

Clifton St. Anne's Personal Care Services Limited

St Johns House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: The service is a residential care home that was providing personal care and accommodation to 32 people aged 65 and over at the time of the inspection.

People's experience of using this service: People using this service benefited from a service, which had maintained and built on the outstanding work that they did with people. People told us the service was, "Fabulous", "The best there is" and "Like living in paradise."

The provider demonstrated how they had achieved outstanding practice, development and improvement at the service. The leadership team sought creative ways to provide a personalised service and had achieved excellent results through exploring best practice and professional support and implementing it to enhance people's lives.

The staff team were highly motivated and were actively involved in and contributed to the continuous improvements in care and support. The provider and registered manager were dedicated to providing individualised care that met the highest of standards and promoted people's independence and quality of life.

The registered manager demonstrated a strong and supportive leadership style, seeking feedback in order to further improve the care and support provided. The registered manager and staff team used innovative, but safe practices to develop people's independence and create a vibrant, happy and thriving community.

Communication within the service was excellent at all levels and encouraged mutual respect between staff and people who used the service. People received exceptionally effective care. Staff collaborated with people and relatives to find out people's interests and needs so they could provide person-centred, tailored packages of care that had a positive impact on outcomes for people who used the service.

The provider had attained regional and national recognition through accredited schemes, which acknowledge quality practice such as The Living Wage Foundation and Customer First. The management team encouraged and consulted with staff at all levels to improve the quality of service and all staff were encouraged to develop positive relationships with people living at the service and with each other. Staff took key roles to research best practice and promote better outcomes for people. For example, the activity co-ordinators had worked with a national company to develop and deliver person-centred activities which people found stimulating and enjoyable.

There was a truly holistic approach to assessing, planning and delivering care and support. Each person who used the service had a personal plan linked to their preferences and needs. Their wishes and choices were recognised and valued and people received excellent support to achieve a full and satisfying way of life. People were at the heart of the service, which was organised to suit their individual needs and aspirations.

Staff were caring, kind and compassionate with people, recognising them as individuals and treating them with respect and dignity. There was a strong emphasis on eating and drinking well. Meals were an enjoyable occasion, tables were attractively set and people could either sit in social groups they felt comfortable with or take their meals privately in their own rooms according to preference. Themed days, including special meals and celebration meals, featured regularly on the menu.

The atmosphere within the service was exceedingly friendly and open. A positive and innovative way of managing risk was discussed and developed with people who used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

More information is in the full report.

Rating at last inspection: Outstanding (report published 9 June 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating. The service has improved its rating of outstanding in two key questions, and now has achieved outstanding in four.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally Caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally Responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally Well-led.

Details are in our well-led findings below.

Outstanding 

St Johns House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection on both days and was assisted by a second inspector and an Expert by Experience on day one of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience on this inspection had expertise in caring for older people.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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: The inspection was unannounced on the first day and we informed the provider we would be returning on the second day.

What we did: Before the inspection we reviewed information available to us about this service. This included incidents the provider must notify us about, such as abuse; we sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with the provider, registered manager, deputy manager and four members of staff. We also spoke with 24 people and nine relatives/visitors and spent time observing the environment and the dining experience.

We looked at three people's care records, a selection of medication administration records (MARs) and documentation about the management and running of the service. This included recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People continued to be safe and protected from avoidable harm. Legal requirements were met.

People and relatives said they had no concerns about the service and felt people's safety was a high priority. Everyone said there were plenty of staff on duty and people commented, "Staff respond to the call bell very quickly", "Best place there is – always clean and warm" and "I feel safe and well looked after."

Systems and processes

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff had received appropriate training and demonstrated a good awareness of safeguarding procedures. They knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These were individualised and provided staff with a clear description of any risks and guidance on the support people needed. Staff understood to promote people's independence and freedom, yet minimise the risks.
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager had oversight of these and the provider monitored them for any trends or patterns.
- Staff completed thorough records of incidents, which helped when monitoring them.
- There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement.

