

Ms K A Rogers

Charnwood Country Residence

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was carried out on 9 June 2016 and was unannounced.

Charnwood provides accommodation and personal care for up to 27 people. At the time of our inspection there were 20 people living at the home.

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 and associated regulations about how the service is run.

The service provided excellent and innovative person centred care that maintained people's health and wellbeing. Staff supported people to maintain interests and hobbies, promoting people's abilities and skills.

People were consistently treated with dignity and respect. People had good positive relationships with staff. The provider supported people to promote dignity and respect to the wider community and worked to challenge people's perceptions of age and dementia.

Staff were motivated and had good levels of support as well as extensive and on-going training to enable them to meet the individual needs of people living at the home. There were sufficient numbers of experienced and well trained staff to ensure people were supported safely and people's health needs responded to quickly. Medicines were managed safely and people received their medicines in line with their prescription.

The service responded effectively to people's needs and preferences. People were supported by a service that was focused on getting to know the people they supported. Relatives told us the service was responsive and well managed. People and relatives knew the registered manager and the provider. People were encouraged to be actively involved in the running of the home through regular meetings. They felt that if they had any concerns they were able to speak with the registered manager or provider. The provider welcomed people's views and opinions and acted upon them.

People felt safe and knew how to raise concerns. Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe. Staff supported people to take positive risks. Where risks had been identified risk assessments were in place and action had been taken to reduce the risks.

People enjoyed the food and had the support they needed to enjoy their food and drinks safely. People were able to make choices about the food and drink they wanted. There was a choice of freshly prepared nutritious food and where additional monitoring and support was needed this was provided.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs. People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs.

The provider was innovative in the use of new technology and adaptations to minimise the impact of dementia on people's independence and wellbeing.

There were a range of audits and checks to make sure that good standards of care and support were maintained. Feedback from the people and relatives was gathered on a regular basis and where any actions were identified these were actioned quickly.

There were strong links with the local community that promoted positive approaches to the people that lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were supported by staff who knew how to keep them safe
Staff knew what abuse was and how to respond if they suspected abuse.

There were sufficient staff to meet people's health needs and keep people safe.

People were involved in managing the risks around their care and treatment.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good 

The service was effective.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively. People had support and access to different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Is the service caring?

Good 

The service was caring.

People said staff were kind and caring and treated them with dignity and respect. People were supported to promote dignity and respect to the wider community.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time with the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and support. They felt they People were supported to have choice and to be involved in all aspects of their care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People had care that was centred on their own individual needs. There were innovative ways of maximising people's potential and minimising the impact of age related conditions.

People had care and support that responded to their needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

There were very good innovative links with the local community.

Charnwood Country Residence

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 unannounced inspection took place 9 June 2016 and was conducted by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Charnwood. We did not receive any information of concern

During the visit we spoke with eight people who lived at the home, three relatives, seven members of staff who consisted of one activities co-ordinator, three care assistants, three team leaders, the registered manager and also the provider. We also spoke with a visiting doctor. We observed staff supporting people throughout the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a care plan for diabetes and a falls risk assessment.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "It is the safest place to live." A relative said, "The staff are committed to making the home the safest it can be." People told us they had been given contact details for the managers and other agencies and felt comfortable to contact them if they had any concerns. People felt that they could raise any concerns about their own or other people's safety and they would be listened to and action taken. Staff told us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home. The registered manager and the provider both told us about how important it was to have robust safeguarding systems in place. The registered manager said, "There is no place or excuse for abuse. Staff need to feel confident and empowered to be able to report it."

People had individual risk assessments which included falls risk assessments, nutrition, moving and handling and pressure area management. Where risks were identified plans were in place to identify how risks would be managed. For example, a person had been at high risk of skin damage due to their health condition. Their risk assessment had identified the actions to be taken by staff to reduce the risk which included repositioning guidance and the use of pressure relieving equipment. The staff we spoke with demonstrated knowledge of these risks and what action they took as a result. The provider also told us that due to the risk of skin damage the person themselves and the staff were getting support from a tissue viability nurse from the local health NHS trust. We noted that this had a positive impact on the person and they currently did not have any pressure area concerns.

