Sanctuary Care Property (1) Limited

Breme Residential Care Home

Inspection report

Breme
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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

Breme Residential Care Home is registered to provide accommodation for up to 60 older people who may live with dementia, physical disability or and sensory impairment. Accommodation and care is provided for people living at the home on both a short term and permanent basis. There were 55 people living at the home at the time of our inspection.

The inspection was unannounced and took place 21 February 2017. We arranged with the registered manager to return on the 22 February 2017 to finish our inspection.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a manager, who was responsible for the day to day management of the home.

At the last comprehensive inspection on 16 and 17 October 2014, we found improvements were required in the way people's medicines were managed and in staffing levels to support people. At this inspection we found the improvements required had been made. There were enough staff to care for people and to respond to their needs so they received the individualised care they needed. Improvements had been made in the way people's medicinal creams were administered.

People told us they received the support they needed from staff to feel as safe as possible and told us they were confident staff would take action to make sure they were safe and well. Staff knew what action to take to protect people from the risk of potential abuse and understood how to balance the risks to people's individual safety with their desire for independence.

People benefited from receiving care from staff with the knowledge and skills support them and recognise their rights. Staff took action to provide the care people agreed to. Where people needed support to make some key decisions about their lives staff took action to do this in ways which took people's best interests into account. People were encouraged to have enough to eat and drink to remain well and people enjoyed their mealtime experiences. Staff took action to support people if they required medical assistance, and the advice provided by health professionals was followed, so people enjoyed the best health outcomes possible.

Caring relationships had been built between people and staff and people and their relatives were positive about the staff that supported them. Staff took action to make people feel valued and included. Staff used their knowledge of people's interests and histories and took time to chat to people so they did not feel isolated. People were offered reassurance from staff in the ways they preferred when they were anxious. People were encouraged to make their own day to day decisions about their care. Where people needed support to do this this was given by staff. People's rights to dignity and privacy were understood by staff.

People and their relatives were comfortable to make suggestions about the care people received, so their preferences would be met and risks to their well-being responded to. Where people were not able to make all of their own decisions their representatives and relatives were consulted. Staff recognised when people's needs changed and adjusted the way they cared for people so their needs would continue to be met and their well-being enhanced. Systems for managing complaints were in place, so any lessons would be learnt.

Positive comments were made about the way the home was managed and the culture of the home. People were encouraged to see Breme Residential Care Home as their home and felt included in the way it was run. People, their relatives and staff were encouraged to make suggestions for developing care further and were listened to by the registered manager, manager and senior staff. Staff understood what was expected of them and how they were required to care for people. The provider, registered manager and manager regularly checked the quality and safety of the care so they could be assured people received the care they needed. Changes had been introduced to the care provided to people in line with best practice standards, so people would be as safe as possible and so they would continue to enjoy living at the home.

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.

There was enough staff available to care for people. Where people needed assistance with their medicines they were supported by staff that had the skills to do this. Regular checks were undertaken on the way people's medicines were stored and provided, so the registered manager and manager could be assured risks to people's well-being and health were reduced. People received the support they needed to manage their individual risks. Staff understood how to raise any concerns they had for people's safety so these would be responded to.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the skills and knowledge to care for them. Staff took action to promote people's rights and consulted with people's families and representatives regarding decisions about people's care, where this was required. People were supported to have enough to eat and drink and to see health professionals so they would remain well.

Is the service caring?

Good

The service was caring.

People had built caring relationships with staff who knew their histories and preferences well. Staff supported people to make their day to day choices. People's rights to dignity and privacy and need for independence was understood and promoted by staff.

Is the service responsive?

Good

The service was responsive.

People's care was planned in ways which took their individual needs, preferences and life histories into account. Staff listened to people and their representatives' views when planning

people's care. People had opportunities to do things they enjoyed doing. There were processes in place to support people if they wished to make a complaint about the care they received, so any lessons would be learnt.

Is the service well-led?

Good

The service was well-led.

People were positive about the way the home was managed and felt included as their suggestions were listened to and their contributions to the running of the home valued. Checks on the quality of people's experience of living at the home were made by the registered manager, manager and provider. Plans for improving the service further had been identified.

