The Order of St. Augustine of the Mercy of Jesus

St Raphael's Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 18 August 2015. St Raphael's Care Home was last inspected on 5 February 2014 and no concerns were identified.

St Raphael's Care Home is a care home with nursing for up to 58 older people that require support and personal care. People maybe living with conditions associated with advancing age, including dementia. The home is located in a rural part of West Sussex and is set in its own grounds. The service is provided by a Roman Catholic Organisation, The Order of St. Augustine of the Mercy of Jesus.

There was a registered manager in post. 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.

Not everyone could tell us of their experiences, but those that could spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. People had confidence in the staff to support them and we observed positive interactions throughout our inspection.

Summary of findings

People were safe. Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. It's nice here."

Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) that applies to care homes. The registered manager had made appropriate applications, and was in the process of submitting further applications as people's needs changed.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps were taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as end of life care and living with dementia. Staff had received one to one meetings with their manager, nurses received clinical supervision and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "The food is very good. They know my dislikes." There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. Health care was accessible for people and appointments were made, as needed.

People could choose how to spend their day and they took part in activities in the home when they wanted to. They told us they enjoyed the activities, which included singing, puzzles and arts and crafts. People enjoyed the facilities that the home offered such as the extensive gardens in a rural location and its own peaceful chapel. Visits to local area were made in the home's own minibus for those that wanted to go. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly relationships between people and staff. One person told us, "They treat you well here." People told us the staff supported them to maintain their appearance and it was important to them.

People were encouraged to express their views. Completed written feedback and resident and relatives meetings showed people had high levels of satisfaction and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, I tell the staff."

Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their work. They felt supported within their roles and described a caring and 'open door' management approach. They described how management were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

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

St Raphael's Care Home was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Relatives were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Good

St Raphael's Care Home was effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups, as needed.

Staff had undertaken essential training and had formal personal development plans and one-to-one supervision.

Is the service caring?

Good

St Raphael's Care Home was caring. Staff communicated clearly with people in a caring and supportive manner.

Staff knew people well and had good relationships with them. Staff had built a good rapport with people and they responded well to this. People were treated with respect.

People were encouraged to make their own choices and had their privacy and dignity respected.

People and relatives were positive about the care provided by staff.

Is the service responsive?

Good

St Raphael's Care Home was responsive.

People and their relatives had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

Summary of findings

People were involved in making decisions with support from their relatives, or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place.

The opportunity for social activity and outings was available should people wish to participate.

Is the service well-led?

Good

St Raphael's Care Home was well-led.

Systems for monitoring quality were in place and effective. Incidents and accidents were documented and analysed to try to ensure the risk of reoccurrence was minimised.

The registered manager took an active role in the running of the home and had good knowledge of the people who lived there and staff team. There were clear lines of responsibility and accountability within the management structure.

There were systems in place to capture the views of people and staff and care was based on people's individual needs and wishes.

St Raphael's 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. The inspection checked 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 18 August 2015 and was unannounced. It was carried out by an inspector, and a specialist advisor. The specialist adviser brought skills and experience in nursing. Their knowledge complemented the inspection and meant they could concentrate on specialist aspects of care provided by St Raphael's.

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 they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about. We contacted selected stakeholders including four health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who lived at the home. We focused on gaining the views of people, and spoke with six people who lived at St Raphael's. We spoke with staff and observed how people were cared for. We spoke with five relatives of people. We spoke with the provider, the registered manager, three nursing and five care staff, the laundry manager, activities co-ordinator and chef.

We observed the care people received. We spent time in the lounges and dining areas and we took time to observe how people and staff interacted. Because some people were living with dementia that restricted their spoken language, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four sets of personal records. They included individual care plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 5 September 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. Relatives told us they were confident the staff did everything possible to protect people from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. For example, one relative told us, "I definitely feel [my relative] is safe." A person said, "Staff makes sure the call bell is nearby at all times, but staff are always there to help."