People told us that they got the help and support they needed from staff to keep safe. One person told us how staff had supported them to improve their mobility after some previous falls. They told us, "They [staff] are very patient but make sure I am supported to walk and exercise as much as I can. I have not fallen for a long time." Staff knew about this person's needs and risk assessments and were able to tell us how they promoted the person's own independence with their mobility, whilst making sure they were kept safe. Staff told us that they helped and enabled people to maintain their independence rather than doing everything for them.

People told us that there were enough staff to give them the support they needed. One relative told us, "What's nice is that staff are always around and attentive." We saw that call bells were answered promptly and staff were quick to respond and offer support. People in their rooms were able to ask for assistance when they wanted as they all had easy access to call bells in their rooms. The registered manager and the provider told us that staff worked as a team to cover unexpected staff absence to ensure consistent support for people..

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS)

check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able.

People told us that they received the correct support to take their medicines as prescribed. We saw that some people just needed time and prompting to take their medicines and the staff member was patient and made sure the person took it safely. Other people needed more support and we saw that this was given safely. Only staff that had received training in the safe management of medicines were able to administer medicine. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person and accurate records of medicines were kept. We found this to be carried out safely and effectively. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Is the service effective?

Our findings

People told us that they felt confident that staff had the knowledge to meet their needs. One person told us, "They [staff] know what I need help with." Another person said, "They [staff] are very skilled." Relatives also told us that they were happy with the knowledge that staff had. One relative said, "Staff are professional and highly trained".

Staff told us that they had lots of training which they felt was useful to their roles. We saw that the home had adopted a number of champion leads. These were staff who had been assigned to take the lead for a particular area of care. These champion roles included leads for continence, dementia, end of life care and nutrition. We asked staff what this meant in practice and how it improved the care and support for people. They said they were able to attend additional training and workshops around the identified area of care and develop closer links with other professionals who specialised in the different areas. We spoke with the nutritional lead about the work they did. They told us how they had taken the lead in specific individualised work with people where there were concerns about their nutrition. They showed us the work they were doing with staff in maintaining healthy diet and nutrition for the people that lived there. They had been on additional nutrition training and had agreement from the provider to attend further training in this area. They showed us how they worked alongside the person themselves, health professionals and families in developing individual nutrition plans. For instance one person was supplementing their food with additional specifically blended food recipes into 'nutribullett' which is a type of nutritional smoothie. This had boosted this person's nutritional intake and reduced the risk of malnutrition. We saw this person at lunchtime and they told us they enjoyed this food. The staff we spoke with were positive about the champion roles and said they used their knowledge to support other staff who approached them if they had any questions. We spoke with relatives about this and they felt that the lead roles had meant an improvement in communication and coordination in keeping up to date with what was happening regarding their relatives health and also meant better communication with external health professionals.

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 told us that could make choices and that all staff respected their wishes. One person said, "I choose what I want." Relatives told us that people had choice and that staff promoted inclusion for people in what they did. All the relatives we spoke with told us that they felt that staff gave people time to make sure their wishes were respected. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example some people had chosen to do some crafts. Staff were quick to make sure that people had the materials and support to do this. We discussed with staff what needed to happen if people could not make certain

decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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 that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed the person themselves had been involved in this process. At the time of inspection four DoL applications had been made but no DoL applications had yet been authorised by the supervisory body.

People told us that they enjoyed the food and that they were given choice over what they wanted to eat. There was a choice of hot and cold food and a varied nutritious menu. Menus were available in large print written format and also as pictorial menus. Where people needed extra support with their meals this was offered. We found that mealtimes were a relaxed and positive time with staff laughing and chatting with people. Where needed we found that the nutrition champion had placed additional nutrition monitoring charts in place for people where there were concerns about weight loss. For example one record we looked at showed close monitoring, liaison with the doctor and the use of nutritional build up drinks, we saw the person had gained weight and their health had improved as a result. We also saw a person who was at risk of malnutrition; staff were able to tell us how they managed this risk with the person. They told us about how different preparations of food and how specifically blended food recipes had boosted this person's nutritional intake and reduced the risk of malnutrition.

People told us that they were supported to access other health professionals when needed and that they were involved in this. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, a relative told us about how their family member's health had deteriorated, and how staff had supported the person with appointments with doctors and nurses. They told us that they had been kept up to date with all of the changes to the care and support and how as a result the person's health had shown signs of improvement. A doctor we spoke with was confident that staff knew how to care for people. They explained staff were able to pick up and follow any additional instructions or changes regarding a person's support swiftly and accurately. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

Is the service caring?

