

Orchard Court Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Orchard Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Orchard Court is registered to provide care and accommodation for a maximum of 34 people, some of whom may be living with dementia. There is a house and single storey flats in the grounds. The service is situated close to Brigg town centre.

The service has a registered manager. 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.

This inspection took place on 20 September 2018, it was unannounced.

At the last inspection on 2 April 2016, the service was rated good. At this inspection, we found the service had improved to outstanding. The reasons why responsive and well-led have been rated outstanding are summarised below.

During this inspection, we found multiple examples to demonstrate the staff and management team were passionate about providing an innovative, excellent service.

High quality person-centred care and support was provided to people. Staff were extremely knowledgeable about people's needs and they delivered high quality holistic care to people to ensure their needs were met.

Staff were extremely attentive and went the extra mile to ensure people's lives were fulfilling and meaningful. Staff were dedicated and made sure people maintained their hobbies and interests.

People were supported by a highly motivated staff team who went out of their way to respond to people's emotional needs.

The provider and registered manager were passionate about delivering an outstanding service to people. The providers ethos and values had been enhanced to make sure the service excelled and was inclusive of all parties. This ensured people living at the service, their relatives and staff and nurtured and involved.

Exhaustive quality assurance procedures were in place to assess the quality of the service provided and maintain people's welfare and safety.

The provider and registered manager valued the staff team immensely and supported them, they in turn,

valued and supported the service. Staff went the extra mile to make sure people living at the service were supported to engage in outstanding activities to promote their social inclusion.

Individualised end of life care was promoted to a high degree at the service. The registered manager and staff came in whilst off duty to sit with people and provide support to them and their relatives during those times.

Staff understood their responsibilities to protect people from harm and abuse. Accidents and incidents were monitored. Robust recruitment processes were in place. Infection control was maintained.

Staffing levels provided meet people's needs and they remained under review by the management team. Staff undertook training and supervision to maintain and develop their skills.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people with compassion and supported them in a kind, caring way. People's privacy and dignity was respected. Advocates were available locally to help people raise their views.

People's dietary needs were met. The food served looked appetising and nutritious. People who required monitoring of their dietary needs had this in place. Staff contacted health care professionals for help and advice if they had concerns and acted on the advice received.

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.

People were safeguarded from abuse and harm. Accidents and incidents were monitored. Recruitment systems were robust.

Staffing levels were monitored to ensure there were enough skilled and experienced staff to meet people's needs.

Medicines management was and infection control was robust.

Audits and maintenance checks were undertaken to help to protect people's health and safety.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training, supervision and a yearly appraisal to maintain and develop their skills.

People's rights were respected and care was provided with consent or in people's best interests. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People's dietary needs were assessed and monitored. People who required assistance to eat and drink were helped by patient attentive staff.

Is the service caring?

Good ●

The service was caring.

People were supported by caring, kind staff.

People's privacy and dignity was protected.

Confidential information was stored securely in line with the Data Protection Act.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People received high quality person-centred care. Without exception people received care from staff who supported them holistically and ensured their needs were met. Staff were extremely knowledgeable about people's needs and how to support them.

Staff were passionate about ensuring people had a fulfilling life and took part in experiences and activities that mattered to them.

People were supported by a staff team who were highly skilled and motivated. People had maximum choice and control over their lives.

Is the service well-led?

The service was extremely well-led.

We found the registered manager was passionate about their role. They excelled at creating an inclusive environment which strongly encouraged people living at the service, their relatives and staff to feel involved at Orchard Court Residential Home.

The provider and management team had considerable and exhaustive procedures in place to assess the quality of the service, people's welfare and everyone's safety. Excellence was promoted through the Jasmine values which were adopted by staff.

Staff were highly valued by the provider and the management team.

Outstanding 

Orchard Court Residential Home Limited

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.