Potential risks to people's health, safety and well-being were consistently well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, nutritional risks and moving and handling. The care plans also highlighted health risks such as diabetes. The identified risks were backed up by management plans for staff to follow to ensure people's safety was promoted and protected. Care plan information and risk assessments were regularly reviewed and updated when required. People who had complex health needs that included diabetes, Parkinson's and mental health diagnoses were cared for by staff who were fully informed of their up to date assessment. For example, there were specific personal evacuation plans to ensure safe evacuation of people with additional needs. There was also guidance in place for the care of people living with diabetics, such as regular chiropody, foot checks and eye tests for specific diabetic related problems.

People who were approaching end of life received 24 hour care in bed due to deterioration to their health. People who spent a lot of time in one position because of their restricted mobility had a pressure relieving mattress in place to prevent pressure damage. There was a check list to ensure it was set at the right setting and these were documented for staff to check. This ensured peoples safety and protected them from risk due to pressure damage.

Environmental issues were risk assessed against the changing needs of people. We looked around each area of the home and found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Someone comes and checks my room for any problems." There was a lift between the ground and other floors, which enabled people to access all areas of the home. The lift was serviced regularly. Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety and electrical equipment were included within a routine schedule of checks.

We looked at the incidence and recording of falls of people. There were some people who had experienced more than one fall and risk assessment reviews identified the risk to their safety and put in place plans to try to reasonably prevent a reoccurrence.

Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately. We looked at the management of medicines. Nurses were responsible for the administration of medicines. They described how they completed the medication administration records (MAR) and we saw that people received their medicine as prescribed. The correct administration of medicine meant the effectiveness of treatment plans was ensured and in the case of those receiving pain relief for example, ensured the person was not at risk from experiencing discomfort. The staff member administered the medicines and we saw they were checked at each step of the administration process. Topical creams were used by people, for example, as a preventative measure and these were always signed for. Additionally, there were body maps used to indicate where the cream should be applied. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines. People told us their medicines were administered safely. One person said, "I don't have to worry about anything, I get my tablets at the right time and that is important."

There were enough staff on duty each morning to cover care delivery, housekeeping, cooking, maintenance and management tasks. Nursing and care staff were supported by activity co-ordinators and staff with responsibility in housekeeping, laundry and the kitchen. Sisters from The Order of St. Augustine of the Mercy of Jesus, some of who were trained nurses, were active and visible in the caring roles they performed. When people used their call bells we saw that staff responded promptly. People who used the service had no complaints about the staff and the response to call bells. One person told us, "Can't remember ever

Good

Is the service safe?

having to wait, they make sure I am totally safe before leaving me." Visitors told us that they felt the staffing levels were satisfactory and said, "There is always a member of staff or a Sister available."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care to look out for. They were able to talk about the steps they would take to respond to it. Staff we spoke with confirmed they had never seen practice that caused them concern. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by the team. Policies and procedures on safeguarding were available in the home for staff to refer to if they needed.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member of staff referred to the home's mental capacity policy that was updated to reflect the changes to the Mental Health Act.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history, skills and qualifications.

Good

Is the service effective?

Our findings

People and their relatives expressed positive views about the service. One visiting relative told us, "The staff are very good." One person told us, "The staff are very well trained." Visiting relatives felt confident that their loved ones healthcare needs were being effectively managed. One relative told us, "I am confident [my relatives] nursing care needs are being met."

People who could speak with us commented they felt able to make their own decisions and those decisions were respected by staff. One person told us, "They always get my consent before they do anything." Training schedules confirmed all staff had received training for the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff understood the principles of consent and people's right to refuse consent. One staff member told us, "We always ask people and give them choices; they have the right to refuse." A registered nurse told us, "It's about the person's ability to understand and communicate. If they are unable to make a decision, we will involve their family and follow a course of action to make a decision in their best interest."

