Shaw Healthcare (Group) Limited

The Hawthorns (Evesham)

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 and 20 January 2016 and was unannounced.

The provider of The Hawthorns is registered to provide accommodation with personal and nursing care for up to 47 people. Personal and nursing care support is provided to people with dementia and acquired brain injury. Bedrooms, bathrooms and toilets are situated over three floors with stairs with passenger lift access to each of them. People have use of communal areas including lounges and dining rooms. At the time of this inspection 46 people lived at the home.

There was a registered manager in post. They were not at work at the time of our inspection but one of the deputy managers and the area manager were at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We saw there were systems and processes in place to protect people from the risk of harm which included people having access to information about abuse. People were supported by staff who knew how to recognise and report any concerns so people were kept safe from harm. Relatives of people told us they felt staff kept people safe. People were also helped to take their medicines by staff who knew how to manage these in line with safe principles around their practice.

People had been assessed for the risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk. There was some additional learning for the cook around the preparation of food to meet the needs of people who required modified diets. This had already been identified and additional training had been planned. Staff were aware of people's nutritional needs and were responsive to the need to ensure people always received safe food options. Where staff had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

Staff were recruited in a safe way and had received appropriate training and were knowledgeable about the needs of people who lived at the home. The health and welfare needs of people were met because there were sufficient numbers of staff on duty who had appropriate skills and experience. Staff used their knowledge and skills to meet people's individual needs and made sure the support offered was done in the least restrictive way.

People were asked for their permission before staff provided care and support so people were able to consent to their care. Staff made sure people understood what was being said to them by using gestures, short phrases and words. Where people were unable to consent to their care because they did not have the mental capacity to do this decisions were made in their best interests.

Staff were seen to be kind and thoughtful towards people and treated them with respect when meeting their needs. People's privacy was respected and they were supported to maintain their independence with signage. Interesting things for people to interact with were located throughout the home, which provided opportunities for people with dementia. People were also supported to learn and regain their own levels of independence with healthcare professionals support which included physiotherapists

People were supported to access healthcare services to maintain and promote their health and well-being. People showed us they were encouraged to make their rooms at their home their own personal space. People who lived at the home and their relatives had been involved in the development of the care plans which were regularly reviewed to reflect changes in people's needs.

The provider had responsive systems in place to monitor and review people's experiences and complaints to ensure improvements were made where necessary. Senior managers visited the home and provided guidance to the management team about the standard of care.The management team used this information to enable improvements to be sought. This helped to support continued improvements so people received a good quality service at all times.

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. Staff were aware of how to protect people and reduce the risk of them being abused or experiencing injury. There were some potential risks around the preparation of modified meals for people who required these but training had already been planned. People were supported by sufficient numbers of suitable staff who were skilled to meet their needs. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff were supported to maintain and develop their skills in order to meet people's care needs. Staff knew how to support people's rights and respect their choices. People were supported to have enough food and drink. People had access to health care professionals to meet their specific needs.

Is the service caring?

Good

The service was caring. People were treated with dignity and with support to regain their own levels of independence with their diverse needs met. Their choices and preferences about the care they received were respected. Care and support was provided in a warm and friendly way which took account of each person's personal preferences.

Is the service responsive?

Good

The service was responsive. People received support as and when they needed it and in line with their care plans. People were supported to take part in a range of recreational pursuits in the home and community which were organised taking into account people's preferences. People and their relatives were supported to raise any concerns and were confident these would be dealt with quickly and appropriately.

Is the service well-led?

Good

The service was well led. People and their relatives were encouraged to voice their opinions and views about the service provided. The management team displayed an open and accountable management style and provided effective support

to the staff. The registered provider had systems in place to assess and monitor the quality of the service provided to continually look at how they could provide better care.

The Hawthorns (Evesham)

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 over two days and on the first day, 18 January 2016 the inspection was unannounced. The inspection team on this day consisted of one inspector and a specialist advisor. The advisor is a dementia specialist speech and language therapist with particular experience in the management of eating, drinking and swallowing difficulties in dementia, end of life care and neurological conditions. The inspector returned on 20 January 2016 to complete the inspection.

