Mr & Mrs C A Lewis

White Gables Residential Care Home

Inspection report

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Ratings

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

Overall summary

White Gables Care Home provides accommodation and personal care for 37 older people, some living with dementia.

There were 37 people living in the service when we inspected on 26 January 2016. This was an unannounced inspection.

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.

People told us and our observations showed outstanding and extremely compassionate carers who consistently demonstrated empathy, understanding and warmth in

Summary of findings

their interactions with people. Staff had an enhanced knowledge about the people they cared for and understood how to meet their needs. Meaningful relationships had been established between people and all the staff. Feedback from people and their relatives about the care they received was exceptionally complimentary acknowledging the exemplary approach of staff.

Staff were highly motivated and spoke passionately about their job and understood the importance of providing excellent care to the people living in the service. People spoke about the positive impact this has on the way they are cared for, and this was reflected in the feedback we received from people living in the service.

Robust systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety. Individual care records had risk assessments to ensure the safety of people using the service.

Appropriate systems ensured people received their medication safely.

Staff understood the importance of gaining people's consent to the care they were providing to enable people to be cared for in the way they wished. The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

Staff were trained and supported to care for people and had the necessary skills to do this. Recruitment processes were in place to ensure that people employed in the service were suitable for the role.

The service had dynamic management and leadership. There was an open and inclusive culture within the service. Staff spoke highly of the management team, and told us they felt supported in their roles.

An effective complaints procedure was in place. Complaints received were responded to in a timely manner with lessons learned and an action plan developed to lessen the likelihood of a reoccurrence.

The service had robust quality assurance systems to drive continual improvement in the service and referred to national guidance on best practice when required.

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

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe

People received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

People received care from staff who had the necessary knowledge and skills to be competent in their role.

Staff understood the importance of gaining people's consent to the care they were providing to enable people to be cared for in the way they wished.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Outstanding

The service was exceptionally caring.

People were consistently treated with outstanding kindness, respect and compassion.

The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes

Staff had an enhanced knowledge and understanding of people which meant their individual needs and preferences were fully met.

People were listened to and their views valued when making decisions which affected them.

Is the service responsive?

Good

The service was responsive.

People received personalised care and staff supported people to follow their wishes and aspirations.

People were encouraged and supported by staff to form external links within the local community to ensure people were not socially isolated.

People said they could raise any issue without hesitation. Their concerns or complaints were investigated and acted on.

Summary of findings

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

The service had an open and inclusive culture. Management were visible within the service and knew people well.

Robust systems and procedures monitored the quality of the service to drive continual improvement.

The registered manager had implemented innovative and creative ideas to further develop links within the local community demonstrating their commitment to on-going improvement and a dedication to challenging negative views and beliefs of what living in a care setting means.

White Gables Residential 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. This inspection was planned to check 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 inspection took place on 26 January 2016 and was unannounced. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the registered provider is required to send to us to inform us of significant events.

During the inspection we talked with and received feedback from 13 people living at the service, 10 people's relatives, three health professionals, nine staff and the registered manager and deputy manager. We looked at five people's care records, four people's medication records, four staff recruitment files, maintenance files and a selection of records used to monitor the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said "I feel completely safe, excellent place where the staff do right by you". A relative told us "[name of person] is safe here, and they [staff] call us if [person] falls and they were quick to put an alarmed mat down. We are delighted with it here".

Staff had received safeguarding training yearly and demonstrated good understanding of what safeguarding people meant. They were able to describe different types of abuse and who they would contact if they needed to report a concern. The registered manager had also introduced a 'welcome pack' for new people coming to live in the service, which included details of what abuse is, and signs to look out for. This approach meant that everyone knew what to do if they had concerns and there was open and clear guidance to support this.

People's individual care records showed that they were protected from risks which affected their daily lives. For example, people had individual risk assessments which included nutrition, medicines, falls, and accessing the local community. These contained clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as dementia and diabetes, had plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. One relative said "I think they [staff] are all excellent, very capable and highly skilled. That is very reassuring as you place your trust in them to look after [person]".

Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They told us and records seen confirmed that the risk assessments were accurate and reflected people's needs. We saw that a person who had repeatedly fallen was monitored closely by staff who had identified a trend in the early hours of the morning. The outcome was that staff assisted the person much earlier in the day and subsequently reduced the risk of falls during this time. The deputy manager is a falls 'champion' (a person with knowledge of how to reduce the risk of falls). They liaised closely with the local specialist falls team to ensure people were safe, appropriate equipment was provided and staff followed best practice.

