

St Peter's Care Home Limited

St Peter's House

Inspection report

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Tel: 01284706603

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05 May 2022

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

St Peter's House is a residential care home providing the regulated activity of accommodation for person's who require nursing or personal care for up to 66 people. The service does not provide nursing care. The service provides support to older people some of whom lived with dementia and people with mental health support needs. At the time of our inspection there were 45 people using the service.

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

Staff understood what safeguarding meant to people and how to support them to keep them safe. People received their medicines as prescribed; medicines were safely managed, and staff ensured they followed infection prevention guidance and good practise. Enough skilled and suitable staff had been safely recruited. The service and the staff team took on board learning when things went wrong and managed risks safely.

Staff who had the necessary skills supported people who felt comfortable with them. Staff knew peoples assessed and current needs well, and care plans were amended as soon as changes occurred. Staff had received the training appropriate to their roles and had ongoing support to help them maintain and improve their skills to fulfil their responsibilities. People said staff had the skills necessary to care for them well.

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. The home environment was suitable for people's needs. Work was in progress to make further improvements.

People said staff were caring and knew their needs and preferences well. Staff gave people privacy, treated them with dignity and respect, and helped promote people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs. People received dignified and compassionate end of life care and their choices were respected. The provider adhered to its complaints process, provided apologies when needed, and ensured concerns were acted on.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. They understood their responsibilities to report incidents to the CQC. People came first and foremost, and they had a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people

living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course."

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Rating at last inspection

The last rating for the service under the previous provider was Outstanding, published on 26 September 2017. The current provider registered the service with us on 21 December 2020 and this is their first inspection.

Why we inspected.

This inspection was prompted in part due to concerns received about staffing, safety of the premises, staff care practices, management of the service, and infection prevention and control. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, caring and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was well led.

Details are in our well-led findings below.

St Peter's House

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

This inspection was undertaken by two inspectors and an Expert by Experience. Their area of expertise was caring for older people and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience undertook telephone calls to relatives on the day after our inspection.

Service and service type

St Peter's House is a 'care home' without nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. is a care home. 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 the last inspection. We sought feedback from two social workers, the local authority contracts' team and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and six people's relatives. We spoke with relatives by telephone. We also spoke with eight staff including the registered manager, deputy manager, team leaders, care staff and housekeeping staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a visiting health professional. 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 reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, staff rotas and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, quality assurance processes and various policies and procedures.

What we did after the inspection

We sought assurance about records involving people's care and support needs and preferences.

Is the service safe?

Our findings

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

At the last inspection under the previous provider this key question was rated as Good. At this inspection under the current provider this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- A robust process was in place to help ensure there were enough staff who were suitable and safely recruited. Relatives and people were satisfied with the time staff took to attend to their needs. One person said, "There always seems plenty of staff. If they are busy, they let you know how long they will be". A relative told us that when they asked staff to help, they came quickly.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found that in one staff's record there was a gap of six years which had not been recorded as being explored at interview. This meant there was a risk that the provider had employed staff not having a complete employment history. The registered manager contacted the staff member straight away and confirmed they had been out of the UK for the whole period. All other checks had been completed correctly since.
- Staff told us they had to provide previous employment references, photographic identity, proof of a right to work in the UK and evidence of good character. Records viewed confirmed these had been checked. A staff member said, "Most of the time we have enough time for the nice touches including having a laugh or helping with pastimes. If staff call in sick, we still manage to get agency to cover people's care."

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and they understood how to keep people safe, and identify, report and act on any potential concerns.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required and this helped keep people safe. All people and relatives we spoke with felt people were kept safe. For example, when being helped with repositioning, equipment and having the right sort of drinks and foods.
- Staff knew what signs, symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the registered manager or the Care Quality Commission (CQC). One staff member told us, "I would report any concerns to the deputy manager and then the registered manager. If they didn't act, I would call the local safeguarding authority."

Assessing risk, safety monitoring and management.

- Risks were identified and we found they were managed well, such as choking, malnutrition, pressure care and the home's environment. One relative said, "My [family member] is at risk of not eating or drinking enough, but staff have been very good at changing this for the better. They have the knack."

- Staff with appropriate training understood how to provide care and support to people to reduce the potential of risks. This included guidance from health professionals.

- Staff worked safely by using equipment correctly and this minimised risks.

Using medicines safely

- Staff managed and administered people's medicines safely whilst promoting people's independence to take their own medicines. A relative told us, "The dementia intervention team decided [family member] would benefit from a new medicine and it seems to have improved their mood."

