

Sanctuary Home Care Limited

Montague Road Nursing Home

Inspection report

14 Montague Road
Felixstowe
Suffolk
IP11 7HF

Tel: 01394670111

Date of inspection visit:
02 July 2019

Date of publication:
24 July 2019

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

About the service

Montague Road Nursing Home is a residential care home providing personal and nursing care to 24 people living with dementia and/or mental health needs at the time of the inspection. The service can support up to 24 people in one adapted building. There are three units in the service with eight people living on each.

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

People received extremely responsive care which was tailor made to meet their individual needs and preferences. People were at the heart of the service and their choices and self-determination were consistently upheld and supported. The care people received at the end of their lives was in line with the choices they made.

People were supported to take part in activities which were meaningful and reduced the risks of isolation. The service used best practice examples and used appropriate therapies that enabled people to express emotions through the use of music and animals and doll therapy where appropriate.

The service was extremely well-led. People and staff were truly involved in the running of the service and consistently consulted. The systems to monitor and assess the service were robust and supported the provider to continuously improve the service.

People shared positive relationships with the staff working in the service. There were enough staff to provide support to people when needed. Staff recruitment was done safely.

People were provided with a safe service, the risks in their daily living were assessed and systems in place to reduce them.

Staff received training to meet people's needs effectively.

People received care and support to ensure good health and nutrition.

The service was clean and hygienic, and the environment was suitable for the people living there.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 January 2017). The key questions effective, caring,

responsive and well-led were rated good and safe rated requires improvement. There were no breaches of Regulation.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Montague Road Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Montague Road Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Montague Road Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all the information we held about the service, including the last inspection reports, information

from the service about how they managed incidents and information from stakeholders and members of the public.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with ten members of staff including the area service manager, registered manager, deputy manager, nurse, care workers, domestics, maintenance worker and the chef. We observed the care and support provided to people, interaction between staff and people and a staff meeting.

We reviewed a range of records. This included three people's care records and eight medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two social and health care professionals, who visit the service, on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to receive training in safeguarding and they understood their roles and responsibilities in reporting suspected abuse.
- Where concerns of abuse were identified, these were reported to the appropriate professionals who were responsible for investigating abuse and the management team notified us of the actions they had taken to keep people safe.
- Safeguarding incidents were used to drive improvement and reduce similar incidents happening again. This included reviewing people's care records and provision and disciplinary action.

Assessing risk, safety monitoring and management

- Since our last inspection, improvements had been made in how the staff checked equipment, including pressure relieving mattresses being set appropriately and were working properly. Equipment was checked and serviced to ensure they were fit for purpose and safe to use. This included equipment used to support people to mobilise and fire safety.
- People's care records included risk assessments and guidance for staff about how the risks were to be reduced. These were regularly reviewed and updated to ensure staff received the most up to date guidance.
- Personal evacuation plans were in place for each person, which provided guidance on the support people required should the service need evacuating.

Staffing and recruitment

- There were enough staff to provide the care and support people required. We observed staff were attentive to people's needs and any requests for assistance were addressed promptly.
- When people wanted to go out into the community, staff were available to make this happen.
- Staff told us there were enough staff working in the service to meet people's needs. One staff member said that where people required more support, the staffing numbers were increased to ensure their needs were met.
- The systems to recruit staff were safe. This included checks on previous employment and the Disclosure and Barring Service (DBS) to ensure there had been no past concerns about their good character and suitability to work in this type of service.

Using medicines safely

- We observed part of the lunch time medicines administration which was done safely by staff.

- Staff who were responsible to administering medicines and received training to do so safely and their competency was checked by the management team.
- Medicines were stored safely and the systems for auditing medicines ensured any shortfalls or issues were promptly identified and met.

Preventing and controlling infection

- The service was visibly clean and hygienic throughout.
- Staff had received training in infection control. Gloves and aprons were available for staff to use, for example when supporting people with their personal care needs, to reduce the risks of cross infection.
- Regular audits and checks on the hygiene in the service supported the staff to identify and address any issues promptly.
- The service had received the highest rating in the local authority food hygiene inspection.

Learning lessons when things go wrong

- There were systems to learn lessons and use these to drive improvement. This included analysis of falls, complaints and incidents to check for any trends and develop systems to reduce future risks.
- Lessons learned were discussed in staff meetings and shared across the organisation. This included incidents that had happened in the provider's other services and systems developed to minimise similar risks happening.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive needs assessments were completed and used to inform the care plan which guided staff how people's needs were met. This included people's diverse needs, such as their culture, gender, sexuality, race, ability and conditions, and how these affected their daily living.
- Assessments were undertaken with the input of people using the service, their family and other professionals involved in their care.