Staffing levels

- The dependency levels of people who used the service were assessed to ensure there were sufficient staff on duty over the 24-hour period.
- We saw staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- We saw medicines were managed safely.
- The care staff said they had received training in the handling of medicines. This was confirmed by our checks of the staff training files.

Preventing and controlling infection

- The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- There was a holistic approach to assessing, planning and delivering care and support. Staff produced comprehensive assessments on admission and developed person-centred care plans.
- The service worked closely with health and social care professionals, people and families to ensure people's abilities, hopes and preferences were recognised, recorded and shared amongst the staff.
- The online recording system ensured notes and handovers were accessible and staff could catch up easily when they were away from the service for longer periods.
- The service links with health and social care services were excellent. For example, the deputy manager had a weekly meeting at the GP surgery to discuss people's care.
- Staff kept up to date with new research and development to ensure they followed best practice and were innovative in their approach. For example, the provider worked with Bradford Royal Infirmary in 2017/18 and introduced a 'Falls Huddle Initiative'. Falls were closely monitored and recorded with action taken to reduce risks. The initiative had a significant and positive impact for people by reducing day-time falls by 37%. The success of this pilot was shared with other providers and discussed at the local Independent Care Group (ICG).
- The service had sustained the good practice identified at our last inspection and had made further improvements.
- The service had attained regional and national recognition through accredited schemes which acknowledge quality practice. For example, the provider received an award from Customer First in March 2018. This is an independent award based on feedback from staff and people who used the service. People told us, "This is the best place around here", "I am truly looked after, it's Paradise" and "Any issue is resolved immediately. Staff can't do anything more, anything we ask for happens."

Staff skills, knowledge and experience

- People were supported to take part in the recruitment of staff and volunteers and had an influence on the outcome. Two people told us, "I was on an interview panel to select the deputy manager" and "I was part of the panel to interview a new member of care staff." The registered manager said, "I have worked to ensure that residents have been included in every staff interview and their contribution has been significant and has helped to challenge some people's view of care home residents."
- People received excellent care from well trained, motivated and highly skilled staff. Training was tailored to individual needs and learning styles of the staff. Staff with disabilities had adapted training provided for them.
- Staff received effective diversity training and the service modelled a clear ethos of tolerance and respect throughout the organisation. The provider's values of Openness, Integrity, Compassion and Joy informed all

decision-making and practice.

- There was proactive support and appraisals for staff, which recognised that continuing skills, competence and knowledge were integral to ensuring high-quality care and support.
- The provider was committed to developing their staff and promoting them to higher positions whenever possible. One member of staff said, "I have the opportunity to develop within my role. Since starting I have grown in confidence and have achieved qualifications at care and management level."

Supporting people to eat and drink enough with choice in a balanced diet

- There was a strong emphasis on the importance of eating and drinking well. Input from dietetic specialists was recorded in care files, and staff acted on their advice.
- People identified as at risk of malnutrition and dehydration received fortified diets and high calorie drinks. The chef was the nutrition champion and gave guidance to staff to ensure people received the right support with eating and drinking.
- People praised the chef and the quality of food provided. They told us, "Food is excellent, fabulous cakes" and "We are given plenty of choice, everything is beautifully made."
- Meals were flexible and took into account people's preferences and patterns of eating and drinking. For example, a choice of food was offered at lunch time.

Working with other agencies to ensure consistent care for people; supporting people to live healthier lives, access to healthcare services and support.

- Champions actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. For example, there were two medicine champions who had been trained by specialist nurses to take blood samples so people received more timely care.
- The provider worked in partnership with other organisations to make sure they were training staff to follow best practice and contribute to the development of best practice. One example of this was an initiative with the Clinical Commissioning Group (CCG) locally to trial the use of communication and information technologies that supported healthcare at a distance.