Our findings

Every person we spoke with including relatives were very complimentary about the kind and caring approach of staff. One person said, "It's seventh heaven here. I could not wish for nicer staff." A relative said, "The staff are extraordinary. They all care so much." A visiting doctor that we spoke with said that the staff were, "Incredible, you couldn't ask for better." There was a relaxed environment with conversations between staff and the people, we saw and heard lots of laughter and friendly banter. We saw that people had good relationships with staff. Staff told us the people they supported felt like family.

People told us that they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and they addressed people by their preferred name. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. Staff told us that there was a strong emphasis on dignity and respect with regular training and workshops about dignity and respect. They felt their approach reflected this. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. They also said that dignity and respect was a regular agenda item for discussion at team meetings and also in the meetings for the people that lived there. Staff told us that this meant dignity and respect was always at the forefront of what they did and how they thought. Without exception all of the people we spoke with felt that staff, the registered manager and the provider constantly reinforced dignity and respect in the care and support they received. One person said, "They [staff] all treat us well here."

People were given time by staff to express their wishes and choices that they made were respected by staff. We saw a person request a cold drink. Staff came back with a choice of different juices and cold drinks. Staff spoke calmly and gave the person time to decide. We also saw where a person requested a drink of sherry, staff made sure that the person's wishes were fulfilled. People told us that they could ask for anything and nothing was too much trouble, this was further reinforced by what relatives told us. One relative said, "There is no question, staff make sure that everyone has choice." All of the staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People told us they felt empowered and encouraged to express their views and to be actively involved in shaping the care and support that they received. People told us that they met regularly with their key workers and discussed their care and support. A key worker is a named member of staff who has a central role in the care of a person. They will take the lead in monitoring and reviewing the care and support with the person and become a point of contact for relatives and other professionals. One person said, "I meet with [key worker] when they are on. They always make the time to chat with me and if I have any ideas or comments I can say them then. Although any of the staff will make time to listen." One staff member said, "This is their home and their support and we should always make sure people are involved from the outset." Another staff member said, "People are involved throughout from the day to day things like food and drink options through to making decisions about their future care and treatment." Relatives told us that people were fully involved and included in their care. Staff told us that they were motivated to do the best that they

could for people. Throughout the inspection we saw that staff took the time to listen and involve people in their care.

People were encouraged to maintain relationships that were important to them. One person said, "I see my family regularly. Here they have a regular get together for families to attend with food and drink provided." Another person said, "They [staff] are very good. When I have a visitor they sort me somewhere quiet where we can chat." Staff told us that it was important for people to maintain contact and maintain relationships with people that are important to them. An example we saw was a person's spouse who came to visit them. They told us that they came regularly and were always greeted kindly and given privacy and time with their partner.

Is the service responsive?

Our findings

The service always looked at better ways to provide the best care to people. One relative said, "[Provider] is so committed to people continuing to live here that any adaptations or adjustments to meet deterioration or change to someone's health is made straight away." Another relative said, "[Provider] really tries to be up to date with everything in the home. They are always looking at ways that they can improve how they respond to people's needs." The provider had been working closely with one of the leading universities that were researching better care and support to people who were living with dementia. As a result of this a number of innovative adaptations had been made to the environment inside the home. For example specifically designed furniture was in people's bedrooms. This allowed people to choose what they wanted to wear and then staff could place the clothes in a wardrobe that had an open design designed so that the person could immediately locate and see the clothing that had been chosen the following morning independently. One person we spoke with told us that this let them keep some independence regarding getting dressed in the morning as they did not have to rely upon staff to locate their clothing items. Also people's en-suite bathrooms had blue floor lighting instead of the standard white ceiling lights. The provider explained that this was done to reduce the impact of a light coming on suddenly if someone wanted to go to the toilet during the night. The blue light was less likely to over stimulate or disorientate the person. The provider was in the process of speaking with the people, staff and relatives to measure what impact these adaptations had. For people that had difficulty sleeping the home had a night time lounge which provided dimmed lighting, footstools, blankets, calming music and aromatherapy. People told us that how the service changed and developed meant that their care and support was constantly being improved.

