. Medicines were audited robustly and on a regular basis. These were completed by staff within the service and an in-house pharmacy technician who worked for the provider. This meant any problems could be rectified in a timely manner.

Risk assessments were detailed and provided clear guidance about the support people needed to reduce the risk of avoidable harm. They were in place in relation to falls, choking, bed rails, weight loss and skin integrity. For people living with dementia or other mental health conditions there were detailed risk assessments and risk management plans in place to support people who may experience distress and pose a risk of harm to themselves or others. When required these had been devised with the support of external mental health professionals. These plans provided staff with clear information about things which could increase the person's distress, times of day when this was more likely and how staff should respond to reduce distress.

There was a positive approach to risk management and people were supported to be as independent as possible. For example, people were supported to make their own choices and staff respected decisions which may increase their risk of harm when people had the ability to make this decision.

Accidents and incidents were reported and analysed by the senior management team and the provider. Action to reduce the risk of incidents recurring was taken, where possible.

There were sufficient staff available to meet people's needs. We received some mixed feedback from people living at the service and relatives about staff. Comments included, "I must say the permanent staff are very nice and have formed very positive relationships and been very good," "I have no quibble with regular staff," "Not enough staff. Too many agency staff. Lots are foreign and language is often an issue. Just no continuity with staff" and "I do feel he is safe here now, I did not initially. There were problems with the retention of staff and using agency staff. It's improving now."

There had been an issue about delays in call bells being responded to. This had been investigated by the provider and it had been identified that some of the pagers had been faulty and meant care staff were not aware of the calls. This had been rectified and a check of all pagers now takes place at the start of every shift to prevent this issue happening again.

As the service was still new and people were still moving in staffing levels were adjusted on a continual basis. The registered manager discussed the dependency tool they used to assess the staffing levels required. In addition to this formal tool they sought feedback from staff daily and people and their relatives.

The management team acknowledged they would like to employ more permanent staff and they were recruiting on an ongoing basis. Whilst they were supporting new people to move in this was done in a planned and considered way. For example, the management team and provider had taken a decision to cease new admissions for a two-week period to allow them to ensure they had sufficient staff due to summer holidays. The registered manager told us this would be reviewed on a regular basis and was not under pressure from the provider to move people in to the home quickly.

Staff had been recruited safely. People had completed application forms; two references had been sought and a Disclosure and Barring Service (DBS) check carried out. DBS checks provide information about any convictions, cautions, warnings or reprimands and also list if people are barred from working with vulnerable adults or children. These checks help employers make safer recruitment decisions and are designed to minimise the risk of unsuitable people working in health or social care settings. In addition to this they had robust checks and induction processes in place for agency staff.

Fire risk assessments and other essential safety checks were in place. The service was very clean, smelt pleasant and staff used aprons and gloves to prevent the spread of infection. Staff we spoke with were aware of what they needed to do to keep people safe in an emergency.

Good

Is the service effective?

Our findings

People told us they received effective support. One person said, "Staff listen to me and seem well qualified for the job.'' Another said, "Staff seem well trained. They are all very good."

Staff were provided with a thorough induction and received a range of training, including moving and handling, dementia, record keeping and equality and diversity. All of the staff we spoke with were positive about the training and the support they received to enable them to deliver effective care. A member of staff said, "We are really well supported. The manager is good, you can talk to her about anything." An agency member of staff told us they had received a thorough induction and said, "I am given opportunities to learn. The management team are lovely and I have learnt a lot from them. They help push us to give 100 per cent."

The registered manager explained they identified more specialist training for staff in key areas. A member of staff explained the 'dementia tour bus' had been to the service which had given them the opportunity to access experiential training which helped them understand how dementia affects people's sensory experience. They said, "It gave me a good insight into what it is like living with dementia."

Records showed that staff supervision meetings had taken place on a regular basis. Supervision meetings give staff the opportunity to discuss any concerns they might have, as well as their development needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw staff seek consent from people before providing support and people were offered choices. Care staff and the management team had a sound understanding of the MCA and followed the principles of the Act. One person told us, "The nurses and staff are fabulous. They listen to me and respect my choices."

Care records contained thorough assessments of people's ability to make specific informed decisions with a clear rationale as to how the conclusion had been reached. When people were assessed as lacking the capacity to make a decision we saw best interest decision records which showed how the person had contributed to the decision making along with their loved ones and any other relevant professionals. These assessments were of an excellent standard and demonstrated a sound understanding of the legislation.

