Anchor Trust

Firth House

Inspection report

18 Firth Mews
Millgate
Selby
North Yorkshire
YO8 3FZ

Tel: 01757213546

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 1 and 4 July 2016. The service was last inspected on 16 September 2014 when the service was found to be compliant with the regulations inspected.

Firth House is owned by Anchor Trust and is registered to provide personal care and accommodation for up to 41 older people, some of whom may be living with dementia. The home is purpose built, set in its own gardens and there is parking available. The home is divided into four small living units, over two floors. Each unit has its own dining room, with a small kitchen area attached. One large lounge on the ground floor is provided. All bedrooms have en-suite facilities. At the time of our inspection there were 38 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 said they trusted the staff and felt safe. Staff had received training on how to keep people safe from harm. Staff were employed following a robust recruitment and selection process, to ensure they were safe to work with vulnerable people and did not pose a risk to them.

Staff involved people in making choices about their lives and demonstrated a positive regard for the promotion of their personal dignity and privacy. Staffing levels were assessed according to the individual needs and dependencies of the people who used the service. People's private records were securely held and information about them was maintained in a confidential manner.

The registered manager and staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and ensured people were not being deprived of their liberty in an unlawful way.

People told us the quality of their food was good and their nutritional status was monitored to ensure risks from malnourishment and dehydration were acted on with involvement of specialist health care professionals when required.

People told us they were happy with the way support was delivered to them by staff who were caring and kind. A good variety of social opportunities were provided for stimulation and interaction to enable people's wellbeing to be promoted. People and their relatives were involved in the planning of their support, which was reviewed on a regular and on-going basis. A complaints policy was available to ensure people could raise any concerns about the service when required.

People told us the management were approachable and supportive and were encouraged to express their

views and opinions to enable the service to continually improve. The registered manager was aware of their responsibilities and submitted notifications about incidents affecting the health and welfare of people to enable the service to be monitored. Auditing systems were in place to ensure the quality of the service could be effectively assessed. The registered provider promoted an open and transparent culture that supported staff through regular training, supervision, team meetings and annual appraisals to help them develop their careers.

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.

Appropriate recruitment procedures were followed to ensure staff were safe to work with people who used the service and training had been delivered to ensure they knew how to recognise and report potential abuse.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

Risks to people who used the service were assessed to enable staff to support them safely.

People's medicines were administered by staff who had received training about this aspect of their role.

Is the service effective?

Good

The service was effective.

Staff were provided with a range training to help them support people who used the service and this was updated on regular basis.

People were supported to make informed choices and decisions about their lives. Assessments were completed and where people lacked capacity to make decisions about their support, these were completed in their best interests. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were met.

People were provided with a variety of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk from malnutrition or dehydration.

Is the service caring?

Good

The service was caring.

A personalised approach for meeting people's needs was delivered by staff to ensure their personal dignity was promoted.

Staff demonstrated compassion and friendly consideration for people's needs and engaged sensitively with them to ensure their privacy was respected.

People's right to make choices about their lives were respected by staff.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing.

Is the service responsive?

Good

The service was responsive.

A good variety of opportunities were provided to enable people to engage in meaningful activities to enable their health and wellbeing to be promoted.

People's care plans contained information about their personal likes and preferences which were respected by staff.

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when this was required.

People knew how to make a complaint and have these investigated and resolved where this was possible.

Is the service well-led?

Good

The service was well-led.

People and their relatives were consulted and involved in decisions about the service to enable them to influence how it was run.

A range of management checks were carried out to enable the quality of the service people received to be assessed and to identify where changes were needed to help it continually improve and develop.

Care staff told us told us they were happy in their work and received good support from management.

Firth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 over two days on 1 and 4 July 2016 and was carried out by an adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This asks them to give key information about the service, what the service does well and what improvements they plan to make. The local authority safeguarding and quality performance teams were contacted as part of the inspection process, in order to obtain their views about the service. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, five visiting relatives, three members of care staff, catering and ancillary staff, a member of maintenance staff, two team leaders, the district manager and the registered manager. We also spoke with a health care professional and a member of social services staff who were visiting.

We looked at three care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. One person with poor mobility said, "I feel safe as there are always people around. I do not have to wait long if I press the buzzer; they (staff) come fairly quickly." Another person told us, Staff always stop and look in on me or wave as they pass by my room. I fell once in my room and the speed staff came was really amazing."