This unannounced inspection took place on 20 September 2018, it concluded the same day. The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is 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 reviewed the PIR along with other information we held, including statutory notifications which the provider had submitted. Statutory notifications are pieces of information about important events which took place at the service, for example, safeguarding incidents, which the provider is required to send to us by law. We looked at the notifications we had received and reviewed all the intelligence CQC held to help us make a judgement about this service.

During our inspection we looked at a variety of records which, included three people's care records, four staff files, staff's training, supervision, appraisal and recruitment documentation. We looked at records relating to the management of the service including policies and procedures, quality assurance documents, staff rotas, complaints and compliments. We spoke with the registered manager, deputy manager, senior carer, cook and two staff. We spoke with three people living at the service and with two relatives who were visiting to gain their views. We asked the registered manager to provide us with further information following the site visit, which they provided.

Some people living at the service were living with dementia and could not tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care which,

helps us understand the experiences of people who could not talk with us.

We asked the local authority commissioning and safeguarding teams for their views prior to our inspection. We also contacted Healthwatch (a healthcare consumer champion) to ask if they had any feedback to share about this service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I am safe here." Another said, "I am safe and well cared for here." Relatives we spoke with confirmed the service provided to their relatives was safe. One said, "I feel mum is a hundred percent safe here with the staff. I would not want her to be anywhere else."

There were safeguarding and whistleblowing (telling someone) procedures in place. Staff undertook training about this and they confirmed they would report safeguarding concerns immediately. One member of staff said, "I would report issues, I have done so before." Potential safeguarding issues were shared with the local authority and Care Quality Commission (CQC). This helped to protect people.

Risks to people's health and wellbeing for example, falls, pressure damage to skin or weight loss were assessed, recorded and monitored. Risk assessments were in place and these were reviewed and updated as people's needs changed. Health care professionals were contacted for help and advice to reduce the risks present to people's wellbeing. We saw staff supported people to maintain their independence, even if there were risks present. The registered manager monitored accidents and incidents, corrective action was taken to help to prevent any further re-occurrence.

There were enough staff provided to meet people's needs. Staffing levels were monitored by the registered manager. Staff told us they all worked as a team and covered sickness and staff holidays to ensure people received safe care and support. Recruitment was robust. Checks were undertaken to ensure potential staff were suitable to work in the care industry.

Medicine policies and procedures were present for staff to follow. Staff undertook safe medicine management training. Medication administration records (MARs) were used to record people's prescribed medicines. They contained information about people's allergies so staff and health care professionals were informed of potential hazards. One minor error on one person's MAR was corrected during the inspection.

Infection prevention and control was in place. Staff were provided with aprons and gloves. Sanitising hand gel was present for visitors to use when entering and leaving the service to prevent against possible infectious diseases.

The provider had effective systems in place to ensure fire safety and health and safety checks on the environment and equipment were undertaken.

People had personal emergency evacuation plans in place (PEEPs). These contained information for the staff and the emergency services about the support people required in the event of an emergency.

Systems were in place to maintain and monitor the safety of the premises. Checks were undertaken on the moving and handling equipment; hoists, slings and wheelchairs. Fire equipment was checked including fire doors and emergency lighting. Environmental checks on water temperatures, window restrictors and the

call bell system were in place. Audits of the environment were undertaken to help to ensure the service remained a pleasant place for people to live.

Is the service effective?

Our findings

People told us the staff were effective at supporting them and met their needs. One person said, "Staff look after me effectively." Another person said, "Everything is here for me. I am well looked after by the staff."

A relative said effective care was provided, they said, "Staff provide one to one care. When I came to see mum, staff were with her and they were singing to her. They talk to mum and tell her every time when they want to move her. This means a lot."

People's needs were assessed. Information was gathered from people, their relatives, health care professionals, the local authority and discharging hospitals. This was used to create person-centred care plans and risk assessments describing the support people needed to receive.