Breme Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was done to check that improvements to meet legal requirements planned by the registered manager after our focused inspection on 28 April 2016 had been made. This inspection was also done to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 February 2017. The inspection on 21 February was unannounced and carried out by one inspector 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. The inspection on 22 February was carried out by one inspector and was announced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

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 requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home. We spoke with 15 people who lived at the home and five relatives who were visiting the home on the days of our inspection. We talked with a provider representative, the registered manager, the manager, five senior staff members and six care staff. We also spoke with the activities co-ordinator, catering manager, a cleaner and one administrative staff member.

We also spoke with three health professionals and a health and social work professional during our inspection.

We looked at a range of documents and written records including three people's care records, records about the administration of medicines, incident report forms, complaint records and three staff recruitment files. We sampled minutes of relatives' and staff meetings and saw the results of residents' surveys. We also looked at information about how the provider, registered manager and manager monitored the quality of the service and the actions they took to develop the service people received further. These included checks on the care people received so they would have enough to eat and drink and to remain as well as possible, how people's medicines were managed and action taken to reduce the likelihood of people experiencing falls.

Good

Is the service safe?

Our findings

At our last inspection on 16 and 17 October 2014 we found improvements were required as there were occasions when people's care needs were not responded to promptly as there was not always enough staff to care for them. We also found improvements were required in the way people's medicines were stored and the administration of medicinal creams were recorded.

At this inspection we found the improvements required had been made. People and their relatives told us there was enough staff to meet their safety needs and care for them. One person said, "I feel happy here because there is always someone to help me if I need it." Another person said, "There's always enough staff. I used my buzzer in the night, once, and staff came quickly." One relative said their family member had never raised any concerns about staffing levels.

Two staff members explained additional staff cover was provided by staff who knew people's safety and care needs well, on occasions when staff scheduled to work were not able to do so. Another staff member and the manager explained how staffing had been increased, recently, as people's needs changed, so there would be enough staff available to care for people. Staff we spoke with told us there were clear expectations from senior staff that call bells would be answered promptly. We saw care bells were answered quickly during our inspection. We also saw the registered manager and manager checked how promptly staff responded when people used their call bells, so they could be assured people were receiving the care they needed. Throughout our inspection we saw staff had enough time to care for people and to chat to them about things which were important to them.

People told us they received the care they needed to have their medicines. One person said, "The carers [staff] give me all the medicines I need." Another person said, "They [staff] give me my medicines regularly."

Senior staff had introduced changes to the way people's medicinal creams were recorded. Senior staff and the manager told us they planned to further strengthen their recording in this area, by ensuring the same coding system was used in each of the three units at the home. We also saw further checks had been introduced so management team could be assured people had received their medicines as prescribed. Staff we spoke with knew what action to take to ensure people's medicines were appropriately stored. We saw regular checks were undertaken to ensure risks in the way medicines were administered and stored were reduced.

Staff knew what action to take in the event of an error with any person's medicines and knew about the medicines individual people received. For example, which people needed extra, temporary medicines if they were ill. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

All the people we spoke with told us they received the support they needed from staff to feel as safe as possible. One person highlighted they felt safe because, "They (staff) come round at night to check on me." Another person told us staff understood they needed help when doing somethings for themselves, so risks

to their safety were reduced. The person told us staff always gave them the help they needed.

Staff understood how to recognise if people were at risk of abuse and knew what actions to take if they had any concerns for people's safety. All the staff we spoke with were confident senior staff would work with other professionals with responsibilities for helping to keep people safe, so plans would be put in place, if any concerns were identified.

People said staff knew risks to their safety and well-being. One person told us staff knew about their risk of falling. The person said, "It's nice to have someone [staff] there, because I have slipped in the past."

Staff told us they found out about people's safety needs by checking people's care plans and risk assessments, so they could be sure they were providing the care required to help people to stay as safe as possible. One staff member told us about the risks to one person because of the medicines they took. The staff member explained how plans had been put in place to reduce the risk to the person. For example, by ensuring they received the right food and drinks so any risks of the person becoming unwell were reduced. Another staff member told us about the actions they took to support people so the risks of them experiencing falls were reduced.