People received support with their healthcare needs. We saw from care records that people had access to a range of services and professionals, such as GPs, community nurses, opticians and dentists. There was detailed information about any health conditions people had, including any associated risks or implications staff should be aware of. People and their relatives confirmed they felt confident that staff would respond to any health concerns. Both visiting health professionals we spoke with provided positive feedback about the service and felt their professional advice was followed.

People were supported to maintain a healthy balanced diet. The food was supplied via a contractor called Apetito. The quality and compliance manager explained the benefits were that food was 'flash frozen' so maintained its freshness and goodness and it ensured a consistent standard of food for people. Staff demonstrated knowledge of people's nutritional needs. Staff completed food and fluid intake charts where required and people's weights were monitored

However, we received mixed feedback from people about the quality of food. Comments included, "Food is okay here", "Food isn't good, they get it in from [name of company]. It is getting better. There is a choice of two and if I don't like any, I can have something else", "Tea time choice is very limited", "Food here is dreadful." A relative said, "They have made every effort to care about her diet, she is celiac. She has enjoyed her food, it's excellent."

Management were already very much aware that people were not always satisfied with meals provided and in response to the concerns people had raised the management team had set up regular 'food forum meetings.' These meeting provided people with the opportunity to give feedback on the food and to contribute to the design of the menus. This showed a responsive approach. For example, people wanted fish and chips to be delivered, they trialled this from a local fish and chip shop but it was not successful so alternatives were being discussed. One person had requested more vegetarian options and this had been arranged.

We observed mealtimes were well organised. People were shown a choice of food and drinks, and adapted crockery and cutlery was available for those who required it. People had access to a range of snacks which were available at all times of the day and we saw people helping themselves. There was a pub and bistro which people could enjoy.

Whilst the design of the service had won a number of awards, we identified that the community for people living with dementia was noisy which could cause people to become distressed. We spent time on this community and noted noise travelled up from the community downstairs and the atrium, whereby a range of activities took place. This made it distracting for people living on the dementia community. In addition, we saw people living on the community based on the ground floor had expressed concern about noise coming from the dementia community. Staff we spoke with also told us this was an issue and expressed concern about the impact this could have on people living with dementia.

We spoke with the provider about these concerns and they were already in the process of trying to resolve the issue. The provider told us some people enjoyed the interaction and they were trying ways to involve everyone in the 'noisier activities' whilst being mindful about where the noisier activities took place. This meant that until a permanent solution could be found they were respecting everybody's view. The provider was considering a range of innovative options and we were assured the issue would be resolved. The dementia community had only been recently opened and people had moved in gradually. This meant the issue had only recently come to light.

The dementia community was still in the early stages of being opened and had been designed to be

aesthetically pleasing for people. However, some practical issues had been identified such as furniture being too low making it difficult for people to stand up. The provider had identified this prior to our visit and had sourced some chair risers and they were looking into alternative furniture. There were a range of areas for people to have quieter space as well as being involved in the hub of the day. Some areas were still in the process of being developed to ensure there were meaningful activities for people to engage in as they wished.

The atrium had been designed to give a feeling of community and the 'buzz' of this. A member of staff said, "I love working here. In other places I have worked families come and take people out of the home, here families come and enjoy the facilities with their relatives."

Good

Is the service caring?

Our findings

People told us they were well cared for and respected by staff. One person said, "I honestly think they [staff] are all patient and are all very good." Another said, "It is so laid back here I never feel like I'm in an institution. Most of them [staff] have a smile on their faces."

Staff were relaxed and happy. We saw they had time to spend with people. All the interactions we saw, between staff in various roles and people living at the service, were warm and kind. It was clear staff knew people well and provided emotional support as well as practical help. We saw one person was not eating their lunch and appeared upset. A member of staff came and sat beside them and started to sing, the person seemed to come alive, they joined in and then started to eat their lunch. There was warmth, respect and affection between them.

A relative wrote to us after the inspection and said, "The staff I meet are kind, compassionate and work towards making his life the best it can be in difficult circumstances [due to ill health]. I find the staff at all levels from receptionists, housekeeping, nursing and care staff as well as managers to be polite and welcoming towards me. They appear to be endlessly patient and I am grateful that my [relative] is able to spend his last days, which are drawing near, with them."