We looked at the information we held about the provider and the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any concerns of abuse. We asked the local authority who monitor and commission services, for information they held about the service. We also received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spent time with people who lived at the home and saw the care and support offered to people at different times of the day. 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.

Many people who lived at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. We spoke with four people who lived in the home and spent time speaking with a further person who was able to tell us in more depth about their experiences of life at the home. We also spoke with seven relatives by telephone

During our inspection we spoke with one of the deputy managers, the area manager and 10 staff which included the cook, maintenance person and a staff member who laundered people's clothes. We also looked at the care records of four people, the medicine management arrangements and at records about

staffing, training and how the quality of the service was monitored.

Good

Is the service safe?

Our findings

One person we spoke with told us, "They (staff) are nice to me" and indicated they felt safe living at the home. Another person said, "I feel okay here with them (staff)." One relative said to us, "[Person's name] is happy and I know they are safe here which is reassuring." Another relative told us, "I have no concerns about safety as staff are very switched on and I believe would be straight onto anything which puts people at risk." We saw staff chatted to people who lived at the home. Staff acted in an appropriate manner and people were comfortable in the presence of staff.

Staff we spoke with had a good understanding of their responsibilities to keep people safe from harm and abuse. They recognised changes in people's behaviour or mood which may indicate people were afraid, being harmed or unhappy. One staff member said, "We [staff] work closely with residents, get to know their character so we know when their behaviour may be a sign something is not right. I would have no hesitation in reporting concerns around a resident's safety to the manager." Staff understood how to report their concerns to the registered manager and or external agencies such as the local authority or the Care Quality Commission. Staff told us they had attended training and had information about abuse which they could refer to which also provided the contact numbers for external agencies. We saw this information was available and accessible for staff to refer to.

We spoke with staff about how they managed the risks to people's wellbeing and safety. Staff we spoke with were able to provide detailed information on how they supported people and reduced risks to their safety. They knew people well and what specialised equipment they needed to provide positive and safer outcomes for people. Where people needed specialist beds, wheelchairs and specific walking aids these were made available to people and in place.

Although there had been no recorded impact on people's safety around staff using a hand blender in some areas of the home as opposed to the more robust one in the kitchen this practice was discussed with the deputy manager, cook and care staff present. This is because the technique used not only resulted in increased noise in the dining area but also a potential risk of people's meals not consistently being of the right consistency for people who required a modified diet. We also found where people needed a modified diet they were served peas which had been mashed down with a fork. Peas constitute a high risk food as designated by the 'National Descriptors of Diet Modification.' The deputy manager and staff were responsive to the discussions we had with them and took immediate action in order to substitute the peas for a safe alternative. The deputy manager told us it had already been identified and a training course planned to support and expand the cook's knowledge. This was specifically around adapting normal meal recipe cards to meet the needs of people who had eating and drinking difficulties.

Staff we spoke with knew about the provider's procedures for reporting incidents and accidents and understood its importance. We looked at records which showed that the registered manager had taken action in response to incidents and accidents to prevent them from happening again. For example, one person had experienced a fall, so they were reviewed by their doctor and equipment was put in place to reduce the risks to this person and keep them as safe as possible.

A person who lived at the home told us staff always helped them so they remained safe. We saw this happened during the day of our inspection at the times this person needed staff support. Relatives we spoke with were satisfied there were sufficient staff to meet people's individual needs. One relative told us, "Staffing levels are sufficient. The manager always seems to be able to bring someone in to cover." Another relative said their family member required one to one support from staff and this was in place on the day of our inspection. We saw staff were available in different areas of the home at times when people needed support with their needs. Where people required assistance we saw staff responded in a timely manner. Staff spoken with told us they thought staffing levels were sufficient, and they felt confident to raise any concerns with the registered manager. Staff said staffing levels were assessed on an on-going basis to meet people's individual needs and reviewed, so changes to people's needs were consistently met by sufficient staff on duty. One relative told us their family members needs had changed and the registered manager had responded to these to make sure they had the care and support they needed at the right times for them. We were also aware the registered manager was recruiting for a person to support people in doing fun and interesting things.