Speaking about their mother's need for 24 hour care and support one relative told us, "[Name] is safe and secure, there's a real sense of belonging." Another relative said their mother had chosen to use the service on a permanent basis after having a trial period of respite care in the home. They told us their mother had subsequently told them, "I'm not going back home, I want to stay here."

People said they received their medicines regularly and as and when they were prescribed. One person told us, "They have never forgotten me; I get them at pretty well the same time each day." We found staff responsible for providing medicines to people had completed training on this element of their work from external providers, which was backed up by regular in house 'e learning'. We observed staff carrying out medication rounds talking patiently with people whilst administering their medicines and providing explanations about what these were for. We saw people's medicines were securely stored and that good practice information was available in relation to their individual medical needs. We were told medication competency assessments were carried out for staff responsible for this element of practice to ensure they were safe to carry out this aspect of their role.

We found temperature levels were recorded of the medication room to ensure medicines were stored within safe temperature levels. Whilst we found these had been satisfactorily maintained, we noted a number of occasions where these had reached the upper limits of those recommended. We spoke to the registered manager about this and saw that action had been taken to address this issue on the second day of our inspection visits. We were told medicines audits were carried out on a daily and monthly basis, to enable potential medication errors to be promptly recognised and acted on to minimise future mistakes. We checked the records of medicines administered to people against the stocks for those that were maintained. We noted a recording error for one particular medicine which had not been picked up by staff and resulted in their being a discrepancy in the accuracy of stock levels that were held. A relative told us about an incident when their mother had not received their medication at the normal time. We saw evidence on this person's medication record (MAR) this omission had been recorded as being due to poor communication by a previous shift member of staff. We spoke to the registered manager about these issues and were advised these would be addressed with the members of staff concerned in their personal supervision meetings.

People's personal care files contained assessments about a variety of known risks on issues such as falls, skin integrity, moving and handling and nutrition, together with details about how these were risks were managed by staff, whilst enabling people to be as independent as was possible. There was evidence people's risk assessments were routinely updated to ensure information they contained was kept accurate and up to date. We found incidents and accidents were monitored on an on-going basis to ensure people

who used the service were kept safe from harm and that actions were taken to ensure recurrences of these were minimised where this was possible. Incident records were maintained to enable issues to be analysed by the registered manager and relevant staff in the registered provider's parent company. We were told about a recent incident concerning an injury to a person and were informed this was currently the subject of an on-going investigation by the local authority safeguarding team. We are also looking into this matter.

Staff told us safeguarding training was provided to them which was refreshed and updated on a regular basis to ensure they were familiar with their professional roles and responsibilities to protect people from potential abuse. Policies and procedures were available for staff to follow which were aligned with the local authority's guidance for reporting safeguarding concerns. Staff confirmed they were aware of their duty to report potential concerns and 'blow the whistle' about issues of poor care when this was needed. Staff demonstrated a positive understanding about the different types of abuse and were confident that management would appropriately follow up any safeguarding issues that were raised. The registered manager told us about occasions where they had instigated disciplinary measures in relation to allegations of poor staff practice.

Staff files contained evidence that potential job applicants were screened and checked before they were allowed to start work in the service, as part of the service's recruitment procedures. This enabled the registered provider to minimise risks and ensure new staff did not pose a risk to people who used the service. We looked at the files of three members of staff and saw these contained clearances from the Disclosure and Barring Service (DBS) which demonstrated they were not included on an official list that barred them from working with vulnerable adults. There was evidence employment and character references of staff were appropriately followed up by the registered manager before offers of employment were made. We saw that checks had been made of job applicant's personal identity and previous employment experience, to enable gaps in their work histories to be explored.

We observed care staff worked well together as a team and were enthusiastic about working for the service. Personal radio devices were used to enable staff to communicate and summon assistance when this was required and people told us staff were overall quick to answer their call bells. Care staff told us staffing levels were sufficient to carry out their roles. The registered manager told us staffing levels were assessed according to the individual needs and dependencies of people who used the service and that these had been recently increased to enable a more individualised service to be provided.

People who used the service and their relatives spoke very positively about the level of general cleanliness in the home. We found the building and furnishings smelt fresh and observed domestic staff following cleaning schedules to ensure the service was kept neat and tidy. Domestic staff confirmed they were provided sufficient supplies of cleaning materials such as gloves and aprons to enable risks of cross infection to be safely managed. One relative did tell us they had noted their family relation's room did not appear to have been cleaned whilst they took them home for a 24 hour period. We spoke to the registered manager about this and were told staff were not allowed to enter people's rooms whilst they were away from the building.