Mandatory training was provided in subjects such as, dementia care, infection control, moving and handling, food hygiene, equality and diversity and the Mental Capacity Act 2005, fire safety and safeguarding was provided on an on-going basis to staff. This ensured the staff's skills were maintained so they were able to care for people. Equality and diversity training was provided which helped staff encourage people to live their lives with no restrictions. New staff undertook a period of induction and worked with senior staff until they were competent to deliver care. The Care Certificate, (a national training programme) was provided for staff to develop their skills. Staff undertook personal care training where they experienced for themselves what it was like to be fed or be transported in a wheelchair, which, developed the staff's empathy.

Staff had regular supervisions and a yearly appraisal where they reflected on their practice and discussed any training or development needs. This helped to support them. Performance issues were dealt with in staff supervision.

Staff worked as a team to deliver effective care and support to people. They developed a good working relationship with people and their relatives.

People's care records contained information about the health care professionals who supported them. A health care professional told us staff contacted them for help and advice to ensure people received effective care. They said, "All the staff know what is going on and I come in every week and go through all the patient needs."

People's dietary needs were assessed and monitored, their special needs, preferences or food allergies were recorded and a balanced diet was encouraged. Staff assisted people to eat and drink with patience and kindness. Concerns were reported to health care professionals to ensure people's dietary needs were met.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. The DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked if the service was working within the principles of the MCA and applying the DoLS appropriately. The registered manager informed us one person had a DoLS applications granted and another seven had applications pending with the local authority. Where people lacked the capacity to make their own decisions care was provided in their best interests following discussions with the person's relatives and health care professionals. This helped to protect people's rights. One member of staff said, "We give people choices."

The home's environment had been improved since the last inspection. A programme of re-decoration was in place. Pictorial signage helped people find their way round. People's rooms were personalised and well decorated. A relative said, "[Name's] newly decorated room looks wonderful. I love the special touch outside the bedroom door with the personal memorabilia and photographs of my parents both together."

Is the service caring?

Our findings

People told us the staff were caring and kind. We received the following comments, "This is a good place. There are lovely staff, they are polite and caring", "It is so nice, I am so well looked after by staff. I could not wish for staff to be any better" and, "Every single member of staff are fantastic, they offer the most amazing care and support. They are so caring and respectful."

A relative we spoke with told us, "Staff spend a lot of time making mum comfortable and making sure she is okay. This means a lot." Thank you card's for relatives stated, "The manager and staff are a very caring and there is a wonderful team. You all work so hard to achieve the warmth everyone feels when they walk through the door" and, "Thank you for the loving care given to mum. Knowing she was well cared for was a great relief. We will be forever grateful to you all."

Staff told us they loved working at the service because of the people they cared for. One member of staff said, "I love it here. It is not like coming to work. I am coming to see my second family. It is the 'thank you's' you receive from residents, they are so precious." A health care professional told us, "The staff are lovely to the residents. I have never heard a bad word said to people living here."

Staff understood people's likes, dislikes and preferences for their care and this was recorded in people's care files. Information about people's background, family history and working life was present which, helped staff engage and reminisce with them in a meaningful way.

People's communication needs were assessed. Information about the service was provided to people in a suitable format to ensure the Accessible Information Standards were adhered to. People told us that staff listened to and acted upon what they said.

People's privacy and dignity was respected. Dignity champions, (staff who were ambassadors for promoting dignity) were in place. Personal care was provided in bedrooms or bathroom with the doors closed. People confirmed the staff addressed them by their preferred names. People's confidentiality was maintained by staff working at the service.

We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files. From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs in respect of the nine protected characteristics of the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Advocates were available to help to support people to raise their views about the service.

Is the service responsive?

Our findings

People told us the staff were responsive to their needs. We received the following comments; "It is absolutely brilliant here. I could not wish for anywhere better. If I were not well staff would get the GP for me" and "The staff are good; they come when I press my buzzer. They got me a special bed. It is great."