Not all people were able to express themselves verbally. Staff demonstrated that they understood how to communicate effectively with people and gain consent from people who were unable to verbally communicate. Staff also identified that many people used body language and non-verbal cues to provide consent. One staff member told us, "People, even approaching their end of life are able to tell us yes and no and we look out for their body language and non-verbal signs."

Upon admission to the home, staff identified when they needed to complete a mental capacity assessments and the documentation recorded the specific decision that was being made. The registered manager told us, "We assess whether the person is able to make decisions about what they can eat, wear and whether, for example, they consent to their photograph being used."

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. If someone is subject to continuous supervision and control and are not free to leave they may be subject to a deprivation of liberty. During the inspection, we saw that the registered manager had sought appropriate advice in respect of these changes and how they may affect the service. They told us that twenty people were subject of a DoLS referral as they had identified that these individuals' capacity and cognitive abilities had declined.

Some people had bed rails in place and for these people risk assessments were in place which considered their use. Where people could not consent to bed rails, mental capacity assessments had been completed. Assessment of capacity was undertaken to establish if the person could consent to the restriction of their freedom. Where consent could not be established it was explained why the bed rails were implemented in the persons best interest and what other options were explored. The registered manager told us that other options such as the use of low profile beds and sensor mats had been considered and were in place for some people. They also told us that bed rails were used in people's best interest for their safety.

Training schedules confirmed staff had received essential training in areas such as fire safety, moving and handling and safeguarding adults. People told us that staff appeared well trained and were competent. One person told us, "They [staff] are very good." Staff had received an induction when they started work at the service. During the induction they began to familiarise themselves with the care that people needed and to understand their roles and responsibilities. New staff shadowed experienced staff to help them provide care consistently and then work alongside more experienced staff until the supervisor was confident they were competent to work alone. The registered manager worked with the providers training and development manager and was aware of the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and one new staff member had begun working towards this as part of their induction. Registered nurse's training was recorded and was valid for three years with renewal dates, though the deputy manager told us that some nurses assessments were yet to be completed and that they, "Were behind on these". Nurse's medicine competency assessment took place at their induction and was subject to an annual competency assessment.

Good

Is the service effective?

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff commented that they received supervision on a regular basis. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These provided staff with the opportunity to discuss concerns, practice issues, training needs and work performance. Staff members told us how they found the use of supervision helpful and provided them with the opportunity to raise any worries. One staff member told us, "I find supervisions really helpful." Nursing staff also received clinical supervision on a regular basis.

People spoke highly of the food provided. One person told us, "The food is very good. They know my dislikes." Another person told us," We can have sherry or wine with lunch or dinner, though I choose not to as I don't drink." Adapted cutlery and plate guards were provided to enable people who needed or wanted them to eat independently. Where people required support with eating, care staff sat down with the person and provided one to one support at the person's own pace. Staff recognised the importance of supporting people to eat and drink well. For some people, assessed by a speech and language therapist (SALT), the use of thickened fluids when drinking fluid was required to minimise the risk of choking and aspiration. Staff members were aware of who required thickened fluids and the quantity of thickener to the amount of fluid. Staff also knew who required a pureed or soft diet. Where the need for this was identified, input from the SALT was sought. The chef demonstrated sound awareness of people's nutritional needs and could clearly relay who was diabetic or required a special diet. They told us, "We offer a diabetic diet for people that includes a separate pudding and we can also offer fortified diets to enable people to gain weight." People were weighed to monitor for any signs of malnutrition. Where people lost weight, appropriate action was taken. For example, monthly weight checks helped identify those who were gradually losing weight. People were referred to the GP when a trend was noted and blood tests were used to ascertain if there was an underlying condition.

