Blackberry Hill Limited

St Anne's Nursing Home

Inspection report

60 Durham Road
London
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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

St Anne's Nursing Home provides nursing and residential care to a maximum of 65 men and women who are elderly or have physical care needs. The service is provided by Blackberry Hill Limited and there were 63 people in residence at the time of our inspection. Since our previous inspection in May 2017 the service had grown by developing a 15 place unit on the ground floor to accommodate older people who had enduring mental health support needs.

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

Staff knew what they should do to minimise the risks that people faced and to keep people safe but did not restrict people's right to take reasonable risks.

People were supported to have 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 service understood people's needs and made detailed plans of care. Decisions about what care people needed and how this should be provided were made with the inclusion of people using the service and their families.

Staff were caring. People we spoke with told us this and we observed many occasions where warm and kind interactions took place. During observations staff were interacting with people in a friendly, patient and compassionate way. All staff, including the activity coordinator and nurses, demonstrated a positive rapport with the people they cared for.
The service was respectful of people living at the home, their relatives and was responsive to people's current and changing needs.

People using the service and relatives were happy with the care they received, the prompt response of staff when people called for assistance was praised as too was the management of the home.
The home was clean and was well maintained. People were kept safe from fire and other potential hazards.

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 this service was Good (Inspection report published on 9 August 2017). At this inspection the service remained good.

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?

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 Anne's Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This comprehensive inspection took place on 29 November and 6 December 2019 and was unannounced. The inspection team consisted of one inspector and one 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
St Anne's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

This inspection was unannounced.

What we did before the inspection
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. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with nine members of care and nursing staff. We spoke with the registered manager and deputy

manager.

We reviewed a range of records. This included nine care records and multiple medicines records. We looked at five care and nursing staff recruitment records and staff supervision and training. We also viewed records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision, training data and a range of quality assurance records. The service also provided us with extensive amount of information to support the evidence found during the inspection of improvements made and how the service strived to provide high quality care and support.

Good

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

● The provider, and the service, took all reasonable steps to minimise the risk of harm or abuse of people. There were detailed and suitable procedures in place for management and the staff team to minimise the risk of abuse. A message about the home and provider response to tackling abuse was clearly displayed throughout the home for people using the service, visitors and staff about the provider's commitment to preventing and responding to abuse.

● People using the service told us "I feel as safe as in my own house", "There's always staff to help me" and "They [staff] are walking around day and night time."

● Two people described not feeling as safe which we discussed with the registered manager. We were assured that these previous instances had been resolved satisfactorily and that these people were indeed safe.

● Relatives told us "I am happy because he is safe", "I know everyone, it's like a second home[for their relative], staff are here" and "It's safe in the way they enquire about [relative's] care and look after her day and night. They check up on her every 90 minutes."

● There was an organisational policy and procedure for safeguarding vulnerable adults from abuse. In discussions we held with management and care staff it was evident that they were clear with us about what action they would take if anyone was believed to be at risk of abuse.

● Staff wore uniforms to designate their role, for example, nurse, care assistant or ancillary staff, and they each wore name badges. There was a board on each floor displaying the names, photos and role of each member of staff so that they could be identified by people using the service and other visitors.

● Staff reported that they had regular training about safeguarding people, which training records confirmed. There was no hesitation amongst any of the staff we spoke with about raising concerns and being encouraged to do so if needed.

Assessing risk, safety monitoring and management

● The service assessed the potential risks that people faced and responded to risks that were identified and that emerged as people's needs changed.

● Care records we viewed showed that risks to people had been assessed when they first came to the home. Potential risks were identified, action needed to minimise risks was identified, and risks were regularly considered as a part of the monthly care plan evaluation.

● Risk assessments covered a range of different areas that included general common risks, for example how safe people were if able and wanting to go out alone, as well as risk assessments tailored to each person's unique and specific day to day care and support needs. Up to date guidelines were in place for staff to follow. The premises were also checked to ensure they were fire safe ang that equipment and facilities were

safe to use.