Staff told us and we saw that people sometimes needed extra support so they did not become anxious. We saw staff used their knowledge so people were reassured in the ways they preferred. Staff quickly supported people if they were beginning to feel distressed, so their well-being and safety needs would be met.

We saw staff had considered people's individual risks and put plans in place to promote their safety. This included risks in relation to people's physical and mental health and well-being. We saw advice provided by other health and social care professionals had been followed. As a result of this, risk to people from falls and choking had been reduced. We also saw staff understood the link between people's general well-being and increased risks of falls, and took action to care for people based on their current needs. For example, we saw staff gently and calmly reassured one person who was not sure where the toilet was. We saw staff tactfully supported the person and also checked if they needed any help or equipment to help them move to the bathroom.

The registered manager and manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the manager had obtained references for staff, so they were assured new staff were suitable to work with people.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them. One person said they received good care as, "Staff know what they are doing and know their jobs." Staff told us they received regular training which matched the needs of the people living at the home. The catering manager explained they had also received dementia training, so they would know the best way to help people to make their own food choices. Another staff member told us about the training they had received and said, "Training helps to put you in their [people's] shoes – you understand why they are sometimes upset, and know how to look after them."

Staff told us they were not allowed to care for people until they had received induction training, and worked alongside more experienced staff. One staff member said, "I had a lot of training and shadowed other staff. It means residents have the chance to get to know you first, so they don't get anxious."

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

We checked whether the service was working within the principles of the MCA. Staff told us they had received training to support them in understanding their responsibilities of MCA. Senior staff told us how specific decisions sometimes had to be made in people's best interests. Senior staff we spoke with knew who needed to be involved in making decisions in a person's best interests, where they were not able to make a specific decision for themselves. One relative we spoke with explained they had been involved in decisions about their family member's care, and staff had taken their views into account. A senior staff member gave us an example of when a decision had to be made in one person's best interests, and explained how they had supported the person, so they would receive the medicines they needed to stay well.

We saw staff encouraged people to make their own decisions where possible, and gave people support so they would have the best opportunities to make their own choices. For example, we saw staff carefully watched people's reactions when they offered them choices, so they would be assured people were making their own decisions. Staff used objects to help people make their own choices, for example, what they wanted to drink and eat. People were not rushed by staff when making their decisions. We also saw staff checked people's body language so they could be sure they agreeing to any care offered. Staff we spoke with understood people had the right to make their own decisions and to refuse care. One staff member we spoke with explained how staff would offer people care at a later time and in different ways if they initially declined care.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found related assessments and decisions had been

properly taken. The provider was following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the provider was acting upon the decisions made by the supervisory body. Staff told us they would be able to check if people had a DoL authorised by checking people's care plans, or through discussion with senior staff, so they would know what action to take to care for people and promote their rights.

People told us they were encouraged to choose what they wanted to eat and said they enjoyed their meal time experiences. One person we spoke with said they were really looking forward to their lunch as their favourite dessert was being served. Another person told us, "The food is good, and there's always choices." We saw people were regularly encouraged to have enough to eat and drink and snacks were provided to people throughout the day. Staff explained knowing people's food preferences and dietary requirements assisted them to support people to eat and drink enough, as choices were based on people's known preferences. One staff member explained they always checked each time, in case people would prefer any alternatives.

Staff told us if there were concerns people were not having enough to eat and drink plans were developed so they would receive the care they needed. One staff member explained people's GPs and other health and social work professionals, such as speech and language specialists, were involved in planning people's care, where specialist advice was needed. By doing this, people would be supported to have enough to eat and drink and remain well in ways which promoted their safety.

We saw catering staff were actively involved in helping people to make their meal time choices and staff supported people to decide what they wanted to eat, where this was required. We also saw people were offered alternative meals, if they preferred something different. Staff encouraged people to spend as much time as they wanted to take their meals.

People were cared for in ways which helped them to enjoy the best health possible. One person told us staff had given them extra help when they had recently been ill. The person said staff had called their GP and looked after them so they recovered as quickly as possible. Another person said staff had made arrangements for them to see a specialist, so they would enjoy the best hearing possible. Staff gave us examples of support they provided so people would have regular access to their GP, speech and language specialists, mental health specialists and physiotherapists so people would remain well.