People and their relatives who we spoke with had no concerns about the staff who worked at the home. A relative said, "They (registered manager) seems to have good standards when employing staff." We spoke with staff who confirmed reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. We looked at staff recruitment files and saw the provider's recruitment processes for staff were effective as the relevant checks had been completed before new staff worked with people who lived at the home.

There were arrangements for ordering, storing, disposing and administering people's medicines. We saw that there was a sufficient supply of medicines and they were stored securely in people's own rooms. Staff told us they had been trained to administer people's medicines and training records confirmed this. We saw staff put their training into practice, as they correctly followed the written guidance to make sure people received the right medicines at the right times. Some people required medicines on a 'when required' basis. Staff knew when people would need their 'when required' medication and written guidance on when to give these medicines was available. We also saw people's communication methods had been recorded so staff could tell from their body language or gestures if they were experiencing pain. Staff also supported people as much as possible while helping people to take their medicines. For example, one person was encouraged to take their medicines. We saw staff used this person's preferred style of communication to help them to understand what their medicines were for. This had a positive impact on this person as they smiled due to the reassurances staff had provided. A person told us, "They (staff) help me with my medicines and I am happy about this." Relatives spoken with were happy with the arrangements in place regarding medicine support for their family members.

Good

Is the service effective?

Our findings

When we asked people about the staff who supported them, their responses and actions to indicate their feelings were positive. One person told us they were happy with how staff helped them. Another person said, "I am quite happy with what they help me with." Relatives we spoke with told us staff had the skills and knowledge to support people with their needs. One relative told us, "They (staff) provide excellent care, I don't have to worry as they are perceptive of [person's name] needs." Another relative said, "[Person's name] is well looked after, staff know to provide encouragement when needed and a bit of exercise which is good. The manager appears to set a good standard of what they expect from staff."

Staff told us they had received a detailed induction and had initially worked alongside another staff member so that they were supported to learn about people and their needs. One staff member said this practice also helped people who lived at the home to become familiar if new staff came to work at the home and feel comfortable. Another staff member told us, "We all work very much as a team and a happy team at that." Staff also told us their training was centred on learning about the individual needs of people and was provided on an on-going basis as people's needs changed. A staff member said, "I was not confident with providing end of life care but had training and now I feel very confident." Staff told us they felt supported in their work and would be able to raise any concerns and or training needs at staff meetings as well as at one to one meetings.

Staff said the training they received helped them to feel supported in their roles. This included training in subject areas, such as, dementia, brain injuries and communication methods. Staff used their training in order to effectively meet people's individual needs throughout our inspection. For example, we saw staff recognised when people needed extra support in order to communicate their needs and to support people with behaviours which may challenge. The support provided was unrushed and staff took the lead from each person. We saw a person had sometimes forgotten what staff had said to them about their meal and drink. This made this person frustrated but staff used their communication skills and knowledge to support them to feel better and less frustrated.

Another person had a set behaviour pattern in regards to moving some of the items in their room. A staff member was able to tell us about this person's preferences in order to help them to recognise how to provide effective support which met this person's needs. We saw they supported them with distraction techniques which included spending time with this person to chat about everyday life. We saw and heard from staff about how people were supported to live their lives in the way that they chose. For example, people with acquired brain injuries were supported to live as independently as possible and received a programme of rehabilitation which staff followed to enable people to reach for their own goals. A person told us, "I have my own flat and I feel they help me if I need it but also give me space to do things myself."

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 interest and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw staff were seeking people's consent through verbal communication, by interpreting people's gestures, expressions and actions which showed them if the person agreed to the assistance offered. We saw staff helped people to make their own decisions about their care; what time they got up or went to bed, what they ate, and decisions about their personal care routines. The care records we looked at showed where people did not have the mental capacity to make decisions about aspects of their care, relevant people had been consulted to ensure decisions were made in the person's best interest. A relative we spoke with confirmed they had been actively involved in decisions where this was appropriate and necessary.

The deputy manager was aware of the current Deprivation of Liberty (DoL) guidance. They had the knowledge that where people had restrictions placed upon them in order to meet their needs and keep them safe, an application needed to be completed and sent to the local authority for authorising. Staff had received training in the Mental Capacity Act (MCA) 2005 and the DoLS and staff spoken with told us they provided the care and support to people in the least restrictive way. We saw staff practiced in a manner which promoted people's liberty.