The staff rotas we looked at reflected the reported levels of staff on duty. One staff member told us "There are always enough staff on, and if someone goes sick, the manager will step in". Existing staff, including the management team, covered shifts if necessary to ensure consistency to the care provided. This meant that people were supported by staff they knew and who understood their needs.

People lived in a safe environment. Maintenance records relating to health and safety were monitored by the maintenance person who worked within the service five days per week. One person told us, "[maintenance person] is here every day it seems, tinkering about and doing something to make sure the place is ship shape".

People had Personal Emergency Evacuation Plans (PEEP) recorded within their care records. These showed the support people required to evacuate the building in an emergency situation. One person told us "I think safety is taken very seriously here, we have fire drills and people come in to check the equipment and make sure it works". Information and guidance was available at the entrance to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected by the provider's recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Staff told us and records confirmed that appropriate checks had been made before they were allowed to work in the service. Retention of staff was good, with many of the staff having worked in the service for a significant number of years. One relative told us "The management team here seem to appoint people whose outlook is the ethos of the place. The home is founded on love".

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines. People we spoke with were satisfied with how staff managed their medicines. One person told us "I have tablets three times a day, always on time, and they watch you take them", another told us "I have tablets, they bring them and stay with me and sit on

Good

Is the service safe?

the bed and watch me whilst I am taking them". We saw that medicines were stored securely and regular temperature checks were undertaken to ensure safe storage.

People who were taking medicines on a 'when required' basis had correct protocols in place. For example, there was detailed information for staff to follow, and what symptoms a person may display if they were in pain. Staff recorded the times that medication had been given which showed that medicines were administered at appropriate intervals.

Staff prepared and administered people's medicines in a safe manner. Medicines were sometimes given within a communal area, but staff were observed to be discreet when speaking with people and when assisting people to take their medicines.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. One person told us "Everyone here knows what they are doing, very well trained. They manage to be professional as well as kind; that is not easy."

Staff were provided with the training that they needed to meet people's requirements and preferences effectively. This included examples of supporting people with their diabetes and those living with dementia. Staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided them with the knowledge and skills to understand and meet the needs of the people they supported and cared for. The registered manager had also introduced additional support around different learning styles, specifically to identify opportunities for individuals to learn more effectively.

Staff felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. This resulted in staff who were engaged in their roles and able to discuss and resolve issues as they arose. Staff had knowledge of people and their conditions, for example, people living with dementia, frailty and physical health problems. Two staff had expressed an interest in additional dementia training and the registered manager supported them in accessing formal dementia training. The expectation is that these staff will become dementia champions once qualified. As dementia champions they will share their enhanced knowledge within the team, which will promote best practice in caring for people living with dementia.

Staff described how the management team encouraged them to professionally develop and supported their career progression. One member of staff told us "Professional development is really encouraged here, including 'stepping up' to more senior roles". The registered manager told us they were introducing the 'Care Certificate'. This is an identified set of standards that health and social care workers adhere to in their work. The registered manager had undertaken the necessary training to assess staff who were working towards this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people were asked for their consent before staff supported them with their care needs for example to mobilise or assisting them with their meal. Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have capacity, an assessment had been carried out to reflect this. In addition where people lacked the capacity to make a particular decision their relatives, legal representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists.

The menu's on display showed people were provided with a varied and balanced diet. People told us they enjoyed the food. One person said "The food here is lovely very tasty. I eat little and often and they [kitchen staff] know exactly what I like. Never a problem if you want something else, lots of choice." We observed the lunchtime meal. We saw that the dining room was nicely laid out, people were seen chatting happily to each other, and were able to hear the

Good

Is the service effective?

carers clearly. The atmosphere was relaxing and conducive to a pleasant dining experience. Another person told us "Beautiful, thoroughly enjoyed it, we do very well with food here".

We saw that a choice of drinks were offered, and served how each person liked it. For example, some had a china cup and saucer, and others had beakers with coloured straws which supported them to hold a glass or cup and drink independently. Thought had been given to people's personal preferences. A relative told us "Cannot fault it, they are not just given the food, they are served it and they get a good standard of service and are treated as humans not numbers". Staff were attentive to people who were not eating, and offered support discreetly. Different plate sizes were also offered for people who had a smaller appetite and who may be put off by a larger portions. This demonstrated attention to detail and accommodating people's preferences.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals and care records reflected that people, and or relatives/ representatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants, district nurse and their doctor. One health professional told us "They always refer [people] to us appropriately, and are always prepared. They are pre-emptive as to when people need treatment, so I rarely get called in an emergency. People's dignity is always maintained, and they know their residents well".

Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing. Another health professional told us "I think it is a wonderful home and I recommend it to people. People who have come in after my recommendation have come on leaps and bounds – it's wonderful".

Outstanding ☆

Is the service caring?

Our findings

People were extremely positive and complimentary about the care they received. One person told us "They are all very caring and always ask if you are warm enough, very homely and we know who loves us". Another person told us "Cannot think of anything they could do better, we are cared for beautifully". Feedback from relatives about the staff was also positive. One relative told us "The care here is outstanding. They [staff] are extremely accommodating and nothing is too much trouble. [Person] could be contrary and not an easy person at times, but the staff were compassionate and considerate. Every one of them including the kitchen, cleaners, care staff and management went out of their way and were all incredibly kind".

We saw that staff were consistently caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Appropriate use of touch was also used to reassure people and provide additional comfort. Staff showed interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. For example, a member of staff described how one person liked to read their daily paper in their bedroom first thing and later in the day would do the crossword. A health professional told us "People are happy here, they live as they please. I would and do recommend it to anyone".

A high standard of end of life care was provided in the service. In 2014, the service received accreditation for the Gold Standard Framework (GSF). The GSF aims to reduce crises and hospitalisation, enabling people to die well in the place and manner of their choosing.

The service continued to demonstrate their commitment to ensuring that end of life care was provided in a high quality and dignified way. In-house training had been delivered to staff, and there were meetings with people and their relatives to explain what the service could offer in those circumstances. One relative told us "The family couldn't have coped without their [staff] involvement. It was amazing the love they gave to [person]. Nothing was too much trouble. Towards the end they made sure [person] was never on their own, which gave me comfort and reassurance. They looked after us all and I will never forget that kindness." Another relative said "They are so thoughtful and respectful. When we came to collect [relatives] belongings after they had passed, they had left a rose on the bed. We were so touched by that simple but thoughtful gesture. It made the room feel less empty."

The registered manager said they had also developed a weekly 'coding' system to identify deterioration in a person's health. This ensures that the service is prepared and that people receive the care they want with appropriate medication, increased communication with out of hours professionals, and DNAR (do not attempt resuscitation) documentation.

The registered manager told us that the emphasis was on keeping people out of hospital and allowing people to die at home with dignity and in line with their preferences.

The management team continually reflected on their practice to improve the care they provided. They were creative in their approach, for example, they had introduced a 'wish list' for people living in the service. They told us that often people came to live in the service and the last thing on their mind was fulfilling their dreams, expecting that those things were now out of their reach. Instead the staff aimed to help to make a person's wish happen, however small it may seem. The 'wish list' was advertised on the notice board and discussed in care reviews with people. Staff encouraged people to think more about what they would still like to experience in their life, and what makes them happy.

Examples include one person who was supported to return to a social club they were once affiliated with, other bespoke arrangements had been made for people, such as an evening dining experience at a particular restaurant, attending a staff members wedding, going out to enjoy a big cooked breakfast, and one person wanted her own family to join her for Christmas lunch at White Gables, which the staff supported to happen. This demonstrates how people are encouraged and enabled to continue to have special life experiences. The way staff talked about these events showed how much the people who lived in the service really mattered to the staff and management team. Everyone in the service was committed to making people's experience of living in the service an enjoyable one. One relative told us "The staff are very accommodating and supportive. They know [family member's] ways and are so very kind".

Outstanding ☆

Is the service caring?

There were focus groups for people to gain their views on what mattered most to them. People were also consulted on ideas the management team had before they were implemented. For example, people expressed a love of music and asked for this to be included in future entertainment. Action had been taken to explore this and musicians were being contacted locally to visit and play. The registered manager intends to approach Felixstowe academy and ask that their musicians attend. Suggestions were made for trips out, and a request for more 'keep fit' sessions. This demonstrates an empowering approach to people ensuring they had a say in any planning.