Staffing and recruitment
● The provider used effective procedures when recruiting staff to minimise the risk of employing unsuitable nurses or care workers to support vulnerable people.
● We looked at the recruitment records of five of the eight staff who had been recruited in the last year. The recruitment record contained the necessary documentation including references, proof of identity, criminal records checks and confirmation that the staff member was eligible to work in the UK. Qualifications were verified and registration for nurses with the nursing and midwifery council was confirmed.
● Staff told us that they can spend time with people apart from carrying out care tasks.
● Our review of staff rotas showed that staff were deployed in suitable numbers across each floor of the home. There was also suitable catering, ancillary and administrative support provided in addition to the care and nursing staff.

Using medicines safely
● Systems were in place to ensure medicines were handled and administered safely. People using the service told us "'I get my medicines on time" and "I know one lot is for blood pressure. They tell you what's for. They assess the pain first, then they know what to give you."
● Nursing staff received medicines training and their competency was assessed before they administered medicines and the competency to continue to do so was regularly reviewed.
● People had personalised medicines care plans. Medicines administration records showed that people's allergies were clearly highlighted as well as other areas, for example if people needed water or other drinks thickened before drinking.
● During our inspection we observed nurses on two different floors administering medicines. This was carried out properly, the nurses took their time, checked that the medicine was correct and was being given at the right time of day and in the most appropriate way to each person.

Preventing and controlling infection
● People were protected from the risk of infections. The home was clean. Regular checks of the cleanliness of the environment were carried out, as well as infection control audits. These showed that the home was good at managing infection control and any action that was needed was taken. Staff received infection control training.
● Disposable personal protective clothing including gloves were available. We saw these were easily available and were used by staff as needed.

Learning lessons when things go wrong
● Systems were in place to monitor and review any incidents, near misses or other welfare concerns to ensure that people were safe.
● People's risk assessments and care plans were updated at least monthly and sooner if there were any concerns arising from an incident or identified changes to people's care and support needs. The home responded quickly to people's changing needs.

Good

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 remains the same. This meant that 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

- People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. A person using the service told us "'Staff are the best. They look after me better than hospital staff. If you want something, they listen. They write things down every time they do something."
- Electronic care records contained a pre-admission assessment, which was detailed, and the service sought all available information from relevant person's, including the person themselves and their relatives about their current care and support needs.
- Details about people's cultural, religious, disability, age and relationship need's and personal preferences were included in people's care plans. This helped staff to understand people's individual needs, so they could effectively provide the care people needed in line with best practice guidance and the law.

Staff support: induction, training, skills and experience

- The service provider operated effective systems to promote staff induction and training and provided staff with the support they required to carry out their work.
- A person using the service told us "I don't know if staff are well trained, but they are good to me. They have a chat with me" and "They handle me well. Staff must be well trained."
- Staff told us "Oh yes we have training, it is better to know more than just what you need to" and "We have E Learning as well as face to face training, it gives us what we need."
- All but one of the staff we spoke with had been working at the home for quite some time. The newer member of staff had moved to the home from another service that had closed. This person told us they had a good induction and were made familiar with how the home worked. The general induction procedure was undertaken over a 24 week period. This was in line with the common induction standards of the care certificate, which is a national set of standards for staff working in care services.
- Care staff confirmed they received regular supervision and records of staff supervision confirmed this. Staff supervision included the needs of people using the service, training and professional development and day to day staff employment matters.
- The staff training matrix we viewed showed that refresher training was identified, and timescales were listed for updating training as required. All staff we spoke with told us about having access to regular and relevant training that they believed did equip them with the skills they needed. There was a recorded high level of compliance with staff undertaking the required training, and action was taken to address those that needed to complete training if their refresher courses were outside of the due date for completion.
- The service had a mostly long term staff team who were very familiar with people using the service. This was beneficial for people as staff knew them and their families and this helped to ensure continuity of care.

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

● The service effectively promoted people's diet and nutrition. People's nutritional needs was monitored and if there were concerns about people's nutritional intake, including fluid, this was quickly addressed.

● People using the service told us "The food is fine. We even have our own menus. We get plenty", "There's a menu and they ask what I want" and "There's variation [in the menu], and plenty to eat. I get an extra bowl of soup."

● A relative told us at a lunchtime "[relative] is happy with the food. They always make her an omelette with vegetables. They will serve fish and there's enough fibre in the meals."

