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Elizabeth House Care Home Adults

Inspection report

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Date of inspection visit:
04 June 2018

Date of publication:
19 July 2018

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

We inspected Elizabeth House Care Home Adults (known to the people who live and work there as 'Elizabeth House') on 4 June 2018. The inspection was unannounced.

At our last inspection on January 2017 we found five breaches of legal requirements. These were breaches of Regulation 12 because the management of medicines was not safe: Regulation 11 because the principles of the Mental Capacity Act 2005 had not been followed: Regulation 17 because there was a lack of effective governance processes and Regulation 18 because staff had not received regular supervision, appraisal or training to effectively undertake their role. We also found a breach of Regulation 18 of the Care Quality Commissions (Registration) Regulations 2009 because the registered persons had not always notified CQC of significant events that happened in the home. The provider was required to send us an action plan telling us what they would do to meet the requirements of the law. They sent this to us and we saw at this inspection improvements had been made.

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

Elizabeth House provides support for up to 20 people with mental health issues and/or learning disabilities. It consists of two large terraced houses knocked into one, situated in a quiet residential area of Portsmouth. The home has 18 bedrooms, two of which are for two people to share. The home has four floors. Offices and meeting rooms are on the lower ground floor; the kitchen, two lounges, the dining room, a smoking room and some bedrooms to the ground floor; and other bedrooms and bathrooms on the first and second floor. There was a stair lift on one short section of stairs between the first and second floor. On the day of inspection there were 18 people living at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs), and people were encouraged to make choices about their day to day life. However, we found that the recording of mental capacity assessments needed to be improved and we have made a recommendation about this.

People and staff told us they lived and worked in a safe service. All staff had undertaken training in safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and were able to describe what action they would take to protect people from harm.

Risks associated with people's care were well known by staff, clearly documented in people's care plans and well managed. Environmental risks were assessed, monitored and measures had been taken to reduce these. The home was clean and infection control procedures were in place.

The management of medicines had improved and was safe.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment procedures in place and carried out checks when they employed staff to help ensure people were safe. Training for staff had improved and staff had the necessary skills to care for people appropriately. Staff were well supported through induction, supervision and appraisal systems.

People told us they received care and support that was very good and was delivered in a way that met their needs and preferences. Staff treated people with dignity and respect and people were supported to be as independent as possible.

People had enough to eat and drink and were complimentary about the food on offer.

People were aware of how to raise a complaint and we saw that complaints had been investigated and resolved. Feedback was encouraged from people, staff and other health professionals and this was used to improve the service.

People and staff said the management of the service was very good. Quality assurance processes had improved and the safety and quality of the service was effectively monitored.

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 felt the service was safe. Staff understood how to recognise and respond to possible abuse.

The management of medicines had improved and was safe.

Risks to people's health and well-being had been identified and plans put in place to reduce these risks.

There were enough safely recruited staff to meet people's needs.

The environment was clean and effective infection control measures were in place.

Is the service effective?

Good

The service was effective.

The requirements of the Mental Capacity Act 2005 were followed and people were encouraged to make choices about their care, however, the recording of this needed to be improved and we have made a recommendation about this.

Improvements had been made to staff training and staff had been given good support through supervision and appraisals.

People's nutritional needs were met and people were offered a nutritious and varied diet.

People were encouraged to maintain good health and had access to appropriate healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People's privacy, independence and dignity were promoted and respected.

People were able to express their views on the care they received and were supported to make decisions about their care and support.

Information was kept confidentially and securely.

Is the service responsive?

Good

The service was responsive.

Care records contained sufficient information about people to meet their needs. Staff were knowledgeable about people's needs and preferences.

Activities were based on individual choices and people said they had enough to do.

People knew how to complain and complaints had been investigated, resolved and analysed to determine any trends.

Is the service well-led?

Good

The service was well led.

Improvements to quality assurance systems had been made and the safety and quality of the service was monitored.

People, relatives, staff and health care professionals were encouraged to provide feedback through a range of opportunities.

The atmosphere at the service was open and inclusive and both people and staff told us they enjoyed living and working at the service.

Elizabeth House Care Home Adults

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 June 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home; we also reviewed previous inspection reports and action plans from the provider. We looked at notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. This helped to inform us the areas we focussed upon on as part of our inspection.

During the inspection we spent time talking to six people, two relatives, the registered manager, provider and three members of staff. We looked at the care records for four people, and staffing records of three members of staff. We saw minutes of staff meetings, policies and procedures, the complaints file, audits and action plans. We were sent copies of the training matrix, rotas and certain policies and procedures after the inspection.