Information about advocacy was available in the service to enable people to have a stronger voice and support them to have as much control as possible over their lives. Throughout the inspection we saw that people wherever possible were encouraged by staff and advocates to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People's choices were respected by the staff and acted on. 'Residents and relative' meetings were also held bi-monthly which covered various topics such as upcoming social events, the standard of food, staff changes and suggestions for future events.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, "They [staff] always knock on the door first before coming in and asking what I need help with. They don't take over assuming they know best but listen to what I say and then help me." Another person told us, "They wash me and treat me with great respect". Another said "I can't praise the girls [staff] enough they are angels, simply marvellous. So kind and caring and incredibly gentle, I wish I could find the words to describe how much they mean to me. They have become so dear to me". We saw people being encouraged to maintain their independence, for example, care workers did not assume people needed physical assistance to stand from a chair or to mobilise, but gave verbal guidance to enable the people to achieve this for themselves.

When people came down from their rooms independently to the dining area, they were praised for achieving this, and encouraged to continue to do so.

People were seen to be given privacy when needed, such as people choosing to spend time alone in their rooms away from others.

Staff spoke to people in a dignified way, for example, we saw that one person was finding it difficult to cut up their food, care workers asked the person discreetly if they wanted help, and then which parts of the food they wanted assistance with. They then watched from a distance to ensure that the person was managing, but not causing undue attention towards that person. This approach ensured that the person's dignity was maintained.

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Good

Is the service responsive?

Our findings

People told us that they received care which was responsive to their needs. One person said, "I get what I need, the staff help me and I'm well looked after, its lovely here".

Staff delivered care and support to people in line with their care plans which reflected their individual needs. People's care records contained information about their physical and mental health, emotional and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff always had the most up to date information. One person told us "I have a shower in the evening now, it's very pleasant, they give you as much or as little help as you want. I don't get dressed until later".

Details in people's care records were personalised, and included what people liked to wear, how they liked to be approached and addressed. Information about people's life history and previous skills and abilities were used to inform the care planning process. Records also identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as to move around the service using their walking aids and making choices about how they spent their time. One person told us, "I used to be able to wash myself and now I need help. However on a good day I can still do some bits myself. The staff check what I need doing and help me when I need it".

At our last inspection people told us that they would like to go out more. Both people and their relatives told us that there were more opportunities now to do this, and staff supported this.

They were also supported to participate in activities which were important to them. One person told us "I love the quizzes and the entertainment. They [staff] always make a fuss". A relative told us "They take [name of person] out to the shops to buy new clothes and toiletries". Relatives and visitors can come into the home at any time, and are encouraged to do so by management and the staff.

The registered manager told us that engaging people with the local community was important, and that staff take people out to the local café or library, if that is their wish.

The provider also visited the service on a regular basis and took people out. This involvement meant the provider had opportunities to seek views on the service and how it was meeting people's expectations.

We observed people in a calm, relaxed atmosphere choosing their own activity, for example, in the lounge area we saw one person knitting, another reading a newspaper, and four people had memory books and care workers were looking at these with them. People had choice about whether to take part in an activity, or just sit quietly and watch.

The registered manager told us of several initiatives they had organised to give people opportunities and interest to continue living an interesting and stimulating life. A choir had been set up where people and their relatives could get involved. From this idea 'Little Gables' was formed, where children and the elderly could interact in a safe and supportive setting. Staff brought their children or grandchildren into the service and people and children could interact and play together. Feedback from people living in the service was positive about this. There was also a 'high tea' event which took place fortnightly which people told us they looked forward too and enjoyed. They also spoke about a trainer who visited to support armchair exercises.

A visiting health professional told us "There always seems to be plenty of friendly staff around. I find White Gables to have a general overall feeling of being a nice warm and safe place".

Staff talked with us about people's specific needs such as their individual likes and dislikes and demonstrated an understanding about meeting people's diverse needs, such as those living with dementia. This included how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for.

The service kept a log of concerns and complaints. The registered manager and staff had always recorded an outcome for each, and a plan of action was in place to prevent a reoccurrence. The services' complaints and concerns policy was made freely available and was current. It gave contact details of organisations outside of the service, should a person wish to raise issues externally.

Good

Is the service responsive?

Annual satisfaction questionnaires were sent out to people and their relatives to provide feedback concerning all aspects of their care. Records showed that feedback was followed up to identify areas for improvement.

Relatives told us they were kept up to date about changes in a person's wellbeing. This was reflected in the communication logs in people's care plans. This included being advised of upcoming appointments with professionals such as the doctor and optician and in the adverse event of a fall what actions had been taken to mitigate the risk and keep the person safe.

Outstanding ☆

Is the service well-led?

Our findings

There was an open and supportive culture in the service. Feedback from people and relatives was positive and very complimentary. A relative told us, "Staff, especially the management team, are visible and available to talk to if you have any concerns". Another relative said, "They [staff] are all fantastic, and the manager is a magic person and has got a special gift in relating to and settling down the resident. [Registered manager] goes down on their knees asking them what the problem is".

