

The Bishops Care Home Limited

Bishop's Cleeve 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? | Good ● |
| Is the service well-led? | Outstanding ☆ |

Summary of findings

Overall summary

About the service

Bishops Cleeve Care Home is a residential care home providing personal care to up to 64 people. The service provides support to older people. At the time of our inspection there were 29 people using the service.

People's experience of using this service and what we found

People received their medicines in a safe and timely way. Staff had received training in recognising safeguarding and knew the actions to take to protect people from harm. There were safe recruitment processes in place and checks were carried out before staff were appointed.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance.

People received person-centred care based on their individual needs, choices and preferences. Staff who supported them were aware of their individual preferences and were knowledgeable about people's needs and how these should be met. Staff treated people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes, dislikes and preferences. There were a variety of activities available for people to engage with.

The home was well led by a management team who were passionate about providing high quality and individualised care to people. The registered manager and deputy manager led by example and without exception staff told us that they were well supported.

Robust quality assurance systems and a strong learning culture across the organisation contributed to continual development and improvement of the home. The registered manager told us, "The provider has allowed me to find my feet as a registered manager and grow in the role. We have so many mechanisms in place to ensure we continually develop the home."

There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service had continued to grow and develop.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was first registered with us on 22 March 2021. There was a change of provider entity on 1

February 2022 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration in March 2021. This inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was well-led.

Details are in our well-Led findings below.

Bishop's Cleeve Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bishops Cleeve Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bishops Cleeve Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it opened. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service, two relatives and two professionals about their experience of the care provided. We spoke with 13 members of staff including the head of commissioning, registered manager, deputy manager, senior care staff, care staff, the chef, the maintenance worker, a laundry assistant and the activities co-ordinator.

We reviewed a range of records. This included four people's care records and a range of medication records. We looked at records in relation to recruitment and a variety of records relating to the management of the service.

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.

After the inspection

We continued to review information gathered on inspection to validate evidence found. We received feedback from two external health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and guidance were available to staff and they had been provided with safeguarding training. A staff member said, "The safeguarding policy is drilled into us. [At training] there are lots of opportunities to ask questions."
- People told us they felt safe and comfortable living at the home. One person said, "I feel safe as houses here; this is home from home."

Assessing risk, safety monitoring and management

- Staff used recognised risk assessment tools to manage people's risks and ensure people's safety was consistent with national guidance and best practice. The Malnutrition Universal Screening Tool and the Waterlow Assessment Tool for risk of pressure areas were used by staff and regularly reviewed to help manage risks to people.
- Staff understood how to keep people safe. They could for example; describe what they would do if a person fell to ensure action was taken to keep them safe. However, anti-coagulant medication had not been scoped into people's falls care plan. The registered manager told us they would now incorporate this to ensure staff were aware of additional considerations in the event of a fall.
- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place. Staff had a very good knowledge of the action they needed to take to keep people safe in event of a fire or other emergency.
- Staff were observed supporting people safely with moving and handling. Staff received moving and handling training as part of their induction to ensure they could support people safely. One staff member said, "[I have recently started] and feel really comfortable here; I haven't just been thrown in. The induction was thorough, and the shadowing shifts were so helpful."

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were consistent and familiar to people living at the home. The Head of Commissioning said, "We want to have the right people working here. Retention is very good, and we have no agency usage. The team know [people] so well."
- There was a values led recruitment process and a comprehensive induction which meant that staff were

clear about the providers visions and values for the service.

- People told us, and we observed, there were enough staff deployed to meet the needs of people living at the home. Staff felt enabled to deliver person-specific care which enhanced people's quality of life. One person said, "There are always enough staff to look after us, they are great. There is always someone at our beck and call."

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed appropriate training and had their competencies assessed routinely to make sure their practice was safe.
- Medicines were stored, administered and disposed of safely. We saw from records that stock checks were audited regularly to ensure safe medicine management.
- Staff completed medication administration records (MAR charts) electronically following the administration of medicines. The online system meant that management had real time oversight of medicines administration, and any discrepancies could be identified and rectified promptly.
- People received their medication safely, at the correct time and in line with the prescribed instruction. One person said, "They tell me what my medication is for before they give it to me. They give me my medication on time."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider's policies around visiting ensured they supported visiting in line with the latest guidance. Relatives and people confirmed visiting was enabled.