We found a variety of checks and tests of the building and equipment were carried out to ensure people who used the service were kept safe from harm. We saw that items of equipment were regularly serviced and that contracts were in place with the suppliers of these. People told us the building had been substantially refurbished since the last time we had inspected and that a plan was in place for making further adaptions and improvements to the service. There was a business continuity plan available for use in emergency situations, such as flooding, outbreaks of fire or an infectious disease, together with fire training delivered to staff and fire drills that took place.

Good

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support provided and said staff promoted their quality of life. One person told us, "I have made some nice friends and enjoy it here. The standard of food served is very good and I enjoy having a cooked breakfast, which I never had before." Another person told us, "They know my likes and preferences and accommodate them and the food is good. A visiting relative stated, "The quality of the food is very good, they are always giving food and drinks out through the day."

People who used the service said staff performed their roles very well. One relative commented, "Staff are well trained and have a good induction. They have plenty of shadowing opportunities before they work on their own, which enables them to be confident and have the skills to carry out their roles." A visiting health care professional told us, "Staff are very approachable and most definitely follow our advice. If there are any concerns or issues they get on the phone to us straight away, I have no concerns."

Case files belonging to people who used the service contained information about their individual medical needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs, district nurses and other specialists to ensure their wellbeing was promoted. There was evidence of regular evaluations of people's support, together with updates and details where changes in their health status had been noted. We found people's case files were organised well to enable information to be easily found. Information about the promotion of people's human rights was included in their case files together with documentation about consent to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) where this had been agreed.

Training about the Mental Capacity Act 2005 (MCA) had been provided to ensure staff were aware of their professional responsibilities in this regard. Throughout our inspection, we observed staff engaging and communicating sensitively with people to ensure they were in agreement and consented to care interventions carried out. There was evidence assessments of people's capacity to make informed decisions were completed as part of their care planning process, before any decisions were made on their behalf. This ensured people's legal rights were protected and promoted. Where people lacked capacity to make informed decisions for themselves, best interest meetings were held involving relevant healthcare professionals and people with an interest in their care.

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 people 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 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 were being met. We found the registered manager understood their responsibilities in relation to DoLS and had made applications to ensure people were only deprived of their liberty lawfully and in line with current legislation.

We found staff were provided with a range of both statutory and mandatory training to ensure they were equipped with the skills needed to carry out their roles were able to effectively perform their work. A training and development plan was in place which was monitored by the registered manager. We saw this included courses on moving and handling, first aid, infection control, safeguarding vulnerable adults from harm, food and fire safety and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. We found that training comprised of a combination of electronic 'e learning' together with practice-based sessions to enable staff to develop their skills and have their competencies assessed.

We observed care staff appeared confident and knowledgeable in their skills. They told us the registered manager placed a high importance of the development of their skills and received reminders to renew their skills when this was required. We saw that statistics for completed training showed levels of 98% for completed statutory training and 97% for those considered mandatory by the registered provider. Staff spoke very positively about the quality of the training they received. One told us, "I had an excellent induction and was absolutely amazed at the level of training provided" They went on to say, "Our e learning is constantly monitored and we are warned or suspended if it's not done." Staff told us they were encouraged to undertake additional accredited external qualifications such as, the Qualifications and Credit Framework (QCF).

The registered manager told us new staff, who had not previously worked in the sector completed an induction programme based around the requirements of the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. They told us they were hoping to sign up to the Social Care Commitment which incorporates promises and pledges for employees and new recruits. (The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services and is made up of seven 'I will' statements and associated tasks). There was evidence in staff files of regular supervision meetings with senior staff, to enable their performance to be monitored and their skills to be formally appraised.

We observed a variety of nourishing home cooked meals were provided with the day's choices of these included in a menu that was displayed on each table in the dining room. There was a light-hearted and positive atmosphere throughout mealtimes with people chatting happily together, enjoying opportunities to socialise and enjoy their food. We saw tables were laid out with tablecloths and cutlery, together with condiments, serviettes and glasses for drinks. We observed staff were deployed to provide assistance to people requiring support with eating their meals and saw this was carried out with friendly encouragement and at people's own pace. This ensured their personal dignity was maintained. We observed staff offering support and reassurance using touch and getting down to their eye level in order to ensure they were understood. There was evidence both care staff and catering staff were aware of people's food preferences, dislikes and allergies and that special diets were catered for.