The registered manager ensured that staff were encouraged and supported, and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. They were encouraged to speak up and contribute in staff meetings which were held regularly, and which the registered manager always attended. One staff member told us, "Best job I have ever had, so supportive, and everyone helps one another. The manager leads by example and is always on hand if you need them. Incredibly supportive". We saw that within the minutes of staff meetings that every staff member, regardless of their role, were praised by the management team for their input and contribution at the service. Staff understood that whatever their role was they contributed to the culture, atmosphere and quality of the service. They were proud of their roles and felt valued.

The whole staff team understood and shared the, culture, vision and values of the service in its main objective to provide high quality care and continued positive life experiences to those who used it. The registered manager drove improvement in the service and was an effective leader, demonstrating a compassionate and caring approach to their role. They had excellent oversight of the service and worked closely with staff to learn and drive continual improvement. Staff told us that they felt supported and reassured by the registered manager's presence in the service. They also explained how this meant that they enjoyed their work and valued their relationships with those they cared for. Staff, families and people using the service shared that they saw the providers also took an active and responsive role in the home which made them feel secure.

People were confident in speaking to the provider who supported the innovative practices and ideas for improving the experience for those using the service. The introduction of 'Little Gables' and investing in strong community links through education and schools input (including an apprentice) encouraged and gave staff opportunities to explore how they could better deliver the care for all aspects of people's lives. Their aim was to overcome potential barriers between generations and to change some perceptions of care of older people. The atmosphere in the service showed that this was being achieved and was having a positive impact for people. The registered manager was able to demonstrate ongoing desire to develop ideas and improve, for example, they were working with a university to develop plans for working with social work students as a placement. They had clear priorities to build and develop effective links and relationships with people in the wider community for the benefit of people using the service.

The registered manager and staff showed a passionate approach and focus on people leading interesting and fulfilling lives at the service. They had explored the elements that made people's lives enjoyable, incorporating this into the way care was provided. This included all aspects of daily living which were promoted as opportunities to engage and make a difference, sometimes in small but important ways. For example, enjoyment of music, singing, food, and maintaining links with the community. Thought had been given to providing a personalised birthday cake which reflected a person's specific interests. This stimulated discussion about the person's past interests and hobbies.

White Gables has been accredited to 'Investors in People' for ten years. Records showed this was being regularly reviewed for its effectiveness against what the service was trying to achieve. The registered manager shared their plans for on-going work towards a higher accreditation at their next review. They told us this helped them to focus on ensuring that staff were retained for consistency and quality. As a result the service was able to promote and develop their staff team which supported the aims and culture in the service too. There was a mentorship program to ensure staff were supported in their new roles to help them transition with their new responsibilities. Additional support was available for different learning styles to enable staff to learn effectively in a way which most suited them. Staff appreciated that this had been tailored for them and

Outstanding ☆

Is the service well-led?

felt it really helped their development. The induction program had also been extended over a 12 week period to ensure staff were confident and happy with their training and responsibilities.

People were provided with the opportunity to share their views in focus groups and regular 'resident' meetings. A relative told us, "I think it speaks volumes about the management team and their approach. Staff want to be here, and genuinely care about the people here. There has been a constant group of people that have established into a highly effective team". These meetings explored ideas and any concerns people had, with records showing what had happened as a result. The choir had been set up as a result of one of these meetings.

The registered manager and provider were committed to promoting the importance of driving continual improvement within the service, and had demonstrated a consistently high quality of care over a sustained period of time following previous inspections. The Registered Manager knew about and referred to best practice guidance and used these to ensure that audits and delivery of care was reviewed against them. For example, following staff training in dementia care, the 'key worker' allocation was reviewed to ensure that those people living with dementia were cared for by staff who were trained in this area. Current guidance from the Social Care Institute for Excellence had been used to understand more fully the experience of living with dementia. Staff were able to tell us how this helped them to provide care for people at different stages of its development. The registered manager reviewed best practice guidance on a monthly basis and shared information across the team, to improve overall practice and prompt ideas and discussion on how it might help the care they provided. Quality assurance checks were robust and used to drive continual improvement within the service. The leadership had systems in place to maintain and store records safely and securely. The registered manager shared development within the service and any new initiatives or ideas they were implementing with the Commission on a regular basis. This demonstrated their consistent and committed approach to continual improvement and passion for delivering quality care.