Good

Is the service safe?

Our findings

People in the service told us they felt safe. One person told us "The staff look after me very well". Another had written on a feedback form 'I'm safe because staff monitor who's coming in the building'.

At our last inspection in January 2017 we found that medicines were not managed safely. Medicines were not stored safely, staff had not received medicines training, the recording of medicines was not clear and poor practice regarding the administration of medicines were identified. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to send us an action plan telling us what they would do to address these concerns. At this inspection we found the provider had taken sufficient action to achieve compliance with this regulation.

The registered manager and all staff had received medicines training and all staff had been assessed to be competent to manage peoples' medicines. At the last inspection we found that medicines were not stored in line with national guidance, temperatures were not monitored or recorded. At this inspection we found that temperatures were checked and records confirmed this. Concerns around medicines and keys being accessible to people had also been addressed and we observed that medicines were stored in a locked cupboard at all times and the deputy manager kept the medicine cupboard keys with them.

People had their medicines administered safely and in line with their prescriptions. At the last inspection it was noted that medicine administration records (MAR) were difficult to read, at this inspection we saw that MARs were clear, legible and complete. We observed a medicine round. People were asked if they were ready to have their medicines and came to the medicines cupboard if they were. The medicines were given to them, the staff member didn't rush them and waited before they had swallowed their tablets before signing the MAR. The staff member asked a person if they wanted their pain relief gel and when it was declined the staff member respected this decision and the MAR was signed accordingly.

Topical medicines such as prescribed creams and lotions and 'as required' (PRN) medicines were not safely managed at the last inspection. We saw at this inspection that there were clear directions for the use of topical creams, body maps were in place and staff had signed the MAR when these were administered. People who were prescribed PRN medicines such as Paracetamol for pain, or medicines to help with their anxiety, had clear guidance in their care plans to describe when the person needed to take this. Staff recorded on the back of the MAR the reasons why a person had been given a PRN medication, along with the effectiveness; this meant that it was clear that people received their medicines as prescribed.

We had been concerned at our last inspection that the registered provider had not checked the home's water system in order to reduce the risk of Legionella. At this inspection we saw these checks were being carried out. Other health and safety checks were also conducted such as regular testing of electrical equipment and fire safety. A risk assessment regarding the environment was in place. Tilt and turn windows were in place in all rooms to prevent people from falling out.

Staff had been recruited through a recruitment process that ensured they were safe to work with people at

risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks would identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Suitable references were obtained and any gaps in recruitment history were thoroughly explored.

People were protected against abuse. Staff said they had received safeguarding training and knew how to report any signs of abuse. Additionally, staff were familiar with the term "whistleblowing" and said they felt confident to raise any concerns about poor care. All of the staff said they believed that any concerns they raised would be taken seriously. One member of staff said, "I'd go to the senior manager on duty at the time, if it were them causing the problem I would just take it to the next person up, we have a safeguarding team so I could go to them but I know that the manager would sort it".

People were cared for by staff who knew them well. Care plans contained risk assessments for areas such as falls, mobility, behaviours that challenge and nutrition. Where risks were identified, guidance for staff on how to reduce the risk of harm to people were in place. For example, one person had been assessed at being at high risk of choking. The plan detailed steps staff should take, such as 'ensure food is cut up into bite sized pieces, remind (Name) not to talk while eating, remind (Name) not to put too much food in mouth at once'. We saw that these measures were discussed at a staff meeting so all staff were aware. One member of staff also told us that they knew about risks to people because "It's written in their care plan".

Some people demonstrated behaviour that challenged. Information was available in care plans which helped staff to recognise signs which highlighted when a person may be becoming agitated, what to do to support a person during this time and how to assist them afterwards. We observed one person who began to get agitated and the staff member used a successful de-escalation technique to support the person to feel calm again.

People had personal emergency evacuation plans (PEEPs) in place. PEEPs describe the support and assistance that people require to reach a place of safety when they are unable to do so unaided in an emergency.

The provider investigated accidents and incidents in the home. An analysis of these took place and trends and patterns were identified. For example, we saw that one person had fallen numerous times and the provider had put measures in place to reduce the risk of them falling in the future. They had sought the assistance of external healthcare professionals and communicated the changes for the person to the staff team.

There were enough staff to meet people's needs and keep them safe. There were a core number of staff on the rota but this was flexible depending on what was happening during that day. One member of staff told us "If a number of people have appointments we rota staff appropriately to support them". We saw that staff were not rushed and were able to respond to people in a timely manner.