All the staff we spoke with told us they would be happy for their relative to live at the service. A relative told us, "Since he has moved to the chocolate works, the staff have done their best to improve the quality of his life. He enjoys sharing nuggets of information with them and they feed back to me how much they enjoy caring for him." This showed mutual respect between people and staff supporting them.

People told us they felt relaxed and comfortable in their surroundings and that their loved ones were welcome to visit anytime. One person said, "I feel comfortable and at home. My grandchildren come, and they are always welcome. There are a few children's play things outside and they love it." People described enjoying socialising together in the atrium. One person told us, "I've made some good friends since coming here." Another said, "Living here is like the Ritz Hotel."

Everyone we spoke with at The Chocolate Works Care Village told us they chose when to get up, when to go to bed and whether to eat in their room or in the dining room and whatever else they wanted to do each day. One person told us he had been in care previously and that care received here was, "far superior." The person said staff were quick to provide the support they required. They told us staff understood their interests and they were involved in planning and reviewing their care and support. The person described the staff as, "Very good."

We saw staff addressed people by their preferred names and knocked on people's bedroom doors before entering, which protected people's privacy. Staff closed people's bedroom and bathroom doors when they provided personal care which maintained people's dignity. People's confidentiality was respected and care records were stored securely.

During our observations we saw compassionate interactions between staff and people and saw this had a positive impact on their mood and well-being.

Staff completed equality and diversity training and information about people's diversity needs was recorded in care files, such as any dietary needs as a result of their religion. People's faiths were respected. Information on advocacy was available should people require this support.

Good

Is the service responsive?

Our findings

The provider assessed people's needs prior to them moving to the service, to make sure they could provide the care and support the individual required. A care plan was then developed for each person, to give staff the information and guidance they needed to support people. Care plans described people's likes and dislikes. They were very detailed and contained information about people's life experiences to date. This helped care staff to understand what was important to and for the person.

One person explained a member of staff came to meet them and their relative whilst they were in a local rehabilitation unit, following a hospital stay. They discussed their care needs, what was important to them and the support they could expect. They said, "Everything has been good. [Relative] is eating and drinking well, they have had fewer falls and are doing well. It was a difficult decision to make, to move out of home, but it has been the right one. [Relative] brought own furniture, her room is bright and airy. Staff are professional and supportive of the whole family."

Although the service opened in June 2017 the provider explained people had been supported to move into the service on a gradual and planned basis. One member of staff said, "We have had the time to get to know people as individuals."

People's care needs were reviewed on a regular basis. The service operated a 'resident of the day' system which meant one day each month staff spent time with each person living at the service to review their care. Staff also looked at things like call bell logs to see whether the person had received support in a timely manner.

Daily notes used to record the support people received provided information about people's emotional wellbeing as well as the physical care they had received. This meant staff could see how people had been and tailor their support accordingly.

Care plans for people with specific nursing needs such as wound care were detailed and provided staff with clear guidance. We noted that some people who were at risk of being more confused, due to infection, had detailed plans in place to support staff to prevent this becoming a problem for the person. This preventative approach was an example of good practice.

The service responded to people's choices. One said, "I would love a bath. I don't like the shower so I just have a good wash. I really miss my bath." A member of staff joined us and we discussed this, they arranged for the person to have a bath that afternoon. It was not determined why this person had not been previously been offered a bath as per their choice but we saw that upon become aware of this choice staff immediately responded and ensured this choice was met.

There were a range of activities on offer which had been arranged in consultation with people who lived at the service. People had access to structured activities, games, guest speakers and forums as well as trips out. One person said, "I love doing these exercises with this girl. She is so good."

We also saw people having one to one time with staff chatting or having their nails done. This was especially important for people who either did not want to or were unable to socialise in communal areas of the service.

However, the main planned activities took place on the ground floor, this community had been open the longest and was more established. Some staff and people we spoke with said they would like more structured activities to take place on their individual communities. Staff told us they thought this may encourage people to join in or to enjoy what was going on without taking part directly. One person said, "The only negative feedback I have is I have to keep coming downstairs to socialise. I would like to move the Discussion Group upstairs." We discussed this with the management team who agreed they would review the activities on offer within different parts of the service.

A relative said, "They do have nice get togethers and get entertainers in. I can stay and have lunch with him." We received positive feedback from people and their relatives about the variety of spaces on offer within the service where families could enjoy spending time together such as the pub, bistro and quieter lounges as well as the atrium which was where there was a sense of the buzz of community life. People had access to a hairdresser and gym and a sweet shop to take their visitors to.