People's healthcare needs were met. People were registered with a GP and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians which helped them to stay healthy. Staff recognised that people's health needs could change rapidly as they get frailer. One staff member told us, "We look for signs, changes in their mobility and eating habits which may indicate their health is deteriorating, we know our residents so well that we pick up changes quickly." One visiting relative told us, "They always get the GP out for [my relative] if they are unwell." Each person's care plan contained a record of input from outside professionals and the outcome of their input. For example, input was sought from the tissue viability nurse (TVN) when people experienced skin breakdown and wound assessment care plans were in place.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives expressed satisfaction with the care and support they received. One person said, "The care here is good, kind and caring. Nothing is too much trouble." A visitor said, "I don't have to worry about my relative when I leave, they are well cared for and content."

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including people's own bedrooms. Rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementos and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me. If I wanted to go down to sit in the lounge I could but I don't always want to, staff respect that."

Staff provided care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "The staff and Sisters have very caring natures. They also have a lovely gentle sense of humour, which is so important when they do the job they do."

People were consulted about their care and encouraged to make decisions. They told us they felt listened to. People who wanted to be independent felt they had the opportunity for this. One person said, "Staff support me to be independent. I have my bell if I need anything." A relative told us, "They ask us for suggestions and keep us well informed." Another relative said, "We are always consulted and involved." The registered manager told us, "We support people to do what they want as much as possible." Staff asked and involved people in their everyday choices, for example, around mealtimes that included offering beverages, seating arrangements at the dining table and meals.

Staff displayed a professional awareness that people's needs changed, but they respected their need for independence. Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encouraged people to walk and with eating and drinking. One staff member said, "People want to keep mobile, but they are encouraged to let us know when they need help as they get frailer."

Staff understood how to respect people's privacy and dignity. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care. People told us staff respected their privacy and treated them with dignity and respect. One person said, "They are very respectful. I am fortunate to be living in a lovely home. I feel that staff understood me."

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed they had been involved with developing their or their relative's care plans.

Care records were stored securely in a lockable cupboard. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors". A visitor said, "I visit and stay as long as I want, I am always made welcome and feel comfortable visiting."

Good

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "We can talk to staff at any time and I only have to mention something to them and they deal with it." A professional with knowledge of the home said, "The staff are very aware of the changing needs of the residents and they adapt their care and approach to meet the changing needs. They call upon our services if they feel more advice and support is required to see the resident through a difficult period or if the presentation of the resident has altered considerably for no obvious reason."

Activities included games, discussion groups, exercise classes and art and craft sessions. Visiting entertainers and artists were arranged. People, who chose to, were supported to attend the peaceful chapel attached to the home. People accessed the homes minibus to visit the local town centre or garden centre. Staff told us, "We have an activity plan and it's there if residents want to join in." People were engaged in group or one to one activities led by the led co-ordinator. Some people were happy to listen and observe the activities and talk to care staff. We spoke to one person who enjoyed helping out around the home. They were folding towels and said they treasured the opportunity to keep busy. Another person laid the table for lunch and took obvious pride in the attention to detail so that the tables were set just so.

People were supported to maintain their hobbies and interests. One person said, "I have made friends here, but I also like to be left to my own devices to watch television and this is respected." We saw that consideration was given to people's music and television preferences and everyone was consulted about the choices on offer. People were reading that day's edition of the newspaper. People were seen to request to return to their room at a time that was decided by them. The home encouraged people to maintain relationships with their friends and families. One person said, "I look forward to my family coming to see me."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints, if they were received, were handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to Sister [also the Registered Manager], they are all wonderful". The Registered Manager said, "People are given information about how to complain. Our door is always open door as well which means relatives and visitors can just pop in to speak with us."

People received care which was personalised to reflect their needs, wishes and aspirations. Staff knew people well and understood the individual care and support they needed. Care records showed that a detailed assessment had taken place and that people were involved when possible in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Care plans were detailed and included personal information and guidance about how best to support the people in a way they wanted to be looked after. Eleven staff were undertaking a Principles of Dementia Care course from a national organisation that covered areas including dementia awareness, person centred approaches to care, communication, equality and dignity in dementia care and medication administration.

