

Carebase (Histon) Limited

Bramley Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Bramley Court is a care home providing personal and nursing care to 72 people aged 65 and over at the time of the inspection. The service can support up to 72 people on three floors, each of which has separate adapted facilities. One floor specialises in providing care to people living with dementia.

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

People who lived at Bramley Court received outstanding care from a passionate and dedicated staff team. Staff valued people and their life experiences, and they knew people extremely well. They provided care that was exceptionally individual to each person and their likes, dislikes and preferences.

People told us they really liked living at Bramley Court, relatives trusted the staff team to look after their family members, and staff enjoyed coming to work to see people. Staff were extremely kind and caring and were described as such by people and visitors.

The home had been adapted to ensure people were safe and could be as independent as possible. Some areas had been further adapted to provide environments that supported people living with dementia. Staff went the extra mile to find out people's interests and provide them with surroundings that made a real difference to their lives at Bramley Court.

People felt safe living at the home because staff knew what they were doing, they had been trained, and they assessed and reduced risks as much as possible. There were enough staff to support people with their care needs and to be able to spend time with them. The provider and staff kept people safe by ensuring key recruitment checks, giving medicines as prescribed and using protective equipment, such as gloves and aprons.

Staff supported people with meals, drinks, and accessing advice and treatment from health care professionals and made sure they asked people's consent before caring for them. 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 registered manager was very well thought of by people, their relatives and staff. They worked by example and provided extremely good management and leadership. Bramley Court was part of the local community, despite being set away from residential housing, and benefited from frequent visits from local groups. Staff worked towards continually improving people's experience of living at the home and had a 'can do' attitude that meant nothing was impossible.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 22 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

Bramley Court

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 Care Act 2014.

Inspection team

This inspection was carried out by two 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

Bramley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven visitors about their experience of the care provided. We spoke with nine staff members, including the registered manager, care workers and senior care staff, housekeeping, kitchen, maintenance and activities staff.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality 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 seek clarification from the provider to validate evidence found. We looked at information about how people spent their time, staff induction, end of life and dementia care.

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 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I know I am safe here because exceptionally good staff working in this place, nothing is too hard for them." A visitor also said they were, "So really happy [person] is finally in safe hands and will be able to have care they need."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falling, continence and the risk of developing pressure ulcers.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. People told us that when they rang their call bells staff attended quickly. One person said, "I don't think I ever wait too long for help." A visitor said that staff always attended when their friend rang the bell. We found that staff were available when called and they responded quickly.
- There was a system in place to recruit new staff to make sure there were enough staff on duty at all times. Staffing levels were determined through the use of a needs dependency tool.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused. One person told us, "Having help with all that (taking medicines) is a great relief for me."
- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.
- Medicines were stored securely, and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- The registered manager told us that although staff numbers were enough, how staff worked meant that on one unit work was taking longer and handover at the end of each shift had been taking too long. Staff were involved in discussions around changing shift times and re-organising staff into 'teams'. They said this worked better and allowed care staff to focus on looking after particular people instead of feeling responsible for everyone on the unit. This was less overwhelming and meant that staff were less stressed and better able to meet people's needs.

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 this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff completed assessments of people's needs before they started using the service. This helped them to make sure they had enough staff with the right skills to meet their needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand how people's specific needs should be met.
- People were able to use pendant alarms outside the home, which supported them to go out independently but with the security of knowing they could contact someone quickly.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and this was updated each year. Staff told us that they received other training, such as for specialised care needs. This included agency staff, who confirmed that they had received an induction into how the home ran, what to do in an emergency and their responsibilities.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

- People said they liked the meals they received. A visitor told us, "We eat here a lot, the food is excellent ... it's tasty and well cooked. There's a good selection and variety, [person] can have fruits, salads, anything. We eat here often, there is a snack station with a cake stand and it feels more like a hotel than a care home." People told us there was always a choice available and they could have their meal with whom they wanted.
- People chose where they sat, they were able to eat at their own pace and courses were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This showed that people often put on weight following admission to the home. People were provided with alternative ways to make sure they received enough to drink; kitchen staff made coloured water drops that helped people take extra fluid. This reduced the risk of people not drinking enough and made sure that advice was sought if they lost weight.