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

- People had been actively involved with the appointment of two new gardeners who worked closely with people to create personalised and accessible garden space, which one person told us, "is marvellous."
- People's feedback in surveys had been listened to and acted on resulting in an increase to the size and surface of the carpark – the gravel surface was replaced with tarmac for safer and easier walking. People's requests for designated pick-up and drop off zones and a clearly marked zebra crossing area had led to increased safety for people when using the outside areas.
- The use of national guidelines on living and care environments had resulted in people living in a service that provided them with small, cosy areas to use for their preferred activities and private space to spend time with their families or visitors.
- Space was maximised and used creatively to promote independence. For example, easy chairs were positioned at the end of every corridor in case people needed to rest when walking on their own.
- Technology was used to support the delivery of high-quality care and independence. Internet access was available across the whole site, a computer was available in one of the lounges and direct dial telephones.
- The service actively supported people to maintain relationships with family and friends and encouraged communication. For example, people had access to a specialist computer system called Simply Unite, designed for the specific needs of older people. It enabled people to set up email accounts simply, search the internet and skype their loved ones.
- The service developed a Facebook page at the request of relatives who wanted to have a quick view of what was going on in the service.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living at the service had capacity and were able to give consent.
- Training records showed that staff had received detailed up-to-date training on DoLS and the MCA.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- There was a strong, visible and person-centred culture and staff built positive relationships with people. For example, every person had a member of staff allocated to them called a 'Care partner'. Care partners got to know their resident really well and pictures of them were in the person's room to ensure they and their family were familiar with them.
- People were treated with respect and staff looked for ways they could build people's self esteem. For example, on the outside of bedroom doors (where people had consented to this) was a 'bee's knees' picture. Staff told us the main aim was that the picture should make the person feel the 'bee's knees' but also stimulate conversation and take people to a 'happy time in their life'. One person told us about the picture of themselves in a lovely 1940's dress on the outside of their door. They said, "I love this picture because it reminds me of what I used to look like before I became old. It brings back such happy memories as it was taken on a holiday."
- People received exceptional care and support from staff who were extremely compassionate and caring. One visitor told us, "Staff are fantastic, caring and patient with people. This is one big family, you are made welcome when you visit and given a drink and a cake." Without exception people told us their care was, "Brilliant", "The best there is" and "There are not enough words to express how marvellous it is."
- Staffs commitment and enthusiasm for their work was reflected in the mottos on display in the entrance area. They read, 'One kind word can change someone's entire day', 'The most important thing - to enjoy your life and to be happy is all that matters' and 'Home is where our story will always begin.' One member of staff told us, "We have time to sit and chat and spend quality time with people. We get to know them really well and we have some lovely friendships with them."

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

- The service was exceptional at helping people to express their views so that staff and managers at all levels understood their views, preferences, wishes and choices. People's said their consent was sought for a range of situations and their relatives, advocates and significant others were included in the annual care reviews. People said they had excellent communication with staff and were involved in decision-making around their care. People were not rushed and were given time to speak and when they did, staff listened and acted on what they said and respected their views.
- People were involved in creating and reviewing information and privacy policies so they had complete confidence in them. For example, a recent change in data protection legislation meant the provider had discussed this with people, as it affected their contract with the service.
- People were actively engaged with external organisations and supported local charities in the wider community on a regular basis. Staff and people chose charities to fund-raise for. This included a cancer

charity which had links to staff and people's families and sponsoring the blind as this was of particular interest to one person. The service supported a dogs' trust as a lot of people had a love of dogs. People had decided they would like a dog to live with them, as a lot had pets in their own homes; the dog was from the RSPCA and it was a joint decision from everyone to choose her. The service also sponsored an animal sanctuary and they came in with animals for people to feed and hold such as lambs and kittens.

- There was an inclusive culture, which focused on developing friendships and strong relationships between the people who used the service, staff, families and friends. People had been involved in sending shoe boxes of gifts to one member of staff's relative and other overseas members of the armed forces. Since then the service had been really involved with the Army Barracks at York. They visited the service with a tank, which people found to be a wonderful experience. The Army had also looked into the background of people who had been in the armed forces and a number of people were due medals, some of which would need to be presented at Buckingham Palace as what people had done was significant.
- Staff training meant they understood about people's human rights, diverse needs and life choices and used appropriate language and support to offer people a safe and inclusive environment. Staff were knowledgeable about and respected people's faith and religious needs. They offered people support to enable them to attend services both in the community and within the service. One person assisted the local clergy with leading the monthly in-house service, a job that they really enjoyed doing.