The provider had looked at creative and innovative ways of recognising and reflecting people's life histories and interests. One person was a well-known butcher in the local area before he moved to Charnwood. They had maintained an interest in the local area and enjoyed talking about their time in the butchers' trade. The registered manager along with the provider and the person themselves found a local butcher close to where the person used to work and arranged for them to spend a day with the butcher. They spent time preparing the meat and also helped serve customers. This was also reported upon in the local press. We spoke with this person about this and they told us the day was, "Unforgettable. It brought it all back, it was fantastic." Staff told us that this was now a popular talking point and a story that the person liked to share with people. Another example was a person who used to work in a brewery. Staff were arranging for them to spend a day at a local brewery to help them to relive their life experiences. Another person who used to be a horticulturist was doing some work at a local garden centre. We found that staff took time to get to know people's individual likes, dislikes and support needs.

Staff had completed life story books with the people that lived at the home. Staff told us that the life books meant that by spending time with the person themselves as well as their family a more complete picture of the person could be gained. People told us that they found this time with staff was positive and made them feel valued for who they were. Where people who needed more time and support with certain choices, staff had time and focussed first on what people could do and not just the health conditions that people had. We saw that staff spent time with people to make sure they had choices at mealtimes and also with what they wanted to do. One relative said, "Everyone is individual here. You get none of the labels here."

People told us that they felt that their care and support was tailored around their individual needs. They told us that they could do what they wished and staff always made the time to make sure people were supported where needed. People were doing lots of different things throughout the day of our visit. We saw some people doing puzzles in a newspaper, another person was painting, some people were talking and reminiscing with staff and another person reading a book. Staff told us how the registered manager placed importance on keeping people's minds active, and how spending time with individuals was encouraged. The staff told us how this approach kept people well for longer and slowed the deterioration of a person's health.

People told us that they felt that they were consulted with regarding their care and support and that staff made them feel valued and listened to. People told us that there were regular meetings where they could put forward suggestions about menus, activities and any other topics that they wished to discuss. We observed one of these meetings. Staff made sure that all the people that attended were involved and people had the opportunity to add and discuss agenda items. Some people needed some extra time and support to have a voice in the meeting, but staff made sure that the people had the time and support they needed to be able to have input into the meeting. We heard people praising the staff for the support they gave and also people gave positive feedback regarding some of the entertainment that they had recently had at the home. People discussed what they would like to do and a number of people expressed a wish that they wanted to visit some castles in the local area and have a picnic. Immediately after the meeting staff started arranging a minibus and discussing the itinerary for the trip with the people that had expressed the interest.

Ideas and updates on developing the service were also discussed. We heard discussions taking place with the people that lived there and staff about the development of the sensory garden and asking who wanted to be involved. Staff and people had been involved in the design of a digital wall and plans were underway to install this. We were told that this would help to provide visual stimulation in one of the longer corridors in the home. People who we spoke with were excited by these plans.

People told us that they were involved in their care. One example staff gave us was how a person who was having dietary problems had recently been involved in choosing the options of treatment for this. One option had been for additional medicines and dietary supplements, whilst the other option was changing the preparation and content of their diet. The person had chosen the change to their diet and staff told us that whilst it was still early on in this treatment it appeared to be having a positive effect. All of the people and relatives we spoke with told us that regular care reviews were held and that staff were quick to respond to any changes to people's needs. A person said, "I get to talk about me and my health a lot. I know when I get worse they will be there and ready to care for me." People's preferences were included in their care records and all of the staff we spoke with were able to tell us about people's individual likes, dislikes and personalities. The registered manager told us how they always included the person themselves, staff and where they could also the family in regularly reviewing people's care needs.

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. Relatives told us that they found the staff, registered manager and provider all approachable and they all knew the complaints procedure and felt very confident that any concerns or complaints would be immediately dealt with. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt.

Is the service well-led?

Our findings

Relatives told us that the registered manager and provider were always looking at ways to further improve the service. We found from speaking with the registered manager that they always looked at imaginative and innovative ways to improve the care and experiences for people that lived there. One example was a digital wall that was being installed in August. It is going to be placed in the corridor that connected people's rooms to the main communal part of the house. This will provide people with visual stimulation of different moving images such as gardens, beaches and wildlife. The provider told us that this was following the latest published research from the University of Southampton which had showed the benefits of multi-sensory environments for people living with dementia related illnesses. Another example was a system that had been purchased which provided positive food odours for people that may have lost their taste or appetite. The nutrition lead told us that this had been researched by the registered manager, staff and the provider and it was hoped that this would improve the dining experience for some people. The provider told us that this was a new dementia specific technique to stimulate people's senses and followed on from published research by a number of leading dementia specialists.