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

- Staff completed a hospital admission form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People were referred to health care professionals for advice and treatment, for example to dentists, dieticians or community mental health teams. One person told us how staff had noticed they were not acting in the same way, although the person felt no different. They said, "I was very grateful they acted so quickly. They had me tested and obtained a course of antibiotics." A visiting health professional told us that advice and recommendations were followed by staff who knew people well.

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

- The provider had made adaptations to the home to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently.
- Specific adaptations had been made in the dementia unit to help people living with dementia recognise and feel comfortable in their surroundings. Doors to people's rooms had been made to look like front doors, an indoor plant area had been raised so that people could easily access it. Other areas had been made to look inviting, such as reading nooks at the end of corridors, which were on all floors so that everyone living at the home could benefit.
- Staff recognised that measures put in place in one person's room to keep them safe, such as bed rails, were causing them extreme distress. They spoke with the person, their relative and each other about how to change this and help the person to use all of their floor space. Staff lowered the bed and took away the bed rails during the day. Soft foam flooring and floor level furnishings were introduced, and the walls were decorated at a lower level. The result was a much happier person who smiled, enjoyed spending time with staff, spending time in their room and expressing their happiness.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process.
- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.

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 this key question was rated as good. At this inspection this key question has now improved to outstanding. 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 displayed an obvious person-centred culture towards people; they explored how people had lived their lives and what they could do make people feel comfortable and secure. They were proud of their efforts to provide the best possible care. Everyone we spoke with described staff as exceptionally kind, compassionate and caring. People's and visitors' comments included, "Overall, the care is amazingly good, and I would be happy to end my days here," and "My relative's care is exceptional."
- People had very caring, friendly relationships with the staff. All staff, from housekeepers and kitchen staff to care staff and managers, talked with people as they carried out their work. They showed how much they enjoyed people's company. Staff were relaxed around people; there was a lot of individual moments, from joking, singing and dancing to consoling people when they were upset. One visitor described how staff would, "Bend over backwards" to support them and their family member. When the person moved from another floor, staff from the previous floor had continued to visit the person and spend time with them.
- Staff were aware of people's individual needs and preferences. People confirmed that staff knew them well, with one visitor saying, "All the staff here seem to know everyone by their name, even the registered manager, she knows them all. They never ignore residents or family members." Staff received compliments from families and visitors, one relative said, "I was amazed and still am at the love and care [person] is receiving, they are so happy." Another relative said they were "moved" to see how much thought and preparation went into making people living with dementia "feel good".
- There were numerous examples of how staff had gone out of their way to support people. One person wanted a particular coloured dress. Staff went out of their way to help the person acquire an appropriate garment in the right shade so that they felt special at the dance finale. The person won the 'Belle of the Ball' trophy.
- People were also visited by the registered manager's family dog, who came to the home most days and greeted people as they entered the building. However, the dog also independently visited people who were unwell, often using the lift to access different floors, and staying with people until they no longer needed the support. We saw this and the warm affection for the dog throughout our visit to the home.
- Staff supported people to attend faith services from different religious denominations who visited the home. They also supported one person living with dementia by individually sharing the Lord's prayer with them every day. This provided the person with the exceptional opportunity to share this time with staff who cared about their spiritual needs.
- Every interaction staff had with people that we saw was positive. Staff showed patience and understanding, they spoke with people with warmth and kindness and often both people and staff were

smiling. Staff had time to sit with people and spend time with them, which had positive impact on their well-being. They involved people in their own lives, so that people were included in a family relationship.

- One staff member brought their dog to visit people when out on a walk. Other staff sent people postcards when they went on holiday, these were passed around the home and then kept in an album, so people could continue to look at them. The messages on these postcards were heartfelt and all of them expressed how much staff missed people and were looking forward to seeing them again.