Learning lessons when things go wrong

- The provider had systems in place to monitor concerns and complaints so action could be taken to promote people's safety. There was a thorough recording on an electronic system which risk rated concerns based on their seriousness, the impact on people and the likelihood of reoccurrence. This meant that people's safety was prioritised and robustly managed in accordance with need.
- People, relatives, staff and professionals were aware of the incident reporting process, and the management team were open to feedback. We saw evidence of a strong learning culture and could see that learning actions were implemented as a result of any concerns raised.
- The provider was eager to learn lessons when things went wrong. They used and shared any lessons learnt from incidents with other homes across the organisation. This promoted and embedded the learning culture.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out before people moved into the home. This was to make sure the service was suitable for people and their care needs could be met. Care plans were then developed from this initial information. The registered manager was continually developing the assessment process to ensure accurate and comprehensive information could be gathered at every assessment.
- Staff were familiar with people's likes, dislikes and personal interests. The deputy manager said, "[Management] spend time on the floor so we know people's likes, dislikes and preferences. We can continually review people's care plans to reflect this."
- Staff tried to tailor activities and events to give people choices and equal opportunities to gain new experiences. One staff member said, "[The activities co-ordinator] here is brilliant. She is always doing different things for people and the activities on offer are so diverse."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. For example, this included training such as in infection prevention and control, and medication administration.
- Staff told us they felt supported in their role and received relevant training to do their job. One staff said, "The three day induction we received was very good and informative. This has then been supported by two weeks of shadowing. I really like it here."
- Updated training and refresher courses were scheduled, and competency checks were carried out to ensure training and best practice was understood by all staff. One staff member told us, "Training here is brilliant; we have so much information."
- There was evidence of ongoing supervision, appraisal and recognition of good practice. Without exception, every member of staff spoke positively about feeling supported in their role.

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

- People spoke highly of the chef who had recently been a south west finalist in a nationally recognised award as chef of the year. One person said, "The chef is fantastic. [They] go the extra mile with food and there is choice. You should try [the homemade] cookies."
- People were involved in choosing their food and could access drinks and snacks at any time. Gluten free cakes were baked every day so that people with different dietary needs could continue to enjoy their food.
- There was good communication between staff and the chef so that any changes in people's diet or preferences were shared and acted on promptly. The chef demonstrated an excellent knowledge of people's preferences and dietary requirements. We saw up-to-date dietary recommendation sheets and evidence of

weekly meetings between the chef and management to discuss people's dietary needs and preferences.

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. The chef had responded to someone who was losing weight by facilitating daily visits to them to review their food and ensure they played an active part in their menu planning. As a result, the person had now returned to a healthy weight.
- During our inspection we completed observations of the mealtime experience. On one day there was an emergency within the home which impacted upon mealtime and resulted in a delay in servicing people's meals. In contrast, we completed two further observations where the mealtime experience was calm and well supported by staff. The registered manager immediately reviewed the delays to mealtime service and had explored measures they could implement in the event of an emergency to prevent the same impact on people.

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

- Information about visits and consultations relating to different healthcare professionals were clearly detailed. The registered manager had good oversight and supported staff to work in accordance with people's care plans.
- Records showed staff were proactive in supporting, enabling and advocating for people to access routine and urgent healthcare.
- Information was recorded and ready to be shared if people needed to access other services, such as hospitals

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

- People's care and support was provided in a modern, clean, well equipped and well-furnished environment which met people's sensory and physical needs.
- The service was accessible throughout, giving people independent access to outside areas, and to move freely around the home.
- The environment was homely and allowed for people to spend time in a variety of lounges which ranged in size so people could socialise in larger or smaller spaces in accordance with their wishes.
- There was a maintenance person appointed to ensure the environment remained safe and well-maintained.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People were supported to make choices and decisions in accordance with the Mental Capacity Act. One person said, "There are no restrictions here; I am always a free spirit and free to go wherever I like." Another person said, "You have choices about what you can eat, join, or stay in your room whenever you wish. There are no restrictions at all."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed that staff were kind, caring, friendly and attentive. Staff and management spoke very kindly to people and always engaged with them when passing or seeing them.
- People's protected characteristics and communication needs had been considered and efforts had been made to increase staffs understanding of equality and diversity through staff training and supervision.
- People and relatives told us staff provided good care and treated them as individuals. One person said, "You cannot get better people; They go the extra mile." Another person commented, "They always put our needs first."
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and what was important to them. They were knowledgeable about the people they were supporting and knew their likes and dislikes and personal preferences. One person said, "They seem to know in advance what I like, for example, staff know I prefer one sugar in my coffee."