- Staff received training and support to help ensure they were competent to safely administer medicines, including liquid medication and the application of topical skin creams.

- Audits were effective in identifying errors, such as if staff ever forgot to record, they had administered medicines. Staff were reminded of their responsibilities. One person said, "I have the [community] nurse sees me every two days but staff apply my [medicines] gently and exactly where needed."

- Medicines were stored and disposed of safely. Records for each person's prescribed medicines were kept up-to-date and were accurate. The provider's medicines administration policy helped ensure staff only administered medicines where they had the prescription and guidance for doing this.

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 Personal Protective Equipment (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, either during a COVID-19 outbreak or more generally, was in line with government guidance, such as for essential care givers for people with end of life care needs.

Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, if people experienced poor care, and for unplanned events, such as a loss of hot water supplies. The actions taken helped reduce the risk of reoccurrences.

- Staff were reminded of their responsibilities, and other actions were taken when incidents occurred. One staff member told us, "The staff team cooperate well. I am not shy in telling a team leader if any staff don't uphold good care practises." We saw how actions taken, including a more appropriate room where people's needs had changed, had prevented any recurrence.

- The registered manager used a positive approach to improving staff performance and shared more general learning through day to day observations or individual staff supervision. They told us that if any trends were identified, this would result in a review of the person's care and ensuring all staff were aware of the changes. One person told us that their care had improved since changes had been made.

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.

At the last inspection under the previous provider this key question was rated as Good. At this inspection under the current provider this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals. One person said, "The food is always nice. I usually eat it all and I have fruit too."
- However, our observations and several relatives told us, that napkins and condiments were not always provided. One relative had resorted to using a tissue. This meant those items which could help orientate and remind some people that it was time to eat, make sense of their environment and stimulate their appetite were not always provided. The registered manager told us that the whole dining experience was being reviewed and plans were in place to create additional dining facilities. Staff would be reminded to ensure people had the best dining experience possible.
- Relatives were positive about the way that people were supported to eat healthily. One relative said, "The food is all very good and [family member] is really enjoying it. I have seen staff bringing drinks." Another relative said their family member had been seen by a speech and language therapist (SALT) and was now having thickened drinks and pureed food. Staff had shown the relative how to help the person eat and drink. The relative said, "I give them a drink by spoon, it takes half an hour. I love giving food and drinks." We observed how staff supported people to eat and drink well without rushing.
- Records were in place for people at an increased risk of malnutrition including adhering to health care professional's guidance about food and fluid intake.

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

- The registered manager ensured people's needs were assessed prior to providing their care and support. The registered manager told us, "We use a staffing dependency tool on (electronic care records system) and this is summarised into what each person's dependencies are." This meant people's needs were met by a staff team whose skills were matched to people's needs.
- The registered manager kept up to date with current guidance and ensured that this was shared with the staff team. Guidance was implemented into people's care delivery and staff training. For example, oral healthcare in care homes and diabetes management.
- The registered manager supported staff with guidance and knowledge based on people's needs. One staff member told us as well as doing on-line and face to face training, they also learned skills from experienced staff. This helped develop staff's skills including various health conditions and people living with dementia.

Staff support: induction, training, skills and experience

- A range of systems were in place to support staff in their roles, including new staff having an induction to the service. This involved working with more experienced staff to get to know people before they worked

alone.

- Staff received training in areas relevant to their roles, such as dementia care, food and nutrition, effective communication, fire safety, infection prevention and control and medicines administration.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions, and had competency assessments to ensure they were effective in their roles. One staff member told us, "I have a regular supervision. If I ever need to improve this is done sensitively and in private."
- People and relatives told us staff understood how to use their skills to good effect. One relative said, "[Family member] was (unwell) and staff were on it and sorted it out." Our observations showed staff's knowledge, in the safe use of hoisting equipment.

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

- The provider was in the process of refurbishing most areas and rooms within the service. Further work was in progress including addressing issues with the heating system, passenger lift and flat roof leak.
- A relative had complimented the provider saying, "When I visited mum a week or so ago I was able to see the refurbishment work done so far and was very impressed. I think you have done the work tastefully and you should be rightly proud of how it looks. A great improvement."
- Areas of the home were accessible such as with ramps for wheelchairs, passenger lifts and signage for people living with dementia could use to help orientate themselves.