We had the opportunity to talk to a visiting community health and social work professional during our inspection. They told us staff understood people's mental health needs well and were positive about staff understanding of the way people's underlying health conditions affected them. We also saw when one person became ill staff called the emergency services without delay, so the person would receive the care they needed.

Good

Is the service caring?

Our findings

People and their relatives described staff as friendly and considerate. One person said, "I like living here because staff are kind, and you can talk to them about anything." Another person told us staff always made their relatives feel welcome, and this told them they cared about them, too. One relative told us, "The care is excellent, as staff are kind and patient."

We saw people had built strong relationships with staff. One person highlighted staff talked to them about their life before they moved to the home. The person told us staff understood what was important to them and had supported them to feel at home, by making arrangements to have some of their favourite possessions in their room. One staff member explained how staff celebrated special events, such as people's birthdays with them, so people would know they were valued. We saw this happen during our inspection. Staff took time to chat to a person about their birthday gifts and supported them to use them. We saw the person smiled at the staff member when this happened.

Staff told us they got to know people in a number of ways. These included chatting to people and their relatives, checking people's care plans and communicating with staff who knew people well. Three staff members told us by doing this they could find out about people's preferred ways of being cared for, and their interests. One staff member said, "You talk to them, and ask about what they used to do." Another staff member told us by doing this, "You know them [people] well enough to know how to help them." A further staff member explained knowing people's history meant they could talk to people about what was important to them, and mark special occasions with people, such as their birthdays, so people knew they were valued.

One staff member told us, "To get smiles off residents means you are doing something well. You get to know them [people] inside out." Throughout the inspection we saw people enjoyed being in the company of staff and smiled and laughed with staff. Staff conversed with people when they assisted them and during their meals so people were relaxed, and mealtimes became enjoyable, social events. We saw staff were interested in how people were enjoying their day and took opportunities to chat and share a joke with people living at the home. Another staff member said, "I love it here, it feels like you are looking after your own relatives."

People told us they were encouraged to make their own decisions about their day to day care. This included what time they wanted to get up and go to bed, what they wanted to eat and drink and what they wanted to wear. One person told us, "They [staff] are great at knowing what you want or at least giving us lots of choices." Staff gave us examples of the day to day decisions people made about their care. One staff member said, "It's about respecting their [people's] wishes and promoting their rights." Another staff member said they checked people's changing reactions to the food they were offered, so they could be sure they were supported to have things they enjoyed as their preferences changed. The staff member told us they checked people's physical reactions, and made sure information was shared with catering staff, so the person's preferences and decisions would be continue to be met.

We saw staff promoted people's rights to make their own decisions about their day to day care. For example,

if they wanted music on, and where in the home they wanted to spend their time. Staff listened carefully to people's choices and gave them time to make their own decisions.

People told us staff were respectful and they were treated with dignity. One person we spoke with told us proudly how independent they were in some areas of their lives. The person told us staff took their dignity needs into account in the way they care for them, by recognising where they were independent. All the visiting health professionals told us staff ensured people were treated dignity. For example, staff supported people to have the privacy they needed when they were receiving care or treatment.

Staff gave us examples of the actions they took so people's right to privacy, dignity and independence were met. One of the cleaning staff members explained they had done training so they would know how support people's dignity needs. They explained how they used their training so they could be sure people were ready to have their rooms cleaned at the time right for them, so people had their privacy. Another staff member explained they recognised some people they cared for were able to undertake some elements of their own personal care, with reassurance from staff.

We saw staff were respectful and discreet when offering to assist people with personal care and when talking with people. Staff checked people were happy for staff to enter their rooms. We also people's care plans reflected where they were independent and provided staff with guidance in the best way to support people so their dignity, privacy and independence needs would be met.

Good

Is the service responsive?

Our findings

People and their relatives were positive about the care provided and told us there were regular opportunities for them to meet with a named staff member to discuss their individual care needs. One person explained because of this, "I've been looked after quite properly." Another person said they had been ill before they came to live at the home. The person told us as a result of the way their care they had been planned and given, "I'm back on my feet and using my walker again."