People spoken with told us they liked the food and there was always plenty to eat and drink. One person told us, "It tastes very nice." Another person said, "There is always plenty on my plate, I like it." A relative told us, "The food is excellent." At lunchtime we saw people had a choice about the food they ate and where they wished to have their meals. Staff were seen to assist people to eat and drink where this was required, going at people's own pace. We saw a menu which offered choices of different meals. A relative spoken with confirmed staff would accommodate people's choices of meals if they did not want what was on the menu and make them something different. Staff spoken with also told us this was the case. We saw this happened as staff patiently and discreetly supported a person who changed their mind about what choice of meal they wanted so their preferences were met.

We saw people had access to drinks and snacks throughout the day. People's needs had been considered as to whether they were at risk of not eating or drinking sufficiently and recorded to enable staff to monitor people's nutritional needs. For example, the care records we looked at for three people held good information about each person's eating and drinking requirements together with the recording of people's weights. Staff told us and the records confirmed staff recorded how much people had eaten and drunk so they were able to respond to people's needs without delay. The cook told us they received information from care staff when people's diets had changed and kitchen staff had details about people preferences and diets to refer to." She was very enthusiastic about making sure people had the appropriate meals to meet their nutritional needs and particular tastes.

A person told us, "If I am ill and need a doctor staff will contact one for me." Relatives told us their family members received support with their health care. A relative told us, "If a doctor is needed the staff call one, even out of hours, which gives me peace of mind." We saw people had care records which included involvement of healthcare professionals and health appointments to meet their needs. For example, a person who had difficulty in swallowing had this recorded together with the decision made by the doctor. We saw this had been included in a care plan so staff had information to follow to support them to effectively anticipate and meet this person's needs.

Good

Is the service caring?

Our findings

One person described the staff as being, "Nice" and said they liked them. One relative told us, "Staff are welcoming and very caring." Another relative said, "[Person's name] is very happy there. Staff are very understanding, kind and patient. They treat people like human beings." Another relative told us, "Staff are very caring, people are looked after and staff who have a joke and a laugh with people." A further relative said, "Genuinely they (the staff) like doing their job. Every single member of staff genuinely cares."

We saw positive communications between people who lived at the home and staff. We saw staff provided thoughtful care and support to people because they recognised the importance of caring. For example, a staff member described to us how they brought their motorbike into work for a person who enjoys cars and bikes. This staff member knew this person well and told us they had worked as a mechanic. We saw other examples where staff regularly took the time to acknowledge people and communicate with them. They explained to people what they needed to do and we saw they frequently used reassuring touches where appropriate, sat with people and used a gentle tone of voice to encourage them. We saw some people responded to this tactile approach and smiled.

We saw staff knew the people they provided care to and made sure people were at the heart of all the care they received. For example, a person expressed some anxiety and we saw staff understood the cause of their anxiety. Staff spoke comfortingly and involved this person in conversation and used redirection techniques which were based around what this person may like to do, which was to have a chat and a drink with them. A staff member told us, "Sometimes people need a hug and words of reassurance to help them to feel better, like any of us would."

Staff understood how important it was to support people to retain their levels of independence. A staff member told us, "We encourage people to do the things they can, like walking or personal care." We saw this happened. People were given choices and their independence was a key focus. For example people with acquired brain injury were encouraged to learn and regain skills necessary to enhance their everyday living. A person told us they had the opportunity to improve their walking and to use the kitchen and prepare meals. They described support was also provided by different professionals, such as, physiotherapists. They said, "Where I need support I can rely on the staff to help and (they) are always having a joke. They also help me to do the things I can do like make a drink. It is great I have my own flat and own independence."

Relatives we spoke with confirmed they were encouraged to provide feedback and make their views known. A relative told us, "I'm involved in review meetings and they always discuss decisions with [person's name]." Relatives told us they had been consulted about the care of their family member. One relative told us, "I've attended reviews to discuss changes and I have been informed when my relative has been ill." Relatives told us they could visit their family members at any time. We saw there was no restriction on visiting times.

We saw arrangements were in place for people to be befriended and supported to be involved in their care. For example, staff had access to an advocacy service so they could support and arrange for an advocate for people when one was required. An advocate is an independent person who is appointed to support a

person to make and communicate their decisions.