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

- People were supported to see health professionals, such as community nurses, GPs and SALT's when needed. All people and relatives we spoke with felt confident that staff knew when to request emergency or other healthcare support. This then enabled people's healthcare needs to be met.
- Incident records showed how staff had responded to people choking or concerns about pressure sores. A visiting health professional said staff were quick to report any concerns with people's wound dressings and adhering to advice how to manage their health needs.
- The registered manager worked closely with various health professionals. Guidance from community nurses and SALT's had been implemented and adhered to.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. A relative told us how good staff were at ensuring the equipment used by the person was safe. Another relative said staff had been quick to involve a GP to help manage pain.

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

The MCA provides a legal framework for making 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 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 Mental Capacity Act 2005 (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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways, so their choices were respected. For example, showing people a selection of foods or clothing.
- Some people had their decisions made that were in their best interests as well as by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. A relative said, "We decided this was the best and safest place for [family member] as they had been leaving their home and getting lost."
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us, "I always assume people have the capacity to make decisions for general tasks and looking after themselves, washing dressing and everyday life. I offer a choice of plated up meals, drinks, and never assuming they want the same as yesterday."

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.

At the last inspection under the previous provider this key question was rated as Outstanding. At this inspection under the current provider this key question has changed to 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

- Staff knew people well and had developed a bond which helped people overcome disabilities, health impairments by being treated equally well.
- People and relatives were positive about the care and support provided. One relative told us, "There are some smashing staff who appreciate [family member's] sense of humour. [Staff] have got to know them."
- People and relatives described the compassion staff showed when providing care and being respectful. One relative said all the staff are very lovely, really friendly and caring, and from the moment they took their family member into the service they had been very settled.
- Staff told us they would always provide appropriate care and support and always listen to what people said whilst respecting their choices. One relative told us how friendly and respectful all staff were by speaking with, and treating, people like human beings.

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

- A positive and common theme was the praise relatives had for staff's support. People were offered choices in their day to day support. One relative said, "I am looking towards planning my [family member's] future in the service." Staff had suggested various strategies to encourage the person to get dressed. This was by gradually introducing day wear and planning to help the person access the gardens.
- People felt involved in decisions about their care. One person said, "I decide what I do, what activities I take part in and when I just want to read a newspaper or watch TV. It's my choice."
- People and their relatives said care was being provided as agreed, and changes in people's needs resulted in care plans being amended. Staff told us they were made aware of these changes. One relative praised staff for enabling their family member to attend the dining room. This helped the person eat and drink better as they saw others eating and drinking.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives, enabled them to do things at their own pace and at a time they choose. Staff did this politely, respectfully and gave people time in private when people wanted this.
- Staff supported people to retain, or gain further, independence. We saw how tender staff were in supporting people. One person said, "I am helped with some things such as passing cutlery or a plate, I can then eat on my own. Staff do promote my independence and they do what I ask."
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information confidential. One staff member said, "I always knock on the door, close curtains if the person wants and allow people as much privacy as possible. I get toothpaste and a warm towel ready or place a toothbrush in

the person's hand. They can then do the rest."

Is the service responsive?

Our findings

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

At the last inspection under the previous provider this key question was rated as outstanding. At this inspection under the current provider this key question has changed to 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

- Staff knew how to respond to the finer points of people's lives based on individual preferences. For example, people's favourite drink, preferred toiletries and being respectful about people's impairments.
- People and relatives were positive about the support provided. Staff were seen including people in general conversations about their interests. One staff member told us how they responded to changes in people's needs and said, "At the start of each shift we have a handover and the night shift hand over any changes, such as if someone rolled out of bed, and what actions had been taken. We then ensure the actions are sustained by amending care records."
- People's care plans included appropriate information and guidance for staff. Staff were knowledgeable about this, including people's oral healthcare and details for regular repositioning. One staff member told us, "Care plans include people's details about everything, from all their preferences to how to attach their sling to a hoist."
- One relative said staff were proactive and had quickly identified the need for a hoist, pressure sore prevention mattress, cushions and hospital type bed to help ensure people's needs could be safely met.

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 were enabled to communicate in their preferred way, or with support from an advocate or LPA. We observed staff getting closer to people's ears when talking so they could hear better what was being said to them.
- Records detailed each person's preferred communication. Staff gave each person the time they needed including offering choices and options for people living with dementia. One relative told us how all staff used the right tone of voice with their relative as this was important in helping them to understand conversations.
- We observed how gentle staff were in their approach and listening to what people said or what their body language was telling them. Another relative said, "[There is] one to one staff support and they explain what they were doing, they are very, very careful and take their time to ensure every word is understood."