● People were provided with a varied diet. The chef rotated a seasonal menu each week and choices were available. People could have a cooked breakfast every day if they wanted.

● We also observed people's mealtime experience at lunchtime. People could choose to eat in the dining area of each floor or in their own bedroom if they preferred. People who were unable to get out of bed were supported by staff to eat if this was needed.

● The home operated a protected mealtimes policy. The manager told us that visiting professionals were asked not to make appointments to see people during mealtimes. Relatives and friends were not restricted from visiting at mealtimes and we saw this happening.

●Menus were displayed on dining tables and reflected the food that was served on the days of our inspection. People were reminded about what was on the menu and were offered choices by care staff at the time that meals were served.

Staff working with other agencies to provide consistent, effective, timely care

● Care plans showed that the service had effective relationships with external health and social care professionals. The care provided was responsive to people's needs, acknowledging when these needs changed, not only in terms of additional support, but also when people's health improved.

● There was a monthly multi-disciplinary team meeting involving the GP practice and other community based healthcare professionals that visited the home. People's health was discussed, which included people newly arrived at the home, so that everyone was clear about how well people were.

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

● The facilities in the home were suitable for people using the service. People's own rooms were decorated and furnished in the way that people individually preferred.

● There was ample space for people to use to engage in communal activities, to socialise and to have private space to receive family and friends.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to use community healthcare services as and when necessary. Each person was registered with a local GP. Staff supported people to make and attend their appointments and these were planned for and people were supported by staff to attend these as needed, with closest relatives also attending if they were available. Community healthcare professionals visited to see people if they were unable to go out to attend appointments.

● People using the service told us "The doctor comes here" and "The optician is not far."

● A relative told us "Because my relative's English is limited, R [in the management team] liaises with me, for example for the dentist. She is responsible and there are no emergencies." Another relative said "An optician comes here. Someone came in about her teeth. She has dentures. They check to see if they still fit. People come in to do her toenails."

● The home ensured the information about people's current physical health was up to date and shared with health and social care professionals that were involved with each person.

● The provider had a strategy for promoting oral healthcare. St Anne's Nursing Home worked closely with

the community dental service and had clear guidance in place for all staff about assisting people with maintaining oral hygiene.

● In collaboration with a local university, the home participated in student nurse training as a teaching facility. Student nurses, one of whom we met during their induction to the home, undertook placements at the home as a part of their overall nursing training. The way in which the home supported student nurses was praised by the university and by one of the students we met. Additionally, we were shown a letter written by a student who believed the home was well managed and supportive during their placement. The Home manager and other staff members were trained practice assessor and mentors for the nursing students.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The registered manager and staff were clear about the responsibilities of the service to comply with the MCA and DoLS legislative requirements. DoLS were in place and the necessary approvals had been applied for and obtained for the 24 people that required this restriction to be in place at the moment.

● Best interests decision meetings were held. The service did not assume, even if people were subject to deprivation of liberty safeguards, that people lacked capacity to make any decisions.

● The manager and all other direct care staff we spoke with had a good understanding of their responsibilities under the legislation in the best interests of the people they supported.

● Clear evidence of obtaining people's signed consent, or their relative on their behalf, to their care and treatment was available. If no family were involved the consent was obtained from health or social care professionals that had legally authorised responsibility for the person. The authority of relatives or other professionals by means of having authorised power of attorney was confirmed by the service.

Good

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 remained the same. 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
- The service promoted the right of people to have their diversity respected and be treated equally regardless of their background and heritage.
- No one using the service, or their relatives and other visitors made any specific comments regarding equality and diversity. However, we were told by people using the service that "Staff are a laugh sometimes. Staff are friendly. They know their job", "Staff are very nice. They go by and wave to me. They're friendly. I'm pleased with my care, I couldn't wish for more" and "They always make sure I'm not lonely."
- Relatives told us "'I am very happy with the care [relative] is settled. Staff are fantastic because of the work they do and effort they put in. They manage his aggression and are coping well with him" and "The nurses are very helpful. I'd give 9/10 for the care here because of the dedicated and caring staff."
- When staff spoke with people we observed that they did so with courtesy and respect. A member of staff told us "If you are a care worker it is about respecting people of different backgrounds, if you do this job well you have to know that" and "I think the care here [including the respect for people] is far better than other places."
- Staff we spoke with understood that respecting people's differences and providing them with personalised support was an important part of caring for people. Staff were able to tell us about how people expressed themselves and made their personal preferences known and a staff member told us "People are given respect.".