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

- Relatives confirmed they were involved in decisions about people's care, and records showed relatives had been included and kept informed as needed. One relative said, "They ask me what I like, and they also talk to my daughter all the time. We are listened to – always."
- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and how they wanted to spend their day. One person said, "Whatever I ask for, they act upon."
- We observed people's opinions being sought for day to day tasks. For example, staff asked people what they wanted to drink and eat or where they would like to sit.
- Residents Ambassadors had been nominated to support and share people's views. People knew who the ambassadors were and told us they felt confident to approach them and speak openly.
- Care plans contained information about the support people needed to make decisions. For example, they described the person's communication needs and how information could best be presented to meet those needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by the staff, and we saw care was provided in a way which promoted people's privacy, dignity and independence. Care was offered in a dignified way with positive interactions seen throughout the inspection.
- People were smartly dressed and looked well cared for. The registered manager was looking to appoint a new hairdresser. In the meantime, staff had utilised the opportunity to engage people in personal grooming

and used the salon to support people with pampering.

- Staff demonstrated a good understanding of the importance of promoting people's independence. The deputy manager said, "Staff are fully aware of the importance of promoting people's independence; it's intrinsic to their work."
- People's private information was kept securely, and the service complied with data protection law. The information we saw about people was kept in locked offices or on password protected electronic care management systems.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that care was personalised to them, and that staff knew them well and understood their needs. One person said, "The staff know exactly what I like."
- Care plans we looked at were personalised and contained information about people's personal and family history, likes, dislikes, and aspirations. A staff member said, "Different people have different routines and care plans."
- Staff completed daily notes and communication logs about each person to share important information during shift handovers that required attention or following up. A professional said, "Information about people is always to hand."
- People were supported to achieve their goals and aspirations. One person had recently shared their wish to return to a sport they had loved and engaged in throughout their younger years. Staff and management had subsequently facilitated an experience which could not be replicated. We saw correspondence from the person's family which detailed how much it had meant to their relative.
- People were routinely consulted about key areas of their lives to ensure that they received bespoke and individualised care. A resident of the day system was working well and had achieved positive outcomes for people. One person said, "My friend and I both enjoy tennis. We had been talking about organising to play in the garden. [Staff have supported us to get] appropriate equipment so we can enjoy [the game]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered during the initial assessment so that information was provided in line with their individual needs.
- People's communication needs were assessed, recorded and reviewed in care plans. These referred to how people communicated their needs and any support required. One person said, "The staff are caring and always listen to you and your needs."
- Reasonable adjustments were made where appropriate to meet the information and communication needs of people, as required by the Accessible Information Standard. For example, the menu had been typed in large font and contained pictures, so they were easily accessible to everyone at the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The staff and management made efforts to personalise care and recognise special events for people. We saw examples of how people's special events had been celebrated within the home. A staff member said, "It is perfect here. The care that people get is incomparable to other care homes I've worked. The care people get is wonderful."
- A programme of activities was in place to encourage people to join in and socialise if they wanted to. This included activities such as newspaper chat, word games, armchair yoga, knitting, gardening club. At the time of our inspection we saw a range of activities taking place. A relative said, "They have a very good activities co-ordinator who has a variety of activities up their sleeve. The Armchair games are great."
- The registered manager told us, "We are part of the community." They had recently organised a grand launch to celebrate the opening of the home within the community. This had been celebrated with a picture book of the event. People looked happy and engaged. To further develop community links, staff and people had delivered knitted hearts with a range of positive affirmation quotes throughout the community. There had been a social media campaign and people within the community and local school had found the hearts from the home. People said they felt proud to be giving something back into their community.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints procedure was clearly displayed in the home. Where complaints had been made, they had been acknowledged, investigated and responded to appropriately and in line with the provider's procedures and policy. One person said, "I can speak to anyone at this place; I have never had a reason not to be happy."
- The service treated all concerns and complaints seriously and investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- There was a strong learning culture within the home. One person said, "They listen all the time."