Staff support: induction, training, skills and experience

- Staff told us they were provided with training to meet people's needs effectively.
- There were systems to ensure staff received training and had the opportunity to achieve qualifications relevant to their role to meet people's needs. Training included face to face and e learning in subjects such as safeguarding, moving and handling, professional boundaries, equality and diversity and dementia. Qualified nurses were supported in their continuous learning, including verification of death, and taking bloods.
- New staff received an induction which prepared them for working in the service. Where staff had not achieved a qualification or were new to care they were supported to undertake the Care Certificate, which is a set of standards staff should be working to.
- Staff received one to one supervision meetings, which provided them with the opportunity to receive feedback about their work, raise any concerns and to identify any training needs.

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

- People told us they enjoyed the food they were provided with in the service and always had a choice of meals. One person said that the chef was, "A really good cook."
- We spoke with the chef who had a good understanding of people's specific dietary needs and how they were met. This included the consistencies of food when people required a softer diet to reduce the risks of choking and high calorie food and drinks to help people to maintain a healthy weight.
- Lunch time was a social and positive occasion, where people required support to eat their meals this was done at their own pace.
- People were offered drinks regularly and were reminded by the management team to ensure that during the hot weather this was done more often. One person showed us the bottle of water they had and offered us a drink saying, "It is hot, we have to keep drinking."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where concerns about people's wellbeing were identified, appropriate referrals were made to health care professionals such as dieticians and speech and language therapists when, for example, there were concerns about people losing weight or who were at risk of choking. This ensured people received the treatment they required.
- People's care records included information about when they had received treatment from health care professionals and the outcomes were included in their care plans to ensure they received consistent care which met their needs.
- Information was provided to other professionals about people's care needs, for example if they required hospital admissions.

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

- The environment was suitable to meet the needs of people using the service. Items such as red toilet seats and hand rails that were different colours to the walls assisted people to see more clearly if they were living with dementia or had some problems with their sight.
- There was signage in the service, such as where the toilets and bathrooms were, and people's bedrooms had a memory box at the door with items such as photographs and items of memorabilia. In addition, bedroom doors looked like the front doors of houses, all in different colours and had numbers on them. These helped people to navigate around the service independently.
- There were communal lounges around the service and a large secure garden. The door to the garden was open and people enjoyed walks around the garden throughout our visit.
- There was a programme of new flooring being laid. The registered manager told us that good practice guidance relating to continuous flooring was being tested to reduce the risk of falls.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records included information regarding their capacity to make decisions. Staff were provided with guidance on how they could support people in making decisions about their day to day living. Staff asked for people's consent before providing any support, such as if they required assistance with their meals.
- DoLS referrals were made appropriately and these were kept under review, to ensure that people were supported in the least restrictive way.
- Best interest decisions were clearly documented, as were where people had appointed people to look after their affairs, such as finances.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to have good relationships with all the staff who worked in the service. People responded by smiling and chatting to staff. One person said, "They [staff] are all very kind."
- Staff effectively communicated with people, such as positioning themselves at eye level and using touch to reassure people.
- There was a warm and friendly atmosphere in the service. All the staff we met, spoke about and interacted with people in a caring and compassionate way.
- We saw several cards and letters thanking the service for the care and compassion showed to people. One received from a relative said, "A heartfelt thanks to you all for the tenderness and care you gave to [family member] it was above and beyond, such a comfort to know [family member] was fabulously looked after."

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

- People's records showed that people, and where appropriate, their representative, were included in how their care was assessed, planned for, met and reviewed.
- Staff were very knowledgeable about the people they supported and understood when people demonstrated what they did and did not like to do.
- Some people using the service had advocates who supported them in making decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff knocked on people's bedroom doors before they entered, and doors were closed when people were supported with personal care.
- Where people had requested, they had a gate to their bedroom door to ensure their privacy from others living in the service.
- People were provided with a choice of if they wanted to wear an apron when eating their meal to keep their clothing clean. The aprons were individual to the person who designed their own.
- People were encouraged with their independence, such as when eating and mobilising.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