Supporting people to express their views and be involved in making decisions about their care
- Staff encouraged people to make choices and be involved in decisions about their care.
- Staff knew people very well. They knew people's individual routines, likes, dislikes and how each person wanted and needed to be supported. During the inspection we observed staff constantly engaged with people involving them in decisions to do with their care and other day to day needs.
- People's individual care plans outlined the day to day decisions people were able to make and where they needed support. For example, during the inspection we saw, and were told by people and relatives, that people using the service were able to make choices about what they wanted to do.

Respecting and promoting people's privacy, dignity and independence
- During the inspection people who needed support with their personal care had their privacy respected. People using the service told us "I like the lay-out of my room. It's comfortable" and "They're alright when washing me. They knock, shut the door and cover me up."
- A relative told us "They are very good to me. They make me feel welcome and make me a cup of tea. When

[relative] was away they locked his bedroom door [to keep their possessions safe]."

- People's care records and other confidential information were stored securely and in line with legislation.

Good

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

● People received personalised care and support. People's care plans reflected people's choices, wishes and what was important to them. Care plans showed that people and where relevant, their relatives, were fully involved in decisions to do with their care.
Staff knew people very well and the electronic care plan system enabled each member of staff to have access to the most relevant and immediately important information when they were supporting people.

● Care planning had developed since our previous inspection. An online "real time" electronic care plan database had been established. This linked to handheld devices which staff carried with them whilst on duty. These devices allowed staff to make notes about what they had done to support people as well as be able to see what people's care needs were at any given time from their most recent care plan. The notes made were uploaded automatically to the system and we saw just how speedily this happened during our inspection. This system received significant praise from staff.

● Staff understood people's emotional support needs. Care plans were in place that included guidance for staff to follow to provide people with the support they needed with any behaviours that could be challenging. However, these types of incidents were infrequent.

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.

● Everyone using the service received publicly funded care. The provider understood the requirement to ensure that people's communication needs were taken into consideration. Information could be presented in other formats for people if required, including their personal care planning information.

● People using the service all received publicly funded care. The provider ensured that people's communication needs were taken into consideration and responded to.

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 were supported to maintain and develop friendships and relationships with people who mattered to them. People were supported to have contact with relatives and other people important to them and we saw a steady stream of people visiting the home during our inspection.

● People using the service told us "They ask me what I want to do. I like joining in with the singing" and "here was a sing along and a lady comes to sing old songs. We have ball games and I enjoy reading and do

exercise in the hall. Someone comes in and models."

● People's independence was promoted. During our inspection people were being supported to engage in activities in groups or in individual one to one session's as well as going out.

● The home had a long standing arrangement with a local secondary school. During our inspection we saw students visiting as part of a programme called "Bridging the gap" which involved students visiting each month to spend time with people. The students helped people with using information technology and to keep people company. We were told that the school also provided transport for people to go to the school for visits and to attend school concerts. This was a good example of the home having positive engagement with the local community.

Improving care quality in response to complaints or concerns

● The provider had systems in place for monitoring of complaints. Complaints that were made were quickly responded to. Historically the home received very few complaints and two had been received in the last year. These had been recorded and lessons were learnt, for example clear discussion about expectations with people's relatives.

● People using the service told us "I'd see the manager if I had to complain. There's been no need to complain" and "I've never needed to complain. If they weren't respectful, they'd be called to the manager."

● Relatives told us "If I had a complaint, I'd go straight to the nurse who would sort things out straight away. Little problems got sorted" and "I have no complaints."

● The service had a complaints procedure that was provided to people when they started using the service and information was also readily available around the home.

End of life care and support

● The service was involved in providing end of life care on a regular basis. The guidelines and procedures in place to respect and involve people, and their families, with end of life care decisions were clear.

● The guidelines for staff emphasised that "It is important that staff are aware of how and, perhaps more importantly, when to respond in order to minimise distress and adhere to any cultural beliefs or preferences that the resident, their family or representative have expressed as part of their care and support plan."