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people who received support consistently demonstrated a high regard for people's dignity and respect. The staff's approach was professional, but friendly and caring.
- Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, called them by their preferred name, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care.
- The catering, domestic and activity staff all met with people shortly after their admission to ensure the support they required was delivered in a person-centred way that respected their wishes and preferences. For example, one person told us, "Even the maintenance person talks to me and has ensured my belongings are displayed nicely and where I can see them best."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

How people's needs are met; Personalised care

- People told us the service was extremely responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require.
- Care plans highlighted individual needs and preferences and included very detailed person-centred information. People told us, "I am able to make comments about what is happening to me", "I get my say in any reviews" and "I get to choose what I do and staff support me with this." One family member said, "We have access to [Name's] care file and we attend reviews about their care and support." This was with the person's permission.
- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so they felt consulted, empowered, listened to and valued. For example, relatives who had power of attorney for health and welfare could access 'the relatives' portal'. This was an on-line system for them to view their family member's care records and care plans. One relative said, "So many of the team come into contact with my relative and all show friendliness, a joy in their work and a genuine fondness which is very touching. My relative tells me often how well cared for they are and how they feel safe and content at St Johns."
- The service made extensive use and application of technology. People were involved in decisions about how it is or could be used. People used Skype or What's App (instant messaging) to communicate with family abroad. One person used Face time (video messaging) and another used email to keep in touch with their loved ones. Staff let families know about planned activities and entertainment via the internet so they could decide if they wanted to join in. Staff also used video call to contact families if people were upset or wanted to share an experience with their relatives.
- The service was proactive in understanding the needs and preferences of people and provided care that promoted equality, including protected equality characteristics. Staff had received in-depth training on equality and diversity; all policies and procedures were up to date and reflected the provider's commitment to being inclusive and respectful of people's diverse needs.
- The registered manager had completed dementia care matters training and cascaded this knowledge to staff. People in the early stages of dementia benefitted from being supported by staff who recognised the importance of offering people choice in a way they could understand.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- The service used innovative ways to enrich people's lives through activities and social events that enhanced their quality of life. For Halloween, the service was decorated and people and staff dressed up. A message on social media (closed forum) encouraged local people to bring their children trick or treating, which people enjoyed and made them feel part of the community.

- People told us activities had a huge impact on their lives. One person showed us the knitted toys they loved to make, which they then sold to raise funds for the residents. Other people spoke about their art classes, baking, gardening and interactions with children from the local school, where they went into classrooms to listen to children read.
- The service took a key role in the local community and was actively involved in building further links. For example, people had been involved in making poppies for the school as requested by residents – they knitted and sold them. The service encouraged people in the village to start knitting as well by putting a poster in the post office.
- Contact with other community resources and support networks was encouraged and sustained. For example, people went into the local schools and they in turn visited regularly to do arts and crafts and singing with people. People were invited to attend the local Christmas Lights switch on and the local community choir came to sing to people. People told us, "We feel important and valued."

Improving care quality in response to complaints or concerns

- People who use the service and others were involved in regular reviews of how the service managed and responded to complaints. The service could demonstrate where improvements had been made as a result of learning from reviews such as the changes to the car park mentioned earlier in the report.
- In 2018, the provider launched the regular practice of incorporating resident meetings with 'department' meetings, for example housekeeping, to enable staff to get first-hand feedback from people. The provider told us it had proven extremely beneficial with very positive feedback from staff who felt very appreciated and were able to rectify or answer queries instantly.
- There was a robust complaint policy and procedure in a format suitable for people to read and understand. We looked at the complaints folder and saw that no complaints had been made in the last year.
- We saw evidence during our inspection that the managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have. This meant people were consulted about their care and treatment and were able to make their own choices and decisions. People told us, "I'm happy to raise problems if I need to and I know how" and "If you raise a problem it's dealt with immediately."