Staff we spoke with had a good appreciation of people's human rights including privacy, respect, and dignity. We saw staff respecting people's dignity and privacy when assisting them with their personal care needs. For example, staff cared about making sure people had the support they needed around their personal appearance. This included making sure one person's collar of their blouse was in the right position and they had their eye glasses cleaned. Staff responded promptly so that a person's dignity was maintained. One person told us, "They (staff) are very polite." Relatives told us they were happy with the attention paid to their relative's appearances. We heard staff knew how people preferred to be addressed and this was consistently respected by all staff. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked on the doors of people's own private spaces and waited for permission to enter.

Good

Is the service responsive?

Our findings

A person we spoke with told us, "They (staff) always help me when I need it. They (staff) have gone to get me a drink as I want to have this in my room." We saw the staff member provided this person with a drink and sat to have a chat with them about how they were feeling. This person showed they enjoyed how the staff member responded to them as they looked contented and smiled. Another person said, "Staff are really good when I need support they are there but they also let me do what I can for myself."

All relatives spoken with told us their family members received the right care and support according to their needs. One relative told us, "They (staff) went to great lengths to make [person's name] feel happy and settled." Another relative said information about their family member's needs and lives was captured before they came to live at the home to make sure staff were able to meet and respond to their needs. We saw and heard staff knew this information and used this when anticipating people's support needs by recognising changes in their facial expressions and body language. For example, we heard how one person needed support when they became anxious which impacted on how they may respond to staff. We saw staff knew this person well and responded to their anxiety to try to reduce this.

The care plans we looked at described people's needs and abilities and how staff should support people. We saw the action staff took to support one person matched their care plan. For example, a staff member supported one person with their lunchtime meal which was in line with meeting their needs as written down in their care plan. We also saw staff were aware of people's individual needs and checked they had the equipment they needed, such as specialised chairs for people to sit on where required, to meet and respond to their needs.

We saw during the day staff were available to support people with their needs, such as, responding to people when they wanted a drink, or to go to their room. One person told us staff were always there for them and we saw this was the case. A relative told us, "I have been consulted and I know there is a care plan so that [person's name] has the care that they need. They (staff) have ensured she has seen the doctor to meet any changes in her needs."

We saw examples where people's care needs had changed and care plans reflected these changes so staff had up to date information available to them. We also saw staff kept daily records of the care they supported people with and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and attended handover. Staff said they were given up to date information about each person's needs and their wellbeing on a daily basis to enable them to respond to these in the right way and at the right time. This included involving external professionals. For example, a person's needs had been reviewed by a speech and language therapist where their swallowing needs had changed. They were now able to have an oral diet and this was recorded in this person's care records. The monitoring of this person's oral intake was also documented to show staff practices reflected the advice from the speech and language therapist when responding to this person's changed care needs.

People we spoke with told us they had enough to do and could do what they liked to do with staff support when needed. Relatives we spoke with confirmed to us there were fun and interesting things for people to do. One relative told us, "Even without an activities person coming in they support people to go out and promote the use of music." Another relative said, "Very often things are going on for people to enjoy and notices display events." A staff member who supported people with acquired brain injuries told us people were supported with different things to do, such as, swimming, using the hydrotherapy pool and going to college. They also said additional staff were sought as needed to support people with their interests. The deputy manager also confirmed with us a new member of staff was being recruited to lead on providing and supporting people with social activities.

We saw there examples where staff were chatting with people on a one to one basis about their day and things which interested them. There were some people who were enjoying singing. We saw work had been undertaken to provide a dementia friendly home environment where there were interesting things for people to look at and stimulate their senses, such as, touching and feeling different textures. There were also different areas which people who lived at the home would be familiar with which included a work bench for people to use and chickens in the garden area. A person spoke with us about and old bike which was displayed and how they remembered using a similar one to deliver groceries. We saw a person was sitting in the pub area which had been created. They were enjoying a game of dominoes and a drink.

A person we spoke with told us they would raise any concerns or complaints they had with staff and the management team. Relatives also confirmed they would do this if they needed and would feel comfortable in doing this but were happy with the care provided when we spoke with them. Some people who lived at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf. People's care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy.