● People's preferences were recorded, including whether people wished to be resuscitated or not. We looked at two examples of people having expressed different preferences about receiving further treatment . These wishes included where they wished to be at the end of their life and who they would like to be present and whether they wished a minister of religion to attend. These wishes were clearly emphasised on people's care planning records which helped staff to ensure that these wishes could be respected when the time came.

● We were informed that an after-death analysis that took place after the death of anyone living at the home. This was designed to reflect on, and discuss, if anything could have been done differently to achieve the best possible experience for people and their families.

Good

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff knew people very well and supported and encouraged people to lead the life they wanted. People's wellbeing was central to the service and was evident in how people's support was planned. People and their families were partners in planning their care as far as they possibly could be.
- People using the service told us "'The care home is run in a very fair way. It's run smoothly. Nothing could be done better", 'It's well organised to me, I don't think they can do anything better" and "The manager is a very good manager: very efficient, disciplined and respected. She comes around."
- We were told by relatives that "The manager checks every day" and "[manager] listens and sorts the problems out together with the nurses."
- Staff told us "[registered manager] is so good, every day she talks with people living here and checks how people are and is very approachable" and "This home is well-led and managed I have no doubt about that."
- We spoke with two staff who had been awarded "Islington carer of the year awards" which is an annual award ceremony recognising people working in care for the high standard of care they provide to people. These two members of staff were quite rightly very proud of their excellent achievements.

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 manager was fully aware they were legally required to report to CQC, any event which affected the running of the service, DoLS authorisations and significant incidents.
- The manager and other staff knew when they needed to inform relevant professionals including the local authority safeguarding team of incidents and other significant events.
- Staff told us that they were encouraged to share any concerns they had about the service. Staff had confidence that issues raised were quickly and properly responded to.

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

- The registered manager came into post prior to our inspection in 2017. We were told by people using the service, relatives and staff that management of the service was open with people.
- Audits to monitor the service and experiences of people were carried out. These included checks of health and safety, accidents, medicines, incidents, complaints, people's and staff documentation. Events at the service were reported using an online database which meant the provider could maintain a "Live" overview of what was happening at the service.

● The manager, senior staff and care staff were clear about their roles and responsibilities. The staff team were, regardless of their roles, included in contributing to the service and how it performed.
● Staff felt well supported. They told us the registered manager, deputy manager and senior colleagues were approachable and listened, and would continue to listen, to what they had to say.
● Staff meetings and supervision meetings were used to share information about people and the service. Best practice, including clinical governance, lessons learnt and changes to do with the service were also shared with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Communication between people, their families and staff was good and the conversations we observed with people and their relatives was engaging and staff were approachable and listened to what people wanted to say. Meetings between people using the service, relatives and staff took place as well as social events. Written surveys were also carried out.
● The service had links with local schools and community based organisations such as a sensory therapy, drama therapy and visiting entertainers. A group of secondary school pupils visited at a lunchtime during our inspection to meet people living at the service.
● We observed staff engaging well with people and taking an interest in what people were doing and how they were. Staff listened to people and respected the choices people made.
● There was a range of meetings for staff at all levels and documentation showed staff could make suggestions and share their views.

Continuous learning and improving care
● There was a culture of good communication and continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and information was shared with staff.
● Staff told us that they were encouraged to, and in our conversations demonstrated their commitment to, ensuring people received personalised care and had the best possible outcomes that they could.

Working in partnership with others
● The home liaised with other health and social care professionals to ensure that people's needs were met. The effectiveness and success of this liaison was praised by a local authority that gave us feedback about the service.
● Earlier in 2019 the service completed a long term project to develop a specific mental health support unit on the ground floor. This project was carried out in close collaboration with a local mental health trust and the local authority. Fifteen people moved into this unit from another service that was closing. This move was well planned and time was taken to help people to familiarise themselves with their new home before their move. Appropriate support also continued in order to support people to successfully settle into their new surroundings.
● Care staff had sought advice and guidance from health and social care professionals where there were any concerns about a person's wellbeing and changes to people's needs. We were supplied with testimonials that had been sent to the home after our inspection had taken place by four professionals who had praised the home highly for their work.