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

- The registered manager and staff told us that they provided the care and support that people wanted; their work was directed by people, doing what and when they wanted to do things. One staff member said, "It's always about the person," when explaining how they involved people in their care. People said that staff asked about how they preferred to have their care and support provide.
- Staff knew each person very well. This included agency staff; one agency staff member was able to provide detailed information about the people they were supporting, down to people's individual dietary needs. They told us this was because other staff knew people well and had passed on the information during their induction that morning.
- Information about advocacy services was available for people in reception. People were supported to contact an advocate if they needed an independent person to support them with their affairs. Staff listened to people and acted to make sure what they were saying influenced their care. After discussions with the person and their spouse, staff developed a small area where one person could spend most of their time but remain as safe as possible. It improved the person's ability to remain independent and increased their feeling of well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff were excellent at respecting and promoting people's privacy and dignity. People told us that staff respected their privacy and made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff offered personal care in a very discreet way, especially when people were in communal areas. Staff spoke quietly into a people's ears before helping them to the toilet or bathroom before lunch. However, more than this, they listened to people and acted to make sure this influenced their care.
- Staff encouraged and supported people to do as much as they could for themselves, at the same time recognising each person's wishes. Staff told us how one person was only able to do one small thing during their personal care, and they waited in anticipation for the hairbrush so they could brush their own hair. A staff member told us, "We support people to do as much for themselves as they can, it is important to them. All the little things are important."
- One visitor told us how their family member had not been able to walk when they went to live at the home. After only two months they were able to walk with a frame. This gave the person an enormous sense of achievement and provided them with the ability to enjoy as many activities as they wished to take part in. The person's visitor told us how this had allowed them to explore other regional towns, which meant a lot to them and the person.
- People were able to receive visitors at any time during the day, which provided everyone with the assurance that they could maintain relationships. Staff supported people who were not able to contact far away relatives themselves and set up email and social media connections for them. Relatives were able to send pictures of family members, keeping people at the home up to date with family news. Staff acted as conduits for ongoing conversations, describing to family members each person's reaction to their news and what was going on in the person's life. They helped people continue to look at pictures and have access to messages, so that memories and positive feelings were experienced again and again. Information relayed to one person's relative showed they had, "A huge smile across [their] face," and records showed these

occurred on a regular basis.

- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received exceptionally personalised care that responded to their specific needs and individual preferences. People and their visitors told us staff responded to their needs and never stopped trying to help people live as they wanted to. One relative described how staff had supported their family member with not only their physical needs but had also stimulated their mind. It meant the person took part what was going on in the home, where they had started to withdraw and become isolated. One person said, "Stability and routine is incredibly important to me, so I like to have it written on my wall - they do follow it." Staff had written a page summary called, 'This is about me' for one person who sometimes forgot why they had started living at Bramley Court. It contained a first-person account of what they had done in their life, where they had lived and who helped them make the decision to live at the home. For this person, the presence of the document provided reassurance and information at what may be a very distressing time for them.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. We saw this particularly applied to people's mental health or psychological health needs. There was clear information about how to recognise deterioration and the actions staff should take to support people. Assessment and care planning documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act. Staff did not discriminate and recognised people's diverse needs and how they expressed their sexuality.
- Staff were continually looking for new opportunities to make people's lives interesting and enjoyable. They took a key role in encouraging and supporting the local community to come into the home, and this played a central role in wider support to people. Local school children visited the home regularly and some areas had been set up so that both they and people living at Bramley Court could enjoy the spaces. One person preferred to stay in their room and so that they did not miss the children's visits, staff arranged for them to visit the person. This resulted in laughter, clapping and singing from the person's room each week. The person's relative believed the visits sustain the person's sense of well-being from week to week.
- An outside garden area with mini golf, an orchard, a shop, café and tool/gardening shed had been developed and this was used frequently in the warmer months. People who lived on the ground floor had small patio areas outside their rooms, which they added their favourite plants to. People without access to individual planting areas had raised beds that were planted with sensory shrubs. There was a mini-cinema where people could enjoy watching movies. Church services were well attended and a volunteer for this said, "It's always a pleasure to come for a service here."

- However, it was the attention to individual pursuits that really showed how exceptional staff were at making people's wishes come true and helping people feel comfortable in their environment. Staff had developed a library area for one person whose life had been about books and this gave the person a purpose that had previously been missing. They installed a piano for another person who used to play; the person returned to playing and occasionally gave lessons to staff and visitors. When people expressed a wish to go on holiday, staff arranged for them to do this. Staff created a photo album to help the people, who were all living with dementia, remember their holiday, where they went, what they did and what they ate.
- Staff had developed a dancing event each week that coincided with a television programme, which many people attended and enjoyed. However, for one person living with dementia and being unable to stand, attending this event had a profound effect on their well-being. Their enjoyment of the music was so great that they danced in their wheelchair throughout the event. The person had little verbal communication, but their face showed the joy and pleasure they got from being with other people and hearing the music.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person all the time, in a way that person could understand. For example, when they were hoisting someone they constantly reassured them and explained what they were doing. They were considerate and gave people choices when they were giving them meals. Care records gave specific information and guidance for staff when people had specific communication difficulties. This ensured that staff knew exactly what to do to make sure the person understood information they were given, and how their responses would be given.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. One person told us, "I have no complaints, but I would say so if I had to." A relative also said, "I never needed to go that far (make a formal complaint), but on one occasion we noticed that my relative's clothes were not ironed at all and [they] were a [person] of great appearance. It never happened again. Their clothes are washed, ironed and put back to their wardrobe."
- Complaints had been investigated and responded to by the provider. Concerns raised by people living at the home were also recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.