The provider had a complaints procedure which showed how people would make a complaint and what would be done to resolve it. We looked at the process for investigating people's concerns and complaints. This showed us the lessons learned from people's complaints. For instance we saw how one person had not received the care they needed on one occasion. The registered manager had investigated these concerns and staff received training and their performance was monitored to reduce the risk of a similar situation happening again. A letter of apology had also been sent to the person who had raised the concerns.

Good

Is the service well-led?

Our findings

People spoken with and their relatives were happy with the quality of care they received. They told us the registered manager and staff were approachable and available if they needed to speak with them. One person told us, "They (staff and manager) are all great, I like them all, any problems I can go to them. They always have a chat, I like living here." We saw the deputy manager spent time talking with people and that people knew who she was. The deputy manager also showed she knew people well and was able to enquire about their specific needs.

The registered manager monitored the quality of the service by regularly speaking with people and visitors. Relatives spoken with told us and we saw that meetings took place with them to share their views and make improvements. The registered manager also carried out a regular survey the results of which showed that people were happy with the care they received. This was also confirmed with us by relatives. One relative said, "I think it is run really well. I would recommend the care here to anyone." Another relative told us, "Manager is very helpful, I believe it is well run. Overall it is a good place." A further relative said, "[Manager's name] is very approachable, you can go and have a chat with them at any time. It is well run with a leader who is strong."

The registered manager was not at work at the time of our inspection but they were fully supported by two deputy managers and senior managers in the organisation. During our inspection the deputy manager and area manager showed they were open and responsive. For example there was a problem with the computer system for recording medicine administration and they took immediate action to check this and took action to make sure this would not impact upon people receiving their prescribed medicines at the right times and in the right way. We saw the management team had a clear structure and tasks were clearly delegated so that the quality monitoring and staff support systems the registered manager had in place were consistently maintained. The provider had systems in place which monitored trends in respect of accidents, incidents, abuse and which promoted learning opportunities. We saw the information in relation to these and the expectations of staff had been communicated effectively through staff meetings, so that this could be used to improve the quality of the care people received. For example, staff were provided with a presentation about safe eating and drinking practices.

Staff spoke positively about the leadership of the home. One staff member told us, "I enjoy my job." Another staff member said, "I absolutely love it here, it is well managed. I like the standard of care. Staff and management treat you well." They told us there was a culture of openness and suggestions and concerns raised by staff were taken seriously and acted upon. Staff were also aware of the provider's whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the management team.

Staff spoken with liked working at the home and were motivated to provide a good standard of care to people. We saw many examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we spoke with a staff member who made sure all the repairs to the home environment were undertaken. They said they enjoyed their work and we saw they

chatted to people as they went about their daily duties. They had a sense of how they could contribute to the overall care people received and had adapted some of the items for people to use in order to stimulate people's interests. They showed us how they had adapted the telephone in the reception of area of the home so when people picked up the telephone receiver they could hear a voice. They had also made a large sandpit which they had adapted so that it could be higher or lower depending upon the height needed for each person so everyone who wanted to could benefit from using it. We saw photographs of people's enjoyment at feeling the sand. This staff member told us how they had watched a television programme about other ideas which could be adopted at the home to provide people with interest. To expand activities and ensure they were person centred was a vision held by the management team going forward.

Our discussions with the deputy manager and area manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. For example, a staff member brought in face packs for people and star planetarium equipment which projected stars in the room. Music was played to add to enhance people's wellbeing. There was also a staff star award scheme which recognised staff achievements in making a difference in their jobs. Staff also had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. Staff told us they felt valued and were enabled to share ideas for the benefit of people who lived at the home.

The registered manager showed they led by example in showing staff how to achieve best practice as they had been awarded the incontinence champion. The management team had also consulted nationally recognised guidance about delivering safe care and treatment. They had used a variety of websites as well as the CQC website for updates and information on new standards. They were also implementing different ideas to enhance staff practices in order to effectively meet people's needs. For example, the staff wearing pyjamas at night to create an atmosphere of reassurance and help people with dementia to feel more settled at night. Training for staff had also been delivered by undertakers who had knowledge around the care for people at the end of their lives.