One staff member said, "You discuss them [care plans] with residents and their families, so you find out any preferences they have." Staff gave us examples of how they supported people taking into account their individual preference, needs and risks. For example, how they used their knowledge of people's histories when supporting them to do fun and interesting things, or how to support people so their anxiety was reduced.

One staff member gave us an example of how they reassured one person and said, "You go into [person's name] world. You don't have to bring [person's name] into ours." Another staff member explained how one person's preferences for their care at the end of their life had been discussed with them. The staff member said as a result of this the person was reassured they would receive the care they wanted at the end of their life. A further staff member told us how they used their knowledge of one person's preferences when providing their personal care. The staff member said, "[Person's name] loves to have a long shower. This makes [person's name] day."

We saw people's care plans gave staff clear guidance on their life histories and risks to their well-being. We saw staff used their knowledge of risks to people, for example, people's dietary needs, so risks to people's well-being was reduced. We found staff understood people's needs well. For example, one staff member had highlighted one person would need reassurance when the fire alarm was tested. We saw this was the case, and staff provided support promptly to the person, so they were reassured as quickly as possible.

People and their relatives told us staff adapted the way they cared for people as their needs changed. One relative told us "Staff listen to [person's name] and my suggestions about their preferences and needs, so the care is excellent." Another relative said, "I have a meeting with [manager's name] once a year to discuss [person's name] care."

Staff told us they communicated information about people's changing needs at regular meetings. One staff member explained this also involved responding to advice given by other health and social care professionals, so they could be sure people continued to receive the care they needed. Another staff member explained how people's family and individuals with legal responsibilities for making decisions on behalf of some people were involved in care planning. A senior staff member explained how people's care needs were regularly checked as part of the "Resident of the Day" system the provider had put in place. This prompted staff to focus on the needs of a named person and to check they were receiving the full range of care they needed. We saw people's risk assessments and care plans were regularly updated and reflected their needs.

We saw staff frequently checked how people were and provided them with the assistance they needed. For example, we saw one staff member had identified one person may require assistance to be repositioned when they had fallen asleep. The staff member gently checked with the person if they wanted to move, so the risks of their joints becoming stiff were reduced.

People told us they had opportunities to do fun and interesting things. One person said how much they enjoyed knitting and doing word searches. We saw the person was doing this during our inspection. One staff member explained they had talked to one person about their work history, and used this knowledge to when caring for the person, so they could be sure the person would enjoy fun and interesting things to do, linked to their previous employment. Another staff member explained how they had found out about things which interested one person. The staff member explained as a result of this, a sewing box had been brought in for the person to enjoy using. A further staff member said, "What you do with people is as different as they are. It's about what suites them."

Other staff gave us examples of museum visits and trips to garden centres which people living at the home had enjoyed. One staff member told us how much some people enjoyed the trips out and visits from local church groups. The staff member with responsibilities for arranging interesting things for people to do told us about visits which had been made by local motorcycle enthusiasts, so people had the chance to try riding motorcycles. We were also told how much people enjoyed writing to people in a similar home in Canada.

We saw from people's smiles that they enjoyed gentle movement and exercises to music, quizzes and listening to music. People were relaxed and enjoyed spending time chatting to staff and other people living at the home. Staff acknowledged how well people had done. Staff took time to support people on their own to enjoy their leisure activities. This included staff helping people with games and jigsaws. One person told us how much they had enjoyed doing a jigsaw and what memories this had brought back for them, as it showed an everyday scene from their past.

People told us their relatives and friends were always made welcome by staff. One person said, "My friends and relatives visit a lot, there's no limit on the times they can come." One staff member explained arrangements had been made so one person was able to have a celebratory meal with family members, so they were able to maintain their relationship and enjoy time with their family.

None of the people or their relatives we spoke with had needed to make any complaints about the care provided. People and their relatives were confident if they did raise any complaints or concerns these would be addressed by staff. Staff we spoke with knew how to support people so their complaints would be considered. We saw one complaint had been made in the previous year. We saw this had been investigated and resolved and senior staff and the provider had processes in place to consider lessons learnt.

Good

Is the service well-led?