End of life care and support

- Staff at Bramley Court were exceptional at supporting people and their relatives in planning for and at the end of the person's life. The staff team did everything they could to make sure that people's wishes were fulfilled at the end of their lives. They were skilled at supporting people and their relatives to discuss what they wanted to happen and staff recorded all this information in detail in people's care plans. A person commented about another person who had spent their last days in the home, "The last few days staff looked after them constantly ... [they] died a very happy [person] with all this attention and love."
- Staff told us that these discussions were part of every person's care when they moved into the home and they formed part of routine conversation about planning their care. One staff member explained that end of life care did not happen just in the last few days or weeks of life. They commented, "We want people to live life to the full, this shouldn't be a waiting room where people sit and don't do anything." One person's visitor agreed with this and said that staff had helped their family member fulfil as many wishes as they had

wanted to before they died. Another person had wanted to revisit their family home before they died. Staff made this happen and took lots of photographs, which they then put on the person's wall at Bramley Court. A comment made by her relative at the time was, "I got [person] back those last few months at Bramley." The relative continues to visit the home each week as it feels like their home and they enjoy catching up with the friends they made.

- Staff had received training in end of life care. They had developed links with the local health care specialists, such as MacMillan nurses, so that guidance and support was available through a person's death. The registered manager had registered with the Gold Standards Framework (a programme to improve end of life care).
- Staff supported people's relatives as much as the person themselves. One person's visitor told us they had got to the home late in the evening and spent the night, but that staff had supported them throughout that time. They said, "Staff have always talked with us, we are involved in the care." The registered manager had put together a bereavement leaflet, which described the process following a family member's death and provided important contact details. Staff gave relatives as much time as they needed to talk about their family member. We saw that they were compassionate and shared in the relatives' grief. When the person was ready to leave the home staff members lined the hallways to say goodbye.

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 this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to notify us of all serious injuries, which they are legally required to do. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. They displayed their inspection rating and told people and visitors what they had done to improve.

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

- The registered manager and senior staff were passionate about developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. One staff member told us, "I know what is expected and I receive praise for doing a good job." The registered manager told us that the staff were integral to the running of the home and as such, they tried to accommodate working patterns and home/life commitments as much as possible. They said the management team nurtured staff potential, made them feel secure in their roles and this resulted in exceptional care.

- Staff were also committed to providing high-quality care and support. Staff told us they loved working at the home, one staff member said, "This home! I feel it's amazing." Another staff member commented, "It's a really friendly, welcoming place."

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

- Staff were very positive about the skills and abilities of the registered manager. One staff member told us, "[Registered manager] is lovely, very approachable." A person explained that, "The whole managerial team are very active as a team, they will do anything for us and our families. Very appreciative and compassionate people." A visitor echoed their feelings and said, "The [registered manager] is bubbly and friendly, knows the staff and people well ... She is on top of everything. They all try to make this place homely, like a real family

feel and I think they are doing a very good job of it."

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

- People and staff had completed a survey, which showed positive comments for the home. Meetings were held for people and any action identified was addressed.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended meetings each month, which gave them regular support and information was shared quickly with them. One staff member told us, "I feel listened to," and described a small change in their uniform during a hot period in the summer. This had not only shown staff that they were listened to but made their working environment easier.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the registered manager to take action where needed and reduce reoccurrence.
- The registered manager had taken action to identify where improvement may be needed and we found there was a positive and enthusiastic atmosphere and work ethic in the home. We also found that staff were happy, they liked coming to work, and they liked and respected the registered manager and other staff in the provider's organisation. In short, the culture of the home was one that felt positive about change and improvement.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.