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

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

- People received high quality care which was extremely responsive, and tailor made to their needs. People's care records were very person centred and identified how their diverse needs were met.
- Some people who used the service demonstrated behaviours that others may find challenging. Staff were provided with extremely detailed guidance on how people demonstrated their anxiety, when this was escalating, the support they required and when they were calming. This information was personalised to each person and ensured they received the care and support they required to reduce their anxiety and distress.
- Staff had received training in managing behaviours positively, which supported them in the highly personalised support provided to people when they were distressed.
- Staff were highly knowledgeable about people's individual needs and they told us about people and how they were supported, which was corroborated by care records.
- One staff member told us how they had built trust with a person over time, which resulted in them being able to support the person with their personal hygiene care to meet their needs.
- Creative ways of reducing a person's anxiety had been developed and used by domestic staff, when cleaning the person's bedroom and using cleaning products. Staff gave the person choice and control whilst cleaning the room and this reduced the person's anxiety, while remaining in control of their personal space.
- There were numerous examples of innovative one to one support provided to people which had extremely positive outcomes which met their hopes and aspirations. An example of this included the work that staff had done to support a person to purchase their own clothing in the community, which they had not done for many years. This included detailed planning that involved the person and kept them safe. The service staff went beyond the norm to make this happen.
- People who used the service, a relative and professionals were highly complementary about the person-centred care provided. One person said, "I am looked after here." One professional told us, "I am confident in [registered manager's] judgement to decide if a placement is appropriate, people have made great progress. They have also stepped in when people have had to move urgently from another service." They shared examples of how positive outcomes for individuals had been achieved due to the care and support provided and said, "They liaise with us, family, social workers well from admission to discharge."
- A person's relative told us how they felt that the service was responsive to their family member's needs and how the staff went over and above what they expected, "They call an ambulance if needed and let me know. One of the staff came in and sat with [family member] all afternoon when [family member] was in

hospital." This was confirmed by a staff member who told us that when people were admitted to hospital staff often spent time with them to reduce their anxiety.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to go out into the community when they wanted to. During our arrival to the service we saw a person going out with a staff member, another two people arrived back with staff after going out to have a coffee. They were wearing sunhats, which demonstrated the staff were aware of supporting people in the sunshine. When people were at the main door, they were asked if they wanted to go out instead of diverting them away. This responsive and respectful way that people were cared for developed good outcomes to reduce people's anxiety as staff took time to ascertain their wishes and reduced potential boredom.
- We saw photographs of various meaningful activities people had participated in, including going to a local beach hut on the sea front. Therapy dogs, alpacas and a chicken had visited people. We saw records which identified that the animals were taken to visit people in their bedrooms if they did not want to join in with the group. Signs in the service advertised a future visit from miniature donkeys, a staff member told us that people had liked this and it had been planned again.
- We observed a staff meeting where staff were asked to work with the people they key worked and identify 'red letter' days where people could do something they had always wanted to. One staff member said that one person wanted to go sailing, the team discussed how they could make this happen to ensure their wishes were being met.
- During our visit to the service we saw the chef doing a food order with a person who used the service. This one to one time interested the person and included them in what was happening in the service. The person was smiling and told us about what they were doing. The person told us that on birthdays they chose a special meal and they had already told the chef what they wanted.
- There were three activities coordinators working in the service, all of different ages, which assisted the activity provision to be varied and interesting to people.
- The environment was extremely accessible to people using the service. An example of this included the garden had paintings of shop windows, which resembled a town centre. A shed had been furbished with potting items and magazines for people to use. We saw people used the garden during our inspection visit.
- There were numerous items in the service which people could use and touch to stimulate their memories and senses. There were lots of items of memorabilia including an old style telephone, grandfather clock and typewriter. On the first floor there was a miniature seaside display. One staff member told us about how a person liked to touch switches and locks, there was a board with a range of locks, knobs and switches which they could use.
- There was a sensory area in the service with light strings that we saw people chose to sit in.
- One person's wellbeing benefited from doll therapy, we saw them rocking the baby and when we spoke with them they told us the baby was sleeping. They used an old style pram taking the baby out for a walk in the garden.
- People were supported to maintain relationships with people who were important to them. This included the reconnection with family members, which was completed in an empathetic and extremely compassionate way which had very positive outcomes for the people involved. The registered manager had gone above and beyond in sensitively making arrangements that were based upon choice and permissions that had a positive outcome for those family members.
- The chef told us that people could share a meal with their relatives if they wanted to, which helped with maintaining meaningful relationships.
- People had the opportunity to try different food, such as during activities to celebrate days like St Patricks Day, a hog roast was planned later in the year and the chef was looking at doing a day for Chinese New Year.