People living at the service and their relatives told us staff had outstanding skills and had an excellent understanding of people's life history. For example, one person had been in the army during the war. They told a member of staff they had all their medals apart from one which they had received following their time with the Italian Army. The member of staff saw how sad the person was about the loss of this medal. The member of staff researched and sourced a medal and bought it. They bought an army uniform which they wore as a surprise when they came in and presented this medal to the person in front of their family. The person's wife told us "When [Name] presented my husband with his medal he made him feel absolutely delighted especially when [Name] presented it dressed in an army uniform. It was amazing that someone could be so thoughtful and kind. The whole family were overwhelmed, it was such a touching thing to do." The member of staff told us, "I felt proud and happy as I presented this gentleman with his medal. I will always remember the look on his face and him and his family telling me what an outstanding and amazing thing to do. It was very emotional. I will always remember this moment."

We found people at the service received individualised care from a staff team who showed an exceptional knowledge of their needs. People's care was centred on achieving the best life possible for them. For example, people living with dementia who became unsettled at night were benefitting from a new system that had been introduced where night staff wore pyjamas which, helped people understand it was night time. This had helped people to settle and go back to bed. Which meant they benefitted from sleeping and were more active during the day.

A health care professional told us the service was highly effective at meeting people's needs, they said, "All the staff know what is going on with everyone at the service, this includes the manager. Staff understand, write down and follow our instructions. I come in every week and go through all my patients and discuss other people's care, if staff have concerns. People's needs are thoroughly met here. We have a very good working relationship."

Care plans and risk assessments for each person were highly detailed and person-centred. They were reviewed regularly and as people's needs changed to make sure people received the support they required. People's care records contained a section called, 'My life so far'. This provided staff with a highly detailed summary about the person they were supporting including information about their, family history, likes and dislikes and information about their hobbies and interests. This enabled staff to deliver highly effective person-centred care.

We saw examples of excellent interactions between people and staff which, promoted their interests. For example, one person loved David Whitfield's music. The activities co-ordinator created a playlist of his music and gained photographs and information about the artist. This was used for reminiscence with the person

who became tearful due to the memories being brought back of their younger years. The activities co-ordinator wanted to do something extra special for this person. They searched the internet for a CD of David Whitfield, purchased it, gift wrapped it and gave it to them, they were overwhelmed with joy by this. Another person wanted to make a hedgehog house for National Hedgehog week. It was entered in a competition on the British Hedgehog Society Facebook page and it won. The prize received was donated to a family who could enjoy a day at the Wood Festival in Oxfordshire.

Some people living at the service told a member of staff they loved flowers. Following this conversation, the member of staff ensured fresh flowers were provided on all the dining tables. The member of staff told us, "I often think about my work and how residents talk about the gardens and flowers in their original homes. It makes me happy to know the flowers I bring for the residents makes them happy. We have dementia residents here, they love the smell and sight of the flowers. They even name which ones they are. I think if my own parents were in a home the sight and smell of the flowers would remind them of home. The comfort of flowers will always be in this home."

The service was extremely dedicated at recognising the importance of meaningful activity, social stimulation and maintaining people's family contact and friendships. Many examples of this were shared with us. One person who used to enjoy playing the piano was helped by staff to enjoy playing music again. This had meant the world to the person who could not stop smiling. Their relative wrote, "I understand you have been getting my dad on the keyboard, yet again a lovely idea. I wanted to put pen to paper to thank you and all your staff for your ongoing and outstanding care. Orchard Court has and continues to provide an excellent service to my father." Another person, with a love of woodwork and models had carved many beautiful items for their family over the years. These were brought in to remind the person of their skills. Staff encouraged and promoted the person to carry on with their woodwork by purchasing wooden puzzles and models for them to enjoy putting together.

A relative told us, "I want to let you know how highly we regard the amazing team at Orchard Court, led by an exceptional management team. Our parents moved to Orchard Court in 2014. We have spent every Christmas Day morning there ever since. As the rest of the family drift off to their various homes for lunch, I have the absolute pleasure of remaining there for the rest of the day. The manager and staff, who love to work on Christmas Day want the residents and their families to have the very best of days. The staff greet us with warm smiles and take time to make us feel special. These touches make everyone feel comfortable and part of a large family. One member of staff [Name] is dedicated to laying the Christmas tables and the love for their job is wonderful. They are an excellent role model and the biggest compliment of all, a true friend."