People's personal case files contained evidence of nutritional assessments about their dietary needs and regular monitoring and recording of their weight, together with involvement from community professionals, such as speech and language therapists and dieticians when this was required. We observed the cook spent time with people and asked them about their choices and preferences, to ensure they were happy with meals that were served. The service had been awarded a five star rating by the local environment health

department for the cleanliness of the kitchen facilities on their last inspection, which is the highest score that can be achieved.

Environmental tools and aids were in use, such as signage and pictures to help people orientate themselves around the building and maximise their independence. A refurbishment plan was available to ensure the equipment and fittings were replaced, when required and we were told this included development of a specialist sensory room for people living with dementia.

Good

Is the service caring?

Our findings

People who used the service told staff involved them in making choices about their support. They told us staff talked to them and were friendly and kind and treated them with respect. One person told us, "They are lovely people, [Name] looks after me really well, they wash me and let me do things for myself and gradually helped me to regain my independence."

Relatives confirmed staff kept them updated about changes in the conditions of people who used the service. One told us, "They are very meticulous and keep me informed. They sent photos to me whilst I was away and went over and above what they needed to do. Staff went to assist with feeding [Name] at the hospital when nurses were unable to carry this out." Another advised, "Staff go the extra mile, you can see the kindness in their faces."

A card from relatives of a person who had recently returned home stated, 'Thank you very much to all the staff for the wonderful care [Name] has had over the last few months. They have progressed so well and your home is such a lovely place to visit.'

There was an inclusive and happy atmosphere in the service on the day of our inspection, we observed a comment written on the wall that stated, 'Our residents do not live in our work place, we work in their home.' We observed staff were attentive to meeting the differing needs of people who used the service and saw they demonstrated a positive regard for what was important and mattered to them. We saw staff provided sensitive support to ensure people's dignity was promoted and observed interactions between staff and people were open, positive and friendly. We were told individual staff had been appointed to act as 'champions' for the promotion of this aspect of the service. A member of staff told us, "I love my job; my main concern is that people are well cared for, comfortable and happy. I treat them like my own mum and dad and involve professionals when this is needed."

People told us they were involved and encouraged in making decisions and choices about their lives, such as what time to get up and go to bed and what clothes they wanted to wear. There was evidence of monthly meetings with people who used the service to enable their involvement in decisions about the home. Relatives told us they were encouraged and able to freely visit and participate in the life of the home.

People told us their wishes for privacy were upheld and were able to spend time in their own rooms when required. We found people were able to bring items of personal belongings and furniture with them to help personalise their rooms and help them feel at home. We saw information about the service on display together with details about the use advocacy services to enable people to have access to independent sources of advice and support.

Throughout our inspection, we observed staff were patient and kind. We observed staff respected the need to maintain people's confidentiality and did not disclose information to people who did not need to know. We saw information about people's needs was securely stored and that details that needed to be communicated about them was passed on in private.

People's care files contained details about their personal preferences and likes, together with information about their past histories to help staff understand and promote their individual needs. There was evidence people and their relatives were invited to contribute and be involved in reviews and decisions about support that was provided to ensure they were happy with the way this was delivered. We found staff had responsibilities for meeting people's needs and spent individual time with them to enable their wishes and feelings to be promoted. Relatives we spoke with were very appreciative of the support that was given. We found that care plans were developed for people about the end of their lives when required and were told about a recent memorial ceremony to celebrate people who had used the service, with individual candles lit for each person. We were told specialist end of life care training was provided for staff via a link with a local college. A member of staff said this included support to people's relatives and commented, "It's all about the families as well."

Good

Is the service responsive?

Our findings

People told us staff provided support that was personalised and focussed on their individual needs. A visiting relative told us how staff had quickly involved the out of hours GP following a deterioration in the condition of a member of their family. People and their visiting relatives told us they were very happy with the service and knew how to raise a complaint if this was required. People said they were confident any concern would be appropriately resolved. One person told us, "I am certain they would listen to any concerns." A relative commented, "Staff are open and friendly and nothing is swept under the carpet. I am more than happy with the service." Another relative stated, "There's always something going on and they invite families to join in as well."

There was evidence people were consulted and provided with choices to enable their daily lives to be supported. We observed staff had friendly relationships with people to enable their wellbeing to be enhanced. Staff demonstrated a good understanding of working with people's personal strengths and needs in order to help maximise their confidence and self-esteem.