There was a complaints policy in place and people we spoke with knew how to raise concerns. The service had received four formal complaints since it opened. Complaints were well managed and viewed as a learning tool by the management team. Each complaint had been investigated appropriately. Analysis of complaints and feedback was undertaken by the management team to identify any trends and to look at how improvements could be made.

The registered manager and the management team were open to feedback and keen to continue improving the service as it grew and developed. One person said, "I'd see [name of registered manager] if I had a complaint, she's very helpful." A relative told us they had raised a number of concerns with the registered manager and did not feel supported initially, however, this had been resolved and they were happy with the support their relative was receiving. This person gave positive feedback about the deputy manager who they described as, "warm."

People were provided with a high standard of care at the end of their life. For example, one relative was supported to stay overnight. The service had developed links and support from the local hospice. A relative whose loved one received end of life care had given this feedback; "You were able to make desperately sad times bearable by enabling my mum to keep her dignity right to the end." The registered manager explained all clinical staff are trained to set up syringe drivers. A syringe driver is a small battery-powered pump that delivers medication at a constant rate through a very fine needle under the skin. This prevents the needs for multiple injections and ensures people are provided with ongoing pain relief and symptom control.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. We saw that people's communication needs were recorded as part of the services care planning process which indicated people's ability to communicate and any support they needed. This approach helped to ensure people's communication needs were met.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager and a team of senior staff. 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.

The registered manager told us they were well supported by the provider. They spoke passionately about the development of the service and the work which had gone into ensuring people received a high standard of care from the entire staff team. They were realistic about the challenges faced with opening a new service, for example the recruitment of suitable staff. They were supported by the provider to operate at a safe pace, for example, delaying new admissions when required.

The service's ethos and values were recorded as, "Our care is personal and built around Choice and Dignity. Compassionate care can make a life-changing difference. And we believe in helping everyone live life. Our aim is to ensure that this is the residents' home, and that the care they require, request and deserve is the focus of our day." We saw staff and the management team adhered to these values during our inspection.

The registered manger completed a daily walk around which gave them the opportunity to assess and review the running of the service. The management team were committed to ongoing development and improving the service. Regular and thorough audits were in place to review people's experience of the care and support they received. Areas for improvement were identified and these were added to a central action plan to ensure they were rectified.

The service was evolving and despite one community being open almost a year, others were newer. Issues were being identified and consideration given about how best to resolve them. For example, the issue of noise level on the dementia community had been identified prior to our inspection. The provider had been working with the registered manager, staff team and the head of estates to explore innovative solutions which would best sit with the ethos of the service. Whereby people were as involved in their community as possible. This demonstrated a commitment to providing a high standard of care and support for people. They did not take the most straightforward option which would have resolved the issue but may not have been the best outcome for people living at the service.

The staff we spoke with were clear about their roles and responsibilities. All of the staff we spoke with described a supportive culture and told us the management team were available. They felt listened to and confident any issues they raised would be acted upon to improve the experience for people living at the service.

Residents and relative's meetings took place which meant people had the opportunity to give feedback about the service. Staff meetings took place on a regular basis and there were daily 'huddle' meetings which involved key people from all areas of the home and staff team. This demonstrated a joined-up approach to

understanding people's needs. A relative told us, "What a place, as soon as you walk through the door it's professional." Another said, 'It's amazing, the staff are just incredibly professional, the level of care is so high."

An annual survey was planned for later in the summer to seek feedback from people, families and other stakeholders. A staff survey had already taken place; 82 percent of staff said they felt confident in their role and 91 percent said the training they received was sufficient.

A 'Star of the Month' award had recently been introduced. A member of staff working in hospitality on the dementia unit shared with us how pleased they were to be star of the month.

The registered manager explained they had developed good links with the local hospice, they attended the 'Partners in Care' meeting where good practice was shared by a range of health and social care professionals. They received weekly bulletins from the independent care group. This demonstrated a commitment to ongoing learning and development.

The service had won some local and national awards for design. An award had been received from the 'Care home Awards' which celebrated the architecture and design of the service. In addition to this the service had been awarded the People's Choice for 'Restoration Project of the Year' from The York Press.

The service worked in partnership with other organisations, including healthcare partners and local schools and churches. For instance, there had been recent visits to the service by children from the local primary school. This helped enrich the opportunities available to people and ensure people had access to services and community facilities.