Staff supported people to use technology to enrich their daily lives and maintain family contact. They assisted people to send photographs and e-mails to their loved ones who lived out of the area using an electronic tablet.

Every month every person living at the service was allocated a special day where they chose what they wished to do and staff supported them. For example, one person wanted to go into Brigg and feed the ducks on the river Ancholme, this was arranged for them.

Staff were dedicated to protecting people from the risks of social isolation and promoting the service's engagement with the local community. For example, the registered manager told us their children had grown up spending time at the service. Their daughter had gone to a high school prom. As part of the celebration they had come in to celebrate with the ladies at the service all of whom had a pamper day and the registered manager's daughter and best friend got into their dresses and were picked up by limousine at the service to include the ladies living there in this celebration. The service had a local nursery group

attending on a regular basis so people could engage with children and enjoy their company. People living at the service had taken part in 'The Festival of Trees' at St Johns Church Brigg. They made and decorated Christmas baubles containing forget me not flowers and quotes about the care people received depicting effective dementia care. Fund raising for 'Aaron's battle', a local charity dedicated to assisting a young person's battle with cancer, was taking place. People living at the service wanted to undertake activities for Remembrance Day. They made hand painted poppies for a wreath and shared their experiences about the war.

Individualised end of life care was promoted to a high degree at the service. The registered manager and staff told us they came in whilst off duty to sit with people and provide support to their relatives. Relevant health care professionals supported people to make sure they remained comfortable and had a dignified death. After the person had passed away a 'book of remembrance' was created with pictures of the person and activities they had undertaken. This was presented to the family to keep their loved one's memory alive and meant there was a record of lovely memories for relatives to reminisce about. The registered manager confirmed wakes were held in people's memory and their funeral cars could leave from the service.

Very positive comments were received about the end of life care provided. For example, "Thanks are not enough at this sad time, but our sincere gratitude to every one of you for all that you did for [name]. Your care and friendship has always been outstanding", "I cannot express my gratitude for the care given to my mother over seven years" and, "The last few weeks have been very difficult, but you have made it more bearable."

People needs were assessed before they were offered a place at the service to ensure their needs could be met. Initial information was gathered from the person, their family, the local authority, discharging hospitals and from relevant healthcare professionals. This information was used to create person-centred care records, which were developed over time.

A programme of activities was provided which, included baking, art and crafts, reminiscence, and pampering session's. The activities co-ordinator told us, "We ask people what they want to do. It is all about finding out about the things they like." Two people living at the service loved meerkats, an entertainer was bringing some in to the service for people to see.

Special occasions were celebrated. On Mother's Day and Father's Day the activities co-ordinator created handmade gift bags containing surprises for people. Parties were held for the Royal Wedding and for people's birthdays. Staff made beautiful decorated birthday cakes for people and themed events took place. For example, Harvest Festival.

A complaints policy was provided to people in a format that met their needs. People told us they had no complaints to raise. Complaints received were investigated and resolved. This information was used to enhance the service provided.

Is the service well-led?

Our findings

People we spoke with told us the service was exceptional and they were very satisfied living at the service. We received the following comments, "The manager is absolutely brilliant and all the staff", "You could not find a better home. I would hate to think I would have to go somewhere else. It is a proper home" and, "I would not want to leave this service. I am very happy with everything here."

A relative we spoke with said, "I could not recommend this service highly enough. It is priceless to know my mum is in the best place possible." Other relatives commented, "It always gave me peace of mind knowing [Name] was in good hands. Please keep up all the good work you do for the residents. I am sure you will" and, "Absolutely nothing was too much trouble."