End of life care and support

- People's care files documented their advanced wishes regarding their care and treatment, including whether they wished to attend hospital for active treatment. Details also included the people they wanted involved at the end of their life, and enabled staff to record people's religious and spiritual needs.
- The registered manager and deputy manager had been trained to perform the last offices. The last offices, or laying out, is the procedures performed to the body of a dead person shortly after death has been confirmed. The registered manager told us this was a mark of respect and ensured the person and their family with kept at the focus of care with their privacy and dignity maintained.
- To support the family and make a fitting tribute to the life of a person, the home sent a card with personalised gifts such as forget me not seeds, knitted hearts and a poem. Staff formed the guard of honour for people as they left the building as a mark of respect.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were supported to engage in their local community at every level. As part of their 'make a memory' project, local school children had visited the home to share their love of sport so people continued to feel a valued part of the community.
- The service was an important part of its community. It had developed community links to reflect the changing needs and preferences of the people who used it. For example, the home held weekly mother and toddler groups and a luncheon club which was attended by people at the home and people living with dementia and their carers in the local community. We saw how community involvement had positively impacted on people and supported their wellbeing.
- People were routinely consulted about key areas of their lives to ensure that they received bespoke and individualised care. After feedback from people a shop had been created within the home. People had been fully involved in the creation and day-to-day running of the shop and had chosen the shops name. The registered manager told us, "This project is giving [people] a sense of purpose and is promoting [them] to maintain their independence.
- People and their relatives and friends were involved in the service, and we saw numerous examples of involvement. One relative said, "[Management are] always willing to make time, and they always return our call. They have an open-door policy."
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to and had input into the running of the home.
- People were encouraged to share their voice and experience via a range of different channels. Where improvements have been identified there was a clear audit system to evidence how this would be achieved including 'You said, we did' which was displayed in the home. Resident meetings and relative meetings were scheduled to take place four times a year.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the home. We found people were happy with the support they received and felt comfortable and relaxed in their surroundings. People described the home as, "brilliant" and, "amazing." A staff member said, "We make sure people get very good care. I would be happy for any of my relatives to live here."
- People told us they were in control of their care and were consulted about all aspects of their care. Staff understood the need to treat people as individuals and respect their wishes. One staff member said, "We

make sure everyone's care is personalised."

- The registered manager and deputy manager were open and transparent throughout the inspection and were clearly committed to providing high quality care. A relative said, "There is nothing too big to ask; they always respond [and] they are open to suggestions." A staff member told us, "I've never had such good management before. You can see they both have a passion for the job. You can approach them and ask them anything."
- The registered manager and deputy manager were committed to continually motivating the staff team and recognising their commitment to their role. For example, star of the month was in place to recognise the work, dedication and commitment by staff who had made a positive impact on the people they supported. One staff member said, "Management are very positive and show staff they are appreciated. Staff morale is very good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Robust systems to review, audit and analyse data and other records ensured quality standards remained high. Processes were in place to ensure oversight and scrutiny of the care being delivered. For example, the provider used monthly data from key performance indicators (KPI's) and different types of weekly systems analysis to ensure effective governance of the service.
- The registered manager told us they were clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted and the registered manager was aware of and adhering to the duty of candour.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.
- There were systems in place to learn lessons when things went wrong, and these were shared with staff at one to one supervision meetings, in team meetings and the wider organisation. As we were completing our draft report we received information which we considered against our inspection findings. The provider's response was robust and was used as an opportunity to identify further learning.

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

- The registered manager and provider had clear oversight of the service, and governance was well-embedded into the running of the home. There was a strong framework of accountability to monitor performance and risk, supported by an electronic system which captured the performance of the home in real time. This meant that the provider was able to demonstrate quality improvements to the service on an ongoing basis.
- Staff were committed to reviewing people's care and support on an ongoing basis. Support plans were comprehensive, and we saw they had been routinely reviewed to ensure they remained appropriate as people's needs and wishes changed over time.
- The service was led by a strongly motivated and committed registered manager, supported by a deputy manager and a team that strived to deliver the best possible person-centred care. A staff member said, "Teamwork here is second to none". A person said, "Take a look for yourself. It is well managed. This place runs like clockwork."
- Staff all spoke of their high regard and respect for the registered manager and deputy manager. One staff member said, "The managers are brilliant and so supportive."

Working in partnership with others

- The registered manager and staff were developing a working relationship with the local GP practice to

ensure good outcomes for people.

- The service had worked in partnership with various outside agencies and health and social care professionals. A district nurse told us, "They know [people] well and have a good understanding of people. The atmosphere is always great, and people are happy and cheerful."
- During our inspection, the staff and management team were open and honest, and receptive to any feedback given.