We observed people were provided with a wide range of activities and events to ensure they were had opportunities for meaningful social interaction. We observed a group of people watching an entertainment of favourite sea side holiday songs led by a regular production company. We saw people happily joining in and eating ice creams that were provided. We saw people taking part in various quizzes and reminiscence sessions that were linked to a television display to help stimulate their memories. We found a dedicated activity coordinator was employed who provided additional 1:1 activities to people who did not wish to take part in events to ensure their individual preferences, likes and aspirations could be met. We were told about other events that took place, including a dedicated men's club, knitting club, manicure and keep fit sessions, trips out and parties to celebrate the Queen's birthday, Saint George's day and the 25th anniversary of the service.

People's personal care files contained details of their participation and involvement in decisions about their support to ensure their wishes and feelings were met. We saw these included details about their personal life histories, individual preferences and interests to enable staff to deliver support in a personalised way which enabled people to have as much choice and control over their lives as was possible. We found that assessments of people were carried out prior to their use of the service to ensure it was able to meet their needs. We saw assessments about known risks to people were completed on issues such as risk of infections, skin integrity, falls, and nutrition. There was evidence people's risk assessments were regularly updated, together with liaison with a range of community health professionals when required to ensure their involvement and input with changes in people's needs.

People who used the service told us staff consulted them about their views and whether improvements could be made to different aspects of the service. We saw for example, evidence of feedback from surveys in the form of 'You said, We did' information that was displayed.

There was a complaints policy in place to ensure the concerns of people were listened to and followed up.

We observed details of this were display in the service. People and their relatives told us they knew how to raise a complaint and were confident any concerns would be addressed and resolved wherever this was possible. There was evidence in the complaints book that concerns had been followed up by the registered manager and people had been kept informed of the outcome of issues that had been raised. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered.

Good

Is the service well-led?

Our findings

People told us the registered manager was approachable and accessible and confirmed they were consulted and kept informed about developments in the service. One person told us, "I can't speak highly enough of them and [registered manager's name] is great, smashing."

People who used the service and their visiting relatives told us they were satisfied with the level of service provision delivered and had confidence in the management. Two visiting relatives said, "We definitely trust and rely on the staff."

The registered manager had a wealth of knowledge and experience in health and social care services and there was evidence they took their role seriously. The registered manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events which occurred during the delivery of the service. People who used the service, their relatives and staff told us the registered manager maintained an open door policy and welcomed feedback about the service. We found the registered manager had a 'hands on' style of approach and completed daily walk rounds of the building to ensure they were aware of issues affecting the service.

Administrative systems were well organised to support the effective running of the service. There were governance systems to enable the registered manager to monitor the service and take action to resolve issues when this was required. We saw these included a range of audits, such as reviews of people's care plans, medicines management, accident and incidents, staff training, infection control and the environment. There was evidence that on-going action plans were produced using an 'excellence tool' to address issues that were identified and ensure the service could continually improve. We found use of surveys that focussed on different elements of the service, such as meal provision, entertainments and the environment that enabled people to participate and influence the way the service was run. Minutes from resident and relatives meetings contained evidence of further consultation with people to ensure they were able to share their views. An annual maintenance programme was in place for the service including regular checks of the building and equipment, to ensure people's health and safety was effectively maintained.

We found the service maintained close links with the local community and placed an importance on delivering a personalised approach that was open and transparent. There was evidence the service encouraged the on-going participation of people, their relatives and staff and welcomed the involvement of volunteers and students from a local college. This helped the service to learn and develop. People who used the service and staff told us about regular consultation meetings to ensure they were happy with the support they received.

The registered manager was readily available throughout our inspection visits, providing guidance and support to people when this was needed. Care staff told us the registered manager was very supportive. They told us they had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service. A member of staff told us, "We get wonderful support, I can talk to [registered manager's name] about anything and they are always there. I can't praise them

enough."

There was evidence regular staff meetings were held to enable clear direction and leadership to be provided. This ensured staff understood what was expected of them and were clear about their professional roles and responsibilities. Minutes of staff meetings contained evidence of issues discussed to make sure people received the support and treatment that was appropriate for meeting their needs.

Staff files contained evidence of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and appraised against the registered provider's key values of respectful, accountable, reliable, honest and straightforward. Care staff told us they received feedback about their work in a constructive way and the registered manager listened to their ideas to help the service develop. Care staff told us they felt valued and their skills were respected and were encouraged to develop their skills and question practice and that communication was open. Various staff recognition award schemes were in place and we were told about a recent nomination for a member of staff for their work with some relatives.