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

- People took part in a range of hobbies, interests and pastimes that they preferred and enjoyed including supporting access to religious services. One person loved to play the piano at certain times. This reminded them of fond memories playing music to others.
- We saw a group of people engaged in a quiz. Staff gave people clues but allowed people to answer in their own time. This was stimulating and engaging. People showed their enjoyment with positive comments.
- A relative praised staff for the positive support to their family member in ensuring they weren't isolated in their room where people needed support to be among friends who shared similar interest. For example, having a sing along, dancing, taking photographs at local fetes or reading a favourite book or magazine. The relative said how impressed they were at how staff took every effort so their family member was not left isolated in their room.

Improving care quality in response to complaints or concerns

- The provider had a complaints process and had followed this in addressing issues to the satisfaction of the complainant. Apologies and/or recompense were offered in resolving concerns.
- Where themes or trends had been identified, the provider had worked with people to ensure these were not repeated. Where situations were outside of the provider's control, actions were in place for these such as maintenance contractor availability.
- The provider also used compliments to identify what worked well in addressing concerns. One person told us they had complained and the issue had not reoccurred. Various compliments had praised the provider for enabling access to essential care givers during a COVID-19 outbreak, how staff helped settle people in, staff were always polite and always had a smile.

End of life care and support

- The provider's end of life care policy was in line with the latest guidance and staff upheld people's decisions such as for resuscitation and other wishes such seeing a priest when nearing the end of their life.
- Staff were supported by the GP and the district nurses' team to ensure people were comfortable and pain free at this time of their life.
- One staff member told us how they had developed end of life care skills saying, "You learn from your peers - kindness is the key - repositioning looking for pressure sores - I tell people they are loved - your family love you - we are here - they go peacefully - it makes a big difference to people."

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.

At the last inspection under the previous provider this key question was rated as good. At this inspection under the current provider this key question has stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had been in post for only a few months, but in that short time had identified areas requiring improvement. They understood and implemented their responsibilities under the Duty of Candour. Concerns, incidents and accidents were reviewed, and the provider was open and transparent with people, relatives and professionals when things went wrong.
- The registered manager said, "There are such beautiful relationships between people, staff and compliance audits. Our records show what their achievements have been. The key to this is having the vision and values and knowing when to involve external training organisations."
- The registered manager was supported by a deputy manager who assisted with the day to day running of the service. The registered manager provided effective oversight of the service by reviewing various audits care plan reviews, and observing staff including unannounced spot checks at night or a weekend
- Staff were supported in their roles with training, supervision, coaching and being mentored by experienced staff. One staff member said, "I am treated as an equal. I get support when I need it and if I need to improve this is done confidentially and in a way that makes me feel valued."

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

- Although there had not recently been any formal meetings with people, relatives and staff due to a change of registered manager, these were gradually being reintroduced. The registered manager ensured engagement in other ways such as day to day conversations, e-mails, observations and feedback with a compliments, suggestions, concerns and complaints form. This had been of benefit in identifying and how best to address matters.
- Information was shared with staff through handover meetings and support from the management team.
- Staff told us the management team encouraged and supported them to always put people first and foremost and provide the best possible care. One staff member said, "Every single person here had a life, all their possessions are in their room and all have a life story to tell. It is our job to help them have fulfilling lives." All the staff and management team shared the passion to care for people well.

Continuous learning and improving care

- A range of effective systems were in place to help monitor and improve the service. These included audits, maintenance of equipment and utility systems and staff sharing learning.

- Areas and subjects monitored included feedback from people, complaints and reviews of various records. People and relatives found the management team approachable and open to suggestions to improve the quality of service provision.
- The registered manager acted promptly about improvements when needed. For instance, by working with the nominated individual to address refurbishment of various areas of the service requiring attention. One relative was pleased about the way concerns were acted on including having a key worker to act as a focal point for people and their relatives and aims to ensure people's personal requirements were met.

Working in partnership with others

- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being. A proactive approach helped ensure better outcomes.
- A member of the local authority told us, "I have worked with this home in the past. For example, last year when there was a safeguarding incident the [provider] was very responsive to our queries and supplied all information we needed. The registered manager acts, such as using agency staff if care staff call in sick."
- The registered manager told us the involvement of an external professional had enabled people to regain lost independence. This was through tailored exercise using technology to help people move their limbs in response to lights. This had also reduced the number and frequency of people falling. The exercises targeted specific muscle groups identified as contributing to falls.