End of life care and support

- Staff were skilled at helping people and their families to explore and record their wishes about care at the end of their life, and to plan how they will be met so they felt consulted, empowered, listened to and valued.
- The provider worked hard to support people's families, other people who used the service and staff when someone died. Staff were offered support to express their feelings and were encouraged to attend funerals. Families could maintain a close relationship with the service if that was what they wanted. Photos and memorials were kept onsite to encourage people to share their memories.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Leadership and management; Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People said the way the service was led was exceptional and distinctive. Its vision and values were imaginative and people were at the heart of the service. Family values, happiness and people's health and wellbeing were at the forefront of the support given. Comments received included, "Staff are so kind and helpful and caring. I always leave feeling my relative is in the best possible place", "They [Managers and staff] are all brilliant. The registered manager is most capable and very approachable" and "The home is outstanding in every area – I couldn't wish for a better home."
- The registered manager's leadership in the home was exemplary with a strong emphasis on promoting independence and inclusion. All the feedback was exclusively positive and people expressed great satisfaction with the care they received.
- Staff told us how the provider and registered manager acknowledged their hard work through various incentives and bonuses. Staff felt extremely valued and respected by them.
- Staff were motivated and proud of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups. Managers developed their leadership skills and those of others. Staff told us, "The provider is interested in me; I have developed more confidence and my skills have grown", "Working here is like being with an extension of my family" and "This is a great service, I can work flexibly around my family commitments and I have a fantastic relationship with the people who use the service."
- The service had achieved accreditation from the Living Wage Foundation in recognition of their investment in their staff.
- The provider and registered manager demonstrated clear visions and values and were passionate and committed to providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. The registered manager said, "We encourage transparency by being transparent ourselves."
- There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. The provider and managers saw this as a key responsibility. An example of this was the introduction of an electronic medicine management system, which was effective at reducing the risk of errors.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The management team were compassionate, inclusive and effective. They demonstrated a high level of

experience and capability to deliver excellent care.

- There was highly effective management oversight of what was happening in the service. When asked questions both the provider and registered manager could respond immediately and demonstrated an in-depth knowledge in all areas.
- The commitment to continuous improvement was underpinned by a comprehensive range of audits in place which focused on positive outcomes for people. We found monitoring of the service to be very thorough. The managing director visited weekly and met with the registered manager, staff and people who used the service. The registered manager showed us a monthly home quality assurance audit (HQA), to audit care plans, medicines, accidents and incidents and complaints. We saw any shortfalls were identified and action taken within agreed timescales. This ensured any identified improvements were put into place in a timely way to improve people's quality of life.

Engaging and involving people using the service, the public and staff

- There was a particularly strong emphasis on continuous improvement. The views of people who used the service were at the core of quality monitoring and assurance arrangements. Innovation was celebrated and shared.
- People had a strong influence on the way the service was delivered. For example, in shaping the interview questions for new staff, deciding which charities they wanted to support and having a say in menu development and meal planning within the service. People said this made them feel empowered and consulted.
- The managing director communicated regularly with staff directly or in writing and attended meetings with them. In response to their request, the last staff survey they undertook was via text, with a much higher response rate than previously via letter. Staff were included in decision-making especially for new purchases and services such as new domestic products. Staff were regularly given bonuses and gifts for celebrations.
- Regular surveys were carried out by an impartial, external company. The management team closely analysed all questions and results and even when people stated they were satisfied but not extremely satisfied, action had been taken. For example, one person stated that staff name badges were too small – action had been taken to ensure all staff were provided with uniforms which had their names embroidered in large print. A notice board with pictures and names of all staff was also put in place.

Continuous learning and improving care

- Learning from concerns and incidents was a key contributor to continuous improvement. Staff explained that the provider and registered manager were always looking for ways to improve the service. Regular reviews of documentation, staff practice and accidents and incidents meant the service continued to change and adapt the support provided and reduce the risk of further incidents occurring.

Working in partnership with others

- The service had a systematic approach to working with other organisations to improve care outcomes. For example, when the staff did the training on moving and handling and activities this was shared with all other homes in the area and the local school – six people (teachers and care staff from other homes) attended.