Our findings

People and their relatives were positive about the way the home was managed. One person said, "You get good care here." Another person told us, "I like the home because it feels like my place." People said they felt included in the way the home was run. One person explained they regularly laid the tables and this helped them to feel included in life at the home. A relative told us how much they had valued being asked to play Father Christmas and distributing presents to people. The relative said, "The residents loved this, and I had a joke with them all."

People and their relatives described the communication with staff as good. One relative told us how staff had communicated information when there had been a concern for their family member. The relative said, "Staff were open and told me straight away and sorted it." Another relative told us staff had provided helpful advice, so their family member's possessions would be as safe as possible. We saw people and their relatives were comfortable to make suggestions about the care provided, or to raise any queries they had, so these could be resolved. One relative told us they did not have to speak to the manager regularly as staff were able to support them by answering any queries they had.

Staff told us the culture at the home was supportive and open, with the focus on meeting people's needs. One staff member said, "It's a loving and caring home and this means people are safe and looked after." Another staff member said, "[Manager and senior staff members' names] do an amazing job. Everyone is happy, their door is always open and they will help us." The staff member explained they had recently received additional guidance when they moved in to a new role, and said, "They [manager and senior staff] make it clear what the expectations are and I get the support I need." Two staff we spoke with emphasised the role of the manager and senior staff in organising input from external health and social care professionals, so people would receive the care they needed.

The manager told us, "Staff who work here want to make a difference to people. We recognise this through Kindness awards and we see feedback which shows us people and their relatives feel it's homely, and that people and staff are happy. We want it to be inviting, warm and happy."

All the staff we spoke with told us they were supported to provide good care to people. One staff member told us, "We have regular staff meetings, and this helps us to work as a team." Another staff member said, "We are supported. If we are upbeat and looked after there's better work done. Residents know if you are happy and pick up on this." A further staff member told us, "I see a passion in the manager and other staff, too. It means there's kindness here and no one is walked by and ignored. It's a privilege to say I work here with the residents."

Staff members told us they were encouraged to provide suggestions for improving people's care further. One staff member said, "Seniors ask us about accidents and what we can do to prevent them, such as how often we should check people, and if there's any equipment we need to help people." Another staff member told us they had made suggestions to offer more choice to people to do things they enjoyed outside the home. The staff member said their suggestions had been listened to, and people had more access to trips

out, where they enjoyed this.

We saw the manager used staff and relatives meetings and resident surveys to reflect on the care provided to people and to share best practice. We also saw where comments or suggestions had been made these had been actioned. For example, ways of reducing any disruptions to people during refurbishment of the home had been explored.

We found the manager and senior staff understood when people needed additional assistance and senior staff took prompt action so people had the care and support they needed. For example, we saw in response to one person becoming ill staff were moved round the home. Staff did this willingly, calmly and with understanding for the needs of the people they cared for. As a result of the way this was managed, the person received the care they needed, and staff were available to support other people living at the home so their needs were met in a relaxed and supportive way and people's well-being was maintained.

Staff told us about some of the checks which were undertaken so the provider, registered manager, and manager could be assured people were receiving the care they needed. One staff member explained checks were done on the number of falls people had. The registered manager and manager told us how they had worked with an external dementia specialist, so they could be sure they were caring for people in ways which promoted their well-being and safety. We saw as a result of the actions staff had taken there had been a significant reduction in the number of falls people experienced.

Staff also told us the manager and senior staff regularly checked people were receiving their medicines in the safest way possible. We saw the manager regularly checked people's care plans, skin and dietary needs, staff training and the environment, and communicated their findings to the registered manager and provider, so they would know if the care provided was meeting people's needs. The manager explained parts of the checks were to make sure the environment supported people with dementia. This included colour coding on certain doors, so people would have the best chance of locating bathrooms and retaining their independence for as long as possible.

The manager told us about plans to further develop people's care and the services offered at the home. The manager told us this included more things for people to enjoy doing, such as fostering baby hedgehogs. The staff member with responsibility for organising things for people to enjoy doing told us staff were currently exploring ways to use technology so people would be further supported to keep in touch with friends and relatives who were important to them, so their well-being would be enhanced. The manager told us they kept up to date with best practice through discussion with the registered manager, provider representative and by attending provider events.