People and staff that we spoke with were positive about the work undertaken so far to develop and forge links with the local community. The provider looked at innovative ways to engage with the local community. For example they were about to commence regular input into the local university to teach and promote dignity and respect for the aging population to prospective care and nursing students. This was going to include people that lived there talking with students about life experiences and the importance of dignity and respect. This was due to commence in a few weeks and staff were consulting with the people that lived there about who would like to participate in these teaching sessions. People told us that they were excited about this. One person said, "This is our chance to make the youngsters think." The provider told us that this was in addition to the regular placement of students in the home gaining work experience. Another example was how the provider had spoken with local walking groups and had agreement from them that they would video some of the walks in the local area including local landmarks and this would then be shown to people in the home to watch, discuss and reminisce.

All of the people and relatives that we spoke with were very positive about the registered manager and provider. One person said, "You couldn't get a better manager." A relative said, "The owner [provider] is so on board and committed to make this the best home anywhere."

The registered manager told us that the vision for the care was to, "Care for somebody as we would care for the most loved person in our family." All the staff that we spoke with shared this vision and were motivated and committed to provide the best level of care that they could.

The provider told us that their approach to providing high quality care and support had gained national recognition through them being awarded the Outstanding Contribution Award at the Great British Care Awards 2015 for their contribution to care. They told us that this national award celebrated providers who make a long-term outstanding contribution to social care. This recognised that the provider has a proven track record of sustained improvement and high quality services, which has been seen through the other

services owned by the provider that have been inspected by CQC.

People told us about how the provider involved them in how the service developed. For example two people told us about how valued it was to be involved in the recruitment process. They told us that they met with prospective new staff and were asked for their feedback on the suitability of the staff which was documented as part of the interview process. The provider told us that it was important to get things right first time and this gave people a say in how Charnwood was run.

People and staff told us that they could talk to the registered manager at any time and also to the provider if they felt they needed to. The provider told us that their contact details are made available for all staff and the people. Messages could also be sent anonymously to the provider to alert them if there were concerns. Staff told us that they did not have any concerns at present but felt sure that if they did the registered manager and provider would listen and respond straight away. Staff were aware of the whistleblowing policy and said that they would feel supported by the provider if they ever had to whistleblow. The registered manager told us that the provider took a very active part in the running of the service and would take swift and direct action if concerns were identified.

Staff told us that they felt well supported in their roles. They told us that not only did they have regular supervision which they found useful; they also had on-going support throughout the day. One staff member said, "You can go at any time with anything to the manager." There were also regular staff meetings. Staff told us that these meetings were useful as it gave the opportunity to talk openly with the registered manager and where any actions were identified or suggestions made these were listened to. One example staff gave was the recent discussions between them, the people that lived there and the provider in developing the garden and outdoor areas of the home. They told us that there was an open door culture where they were able to speak with the manager straight away if they had any concerns.

The provider told us that they were always looking for ways to improve the care they provided and to develop staff skills further to effectively meet the health needs of the people that lived there. One of the initiatives was the development of an approved practitioner role. This involved staff doing further training to enable them to do areas of care such as changing dressings and some pressure area care that would ordinarily need the input of a district nurse. This additional training is supported by the Skills for Care organisation that provides national standards based training skills for care organisation. The provider told us that this would mean that care would be delivered more quickly as people would not have to wait for a district nurse to attend. Staff we spoke with were positive about this new role. It is currently in the early stages, so we were unable to comment on its' effectiveness.

The registered manager told us that there was a clear management structure to support them and the provider was constantly aware of what was going on and supportive of ideas of service or staff development. The provider and registered manager had a comprehensive quality assurance system in place. This included regular feedback from relatives and the people that lived there and regular checks and audits. Audits were carried out each month which included gathering information about the amount of falls, weight changes and pressure area care. The provider and registered manager also did unannounced night visits. They said that the purpose of these visits were not to catch staff out, but to check with residents and staff whether there were any concerns. The provider was also able to show us how they used up to date research to inform the changes in their service, so that people who used it benefitted from it. For example, using adaptive lighting, innovations in the use of smell, the implementation of the digital wall all helped to improve the quality of experience for people using the service.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is

legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.