These events developed cultural and social benefits for people.

- Every Thursday there was a breakfast club, where people chose what they wanted and used the time to socialise. One person told us how they enjoyed this and what they had on that day. The chef was responsive to people's needs and told us that they had reviewed the menu for lunch and dinner on this day because people were not often hungry later in the day.
- One person told us that they liked music and had a keyboard in their bedroom. This was confirmed by the registered manager who told us that the keyboard had been moved from the communal areas to the person's room because they liked to play it. Taster lessons had been arranged for the person. In addition, there was a piano on the first floor with a sign telling people to play if they wanted to.

End of life care and support

- The registered manager shared examples of the extremely compassionate ways people had been supported to make end of life decisions and these happened in line with their choices. This included supporting people to have the funeral that they wanted. People were supported with decisions and enabled to make arrangements for themselves with the assurance that they would be carried out after their death.
- People's care records included very detailed information about their decisions for the end of their lives, this included where they wanted to die and if the medical interventions they wanted or did not want, such as resuscitation. This demonstrated that people's views were discussed and valued.
- As a result of speaking with people's families who were present at the end of their family member's lives, boxes had been developed with items in it such as pens, puzzle books, tissues, cushions and blankets which could be used to support people's comfort and dignity.
- We saw several cards and letters thanking the service for the care and compassion showed to people at the end of their lives. One from a person's relative stated, "The last days of [family member's] life in your care demonstrated to me what scale you are at out of this world...the care and compassion to [family member] is something I will never forget."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The ways that people communicated was included in their care plans, which included guidance for staff about how to communicate effectively with people.
- Staff had an excellent understanding of the ways that people communicated. An example of this was a discussion led by a staff member in a team meeting about a person who had difficulties with engaging with others verbally and may benefit from having a pen friend. This was discussed by staff about how this could be facilitated and others who may benefit from this. An agreement was made that they would look at people living in other services in the community who may also like this, which could create friendships for the future.
- Documents were available for people in plain English and in picture format to aid accessibility.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and this was displayed in the service to advise people using the service and visitors about how to make a complaint or raise concerns.
- People knew how to raise a complaint, one person's relative told us, "If there are any problems they are soon ironed out."
- Records of concerns and complaints were kept which demonstrated they were investigated, responded to and used to drive improvement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

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

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

- Since our last inspection of 14 December 2016 (published 24 January 2017), there was a registered manager in the service. This registered manager was registered with the Care Quality Commission in April 2018. In the time the registered manager had worked in the service they had made improvements and continued to look at ways to improve positive outcomes for people. This included the development of very meaningful activity and high quality individualised care provided.
- The registered manager and provider kept updated with good practice and research to develop the service and improve outcomes for people. This included the improvements to the environment being accessible to people living with dementia and sensory loss, such as the garden. Recent research suggested that the types of flooring used may reduce people falling. New flooring was being laid throughout during our inspection visit.
- People were always central to the care provision, this was clear from our observations, records we reviewed and discussions with people using the service, staff and the registered manager. The registered manager led by example and the staff working in the service were highly motivated and proud of the high quality care provided to people.
- Staff were truly involved and consulted in the running of the service. There were a range of staff who took the lead in numerous subjects including infection control, dementia, moving and handling and diabetes. These staff took a lead in checking that records were up to date, equipment was safe to use and checked as required. This reduced the risks to people receiving unsafe care.
- People received an extremely high standard of care because care planning documents had been improved and gave staff clear guidance on how to support people, including how they were supported to reduce their anxiety and distress. All of the staff spoken with understood people's individuality and were able to tell us about triggers to people's distress and how they were supported.
- The service had a strong commitment to continuous improvement. Case studies were completed to identify when specific work had been undertaken to meet people's diverse needs, these identified when things had gone well and what could have been done better going forward. This supported the service to improve the care and support provided to people.
- There was an extremely open culture in the service. The comments made by people who used the service, relatives and staff were valued and used to drive the provision of high quality and compassionate care.
- The registered manager was a highly visible presence in the service, and was available to people who used

the service, visitors and staff. People responded to the registered manager by smiling and chatting, they clearly knew the registered manager well.