The provider and registered manager excelled at creating an exclusive environment to ensure people living at the service, their relatives and staff felt they were at the heart of the service. For example, a residents committee had been created, made up of six people who met regularly and looked at how the service could be improved. They had asked for a lounge refurbishment to take place, the committee had made decisions about the décor and furnishings they wanted along with other people living at the service. A detailed newsletter was produced and circulated to keep all parties informed of celebrations and events held at the service. Relatives received this by email, to ensure they were included. The registered manager gave out 'Appreciation Awards' to people. One person living at the service undertook small domestic tasks. This was celebrated with a certificate and presentation for being so helpful. Resident and relative's meetings were held and feedback received was welcomed and acted upon.

There was a strong governance and accountability system in place. Since our last inspection the provider had implemented a scheme called 'Jasmine Values' across the company to strengthen and develop the service further and encourage equality and inclusion of all parties. This ethos was provided to all staff on a key ring to promote 11 values staff had to adhere to, which promoted excellence at the service. For example, to "act with integrity, take care for the environment, be passionate about providing the highest standards of care." Staff demonstrated these values robustly during our inspection. We saw the provider had assessed the effectiveness of the Jasmine Values through using a survey, the results received for each of the values ranged from eighty seven to ninety five percent. Staff told us they felt respected, included and valued the guidance provided by the Jasmine Values. They told us they were well supported by the management team.

A member of staff told us, "It is lovely to see how the manager has progressed from a carer to become the registered manager. There is such a lovely team here, all are wonderful and all get on. The manager supports us all. They are brilliant."

The value of commitment and dedication was robustly promoted at the service by the management team and staff. The provider rewarded staff who covered extra shifts, they received £2 extra per hour for the extra shifts covered and more holiday entitlement, this was to say thank you for supporting the people living at the service. There was a 'Refer a friend' scheme in place. Staff working at the service who referred a friend to work there received £250 pounds after six months. Staff who achieved a National Vocational Qualification in

care or management at level five received a £500 bonus.

Events were put on for staff. For example, birthday and Christmas parties to thank staff for their continued help and support. A member of staff told us, "A surprise party was held for me. All my family were invited and I had no idea. It was so wonderful. I am truly valued here." Staff bought each other birthday presents and brought them in to the service, people living there and their relatives were asked to be present when staff gave the presents to the person so that a 'family' celebration occurred. All the staff we spoke with told us they were highly satisfied working at the service.

Quality assurance surveys were provided to people using the service, to their relatives and to staff to gain their views. We looked at the feedback received which, was very positive. This information was used to continually improve the service.

We found the management team had considerable procedures to assess the service quality, safety and people's welfare. Very thorough checks and audits were undertaken covering areas such as, people's care records, staff files, maintenance, fire safety, health and safety and infection control.

The management team demonstrated very high levels of openness. There was an 'open door' policy in place so that feedback about the service could be provided. The registered manager visited the service at different times when off duty to monitor the quality of service provided to people. The senior staff provided an 'on call' system' so staff could gain help and advice at any time. Staff we spoke with told us this was invaluable and the management team came in to assist them if necessary. This system was valued by staff.

The provider and registered manager promoted strong links with local community. For example, people from the service had been invited to The Vale of Ancholme School music event. The local authority 'Hub Meetings' (get togethers for elderly people in the local area) were attended by people living at the service. The National Citizens Service had visited after being contacted by a relative of a person living at the service, they undertook gardening and brought flowers for the services raised flower beds. The registered manager worked with other services and relevant healthcare professionals to make sure people received the care they required. The provider kept up to date with good practice guidance and new developments in the care sector. For example, the National Activity Providers Association (NAPPA) guidance to make activities meaningful for people using care services. The registered manager had carried out a sponsored Skydive to raise money for the Alzheimer's Society because of the people living at the service who were affected by this.

Staff meetings were held regularly. Staff told us they spoke with the management team between meetings if they had issues to discuss. Minutes of staff meetings were produced for those who could not attend. A member of staff said, "We have staff meeting's but can speak with the manager at any time."