The registered manager said they included person centred care planning in supervision sessions with key staff. Care plans were reviewed monthly or when people's needs changed. In order to ensure that people's care plans always remained current; staff checked them regularly alongside daily notes and handover records. Daily records provided detailed information for each person, so that staff could see at a glance, for example, how people were feeling and what they had eaten. These formed the basis for the handovers between staff shifts. They included up to date written information about people, any changes to their needs or individual reminders. For example, people's new medicines to take after meals were discussed in the handover we saw. Staff used this information to support the care they provided to people.

Good

Is the service well-led?

Our findings

People told us the home was well led. Comments included, "The good standards set here come from good leadership," and "The Sisters and staff are wonderful and dedicated. They make time for residents and go above and beyond." People also said the registered manager was approachable and available. Visitors told us they were always able to speak with the registered manager if they had any concerns. One relative said, "The Sister [registered manager] knows the residents. They are attentive to their needs and are extremely respectful and kind."

The providers had systems in place for monitoring the management and quality of the home and these were effective. Care plan audits identified some areas where changes were needed. They identified that information related to people's health conditions, for example, around the management of diabetes and continence were accurately reflected in their care plans. Medicines audits identified where there were additional medications as required (PRN) protocols to be put in place. There was individual falls analysis in place. When people fell, actions taken following the incident included any measures taken to prevent a reoccurrence. There was information about what may have caused the fall and there was overall analysis to identify themes and trends.

Audits were undertaken by the provider. They included the opportunity for managers from other services run by the provider to visit each other's locations to bring a fresh perspective to the practice within each home. The opportunities this provided to learn from each other was welcomed and demonstrated an openness and willingness to share best practice and to improve the care and support for people.

The Sister [registered manager], like other Sisters at the home lived and worked at St Raphael's and had a good knowledge and understanding of people, their needs and choices. They promoted an open, inclusive culture that met people's physical, emotional and spiritual well-being and happiness. Staff confirmed there was an open culture at the home. They told us it was a good place to work. One agency member of staff said, "As an agency worker I have lots of experience of working across services and I love it here. People, the Sisters, the team and management all care for each other. I honestly can't fault it."

Staff told us the registered manager and the provider were approachable and they were able to discuss any concerns with them. One staff member said the registered manager encouraged all staff to speak to them and discuss any concerns or issues and we saw examples of this during our inspection. We were told concerns would be addressed appropriately and confidentiality would be maintained. Staff told us the registered manager and provider were professional and caring.

Staff had a clear understanding of their roles and responsibilities and who they would report concerns to in the rare absence of the registered manager. Staff had a handover that included written information about people, any changes to their treatment or needs. It also informed staff about their allocated duties for each day, for example taking responsibility for the care of particular people. Staff told us it was usually clear at the start of each shift what the plan was for providing care and support.

Staff meetings, including meetings for registered nurses, were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. For example, one staff member told us they had brought up an issue around the delivery of care. They said; "I felt listened to, although the process could not be changed at the time, I had a better understanding behind the reason we need to do things in the way we do."

The registered manager kept up to date in areas relevant to the needs of people, with new guidance and developments that promoted and guided best practice. They used this knowledge to inform staff and drive improvement. For example, we saw that the registered manager worked with the care home in reach team. The in reach team gave advice, training and information for care and nursing homes that provide care to older people living with dementia.

Feedback forms were completed and the results of people's and their relative's feedback was actively sought. Examples of feedback we saw included, 'Staff are happy to take [person] out for walks, weather permitting,' and 'I like having the chapel, it's crucial'. The feedback also included a, 'Things to change' section. Most responses were unable to identify anything they wanted to alter, but small suggestions included food and drink and the environment. They were used to make changes and improve the service, for example the menu and choice of food. 'Resident and

Good

Is the service well-led?

Relatives' meetings were held. People and relatives said they had plenty of notice of meetings and that they were warm and welcoming opportunities to discuss, "Anything and everything." Minutes were taken and made available to see following the meeting.