- In 2018, due to the high quality catering provided to people, the service had been highly commended in the Suffolk Care Home Awards. This year a nomination had been put forward for support services, which they were waiting for confirmation if they had been shortlisted.
- People using the service, a relative and professionals were highly complementary about the registered manager and how the service was led. One professional told us, "[Registered manager] has an understanding of needs and reacts to them, acutely aware of the clients. I am happy with [registered manager's] knowledge, always friendly... no suggestions to improve. I do trust them to be open and honest." One person's relative told us, "I meet with [registered manager] every week to see how things are going. [Registered manager is very good." One staff member said, "[Registered manager] is the best manager, fabulous, is hands on and so supportive." Another staff member commented, "Hands down the best manager. Manager in a million and [deputy manager]. We all work together as a team and all valued equally."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the Duty of Candour. This was evident in the records of complaints and investigations to incidents. This included sharing information with people and, where appropriate, their representatives, apologising for any shortfalls and lessons learned going forward to continuously improve the service provided.

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

- The registered manager had an extremely good oversight of what was happening in the service. They were highly knowledgeable about the people who used the service and the conditions which affected their daily lives. This was evident in the very person centred support provided to people at the end of their lives and reconnecting with family, which was done in a sensitive and empathetic way.
- The staff had a clear understanding of their roles and they were very knowledgeable about the people they cared for and driven to provide high quality care. This included all staff, care, domestic, activities, maintenance and catering. This also demonstrated the highly open culture in the service where all staff were working together to deliver the best care possible to people.
- We observed a staff meeting which demonstrated that the opinions of staff were valued and used to improve the service. We saw that staff were able to share their views and suggest how the service provision could improve. Discussions showed that staff challenged each other and work practice. Agreements were made going forward to improve the service. This positive and open culture within the staff team assisted them to share good practice and deliver high quality care to people which met their needs.
- Staff were very positive about the service they worked in. One staff member said, "I would not be anywhere else." Another commented, "We all work together as a team, it is good place to work."
- There were robust quality assurance systems which demonstrated that the provider and registered manager were able to independently identify shortfalls and take swift action to address them. Action plans were in place which demonstrated that improvements were monitored, with clear timescales for implementation to ensure people received high quality care at all times.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their representatives were consulted about the service provision through satisfaction questionnaires, meetings and reviews of care. People's views were valued and used to drive improvement.

- A notice board in the entrance to the service held information about the results of recent satisfaction questionnaires and the actions that had been taken as a result of their comments. This included to improve communication by introducing a key worker system and the development of more accessible documentation. This demonstrated that people's comments were taken seriously and used to develop the service provided.
- There were various methods of supporting staff, including support for those who were menopausal.
- Staff were supported to recognise and evaluate what was going well and areas that could be improved on, these were valued and used to drive continuous improvement. The registered manager recognised that investing in staff and the culture of the service empowered staff to make suggestions and continuously improve.

Continuous learning and improving care

- There was a system to ensure staff received the training they needed to meet people's needs. Where updated training was due, staff were informed of this and this was kept under review to make sure it was done. Staff were provided with updated training in line with changes within the care industry, including the ways that people's personal records were maintained.
- Qualifications were offered to staff which were relevant to their role. This included the deputy manager was doing a management qualification. The chef was undertaking a qualification in hospitality and management and a course on the specific dietary needs of people, which when completed there was a plan to role this out to other catering staff in the provider's services.
- The registered manager told us how they used Skills for Care self-assessments to drive improvement. This was confirmed in records which demonstrated how the service had used published good practice guidance in the ongoing development of the service.
- The registered manager had held creative bespoke workshops to improve staff's knowledge and the outcomes for people relating to their capacity and the use of the least restrictive practice. This included Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), including the development of pocket sized guides for staff to refer to when needed. How to provide personal care to people in a caring and empathetic way was also delivered, this included demonstrations from male staff about how to assist people to shave. These related to the people using the service to ensure they were provided with high quality care.
- The provider had developed an open culture and lessons were learned when issues had happened. Learning was shared between the provider's services when care could be improved and when things had gone wrong, how to reduce the risks of similar happening in the future. This included developing training for staff.

Working in partnership with others

- The registered manager attended meetings with registered managers from other service in the Felixstowe area. They worked together to improve the outcomes for people living in the community. This included sharing good practice and training. The registered manager, as a result of these meetings was looking at inviting children from schools to visit with people, the registered manager was delivering a session to one service regarding how to support people with behaviours that may challenge others.
- The registered manager told us they had very good relationships with other professionals involved in people's care, including commissioners, and health care professionals. This was confirmed by one professional spoken with who told us that the service had, "Been willing to help and empathetic in managing challenges people have with their behaviours, find the home see the positives rather than the challenges, [registered manager] and deputy listen to factors and are empathetic."