Although the environment was dated, people were cared for in a clean and tidy home. Cleaning schedules were in place and records confirmed these were followed. Staff were seen to use personal protective equipment (PPE) where this was needed and staff had received training to ensure they had knowledge of infection control procedures. The provider had carried out an infection control audit in February and any issues that were identified had been actioned.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and who had the training and skills to meet their needs. One person told us "They (staff) do a really hard job, they have so much patience and always make sure things are as we want them".

At our last inspection in January 2017 the service was in breach of Regulation 11 (Consent). They had not followed the principles of The Mental Capacity Act 2005 (MCA). At this inspection we found the provider had made sufficient improvements to achieve compliance with this Regulation.

The Mental Capacity Act (2005) 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

All staff had a good understanding of how to apply the principles of the MCA and DoLs, staff told us they asked people to consent to their care. They also said that people had the right to make their own decisions and we saw evidence during the inspection that people chose how to spend their day. We saw that when staff felt people may not be able to make their own decisions, they involved the person, their representative and other health and social professionals to hold a meeting, this meant the decision was made in the person's best interests. One person had difficulty managing their finances due to a lack of capacity and the service had set up a system where they could support them with this in the least restrictive way possible.

People did not always have mental capacity assessments in place to assess their capacity in relation to specific decisions. We saw that five people in the service were subject to DoLs. This was because they were deemed as not having the capacity to decide where they lived. There was no evidence that a mental capacity assessment had been completed prior to the application, in order to determine that the person lacked capacity about living in the home. The registered manager confirmed these had not been completed by them but that the involved social worker assessed a person's capacity before they were admitted into the home. They sent us these records after the inspection. Despite a lack of recorded capacity assessments, it was evident that the MCA was understood, applied and did not have a negative impact on people. However, the records of these assessments needed to be clear and we recommend the registered persons seek guidance from a reputable source to ensure this is done appropriately.

At our inspection in January 2017 we found the provider had not ensured the staff employed had received

appropriate supervision, appraisal or training to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to send us an action plan stating what they would do to rectify this. At this inspection we found the provider had taken sufficient action to achieve compliance with this regulation.

Staff told us they received regular supervisions and had an annual appraisal. Supervision and appraisal records were in place and confirmed what staff told us. This was a formal process which provided opportunities to check performance and ensure staff were being appropriately supported. All staff told us that these were useful and also felt able to raise issues or concerns with the management team in between supervision times.

The deputy manager told us there had been many improvements in relation to staff training since the last inspection. They explained that training happened monthly and covered different topics. We viewed the training matrix and saw that staff had received training to support them in their roles, this included infection control, safeguarding, mental capacity, DoLs and personalisation. A member of staff told us "If I don't understand anything, I go straight to the manager and they explain things to help me learn".

The registered manager explained how staff were inducted and we saw records to confirm this. The service had not recruited any staff without any prior experience of care since the last inspection, but the registered manager told us they would enrol new inexperienced staff on the Care Certificate if they did. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

People were supported to eat, drink and to maintain a healthy balanced diet. People said they were happy with the food they received and that they had a choice. One person told us "If I don't like what is on offer I can ask for something else and it isn't a problem". The menu was displayed in words with a pictorial version beside it; his helped all people to understand what was on the menu. Staff were aware of people's different dietary needs and these were catered for, including a low-fat diet, a diabetic diet and a dairy free diet. This information was also in peoples' care plans.

Some people had chosen to eat out while others chose to eat in their rooms. We observed lunch time in the dining room which appeared to be a relaxed and pleasant experience. The meals were presented well and were appetising. One person asked for a large portion and this was given, another person had their food cut up before it was served which was their preference. People were asked if they wanted more and were offered a choice of sauces and gravy. People told us they enjoyed the food on offer and that they could influence what went on the menu. A staff member told us 'People rate the meals and if it is unpopular we don't put it on the menu again'. A new drinks machine was in place in the dining room which facilitated peoples' independence as they could make their own hot drinks.

People's needs were met by the adaptation and design of the premises. The home and outside areas were fully accessible to people. Although the service didn't support people with advanced mobility difficulties, there was a portable ramp and a stair lift in place so people and visitors could access the building and communal areas. Staff told us the changes in the garden led to more people sitting outside in the fresh air. Communal areas were dated and tired but welcoming. Plans were in place to update the décor and furniture in the home. Photographs of people and staff on holiday or undertaking different activities were displayed in prominent areas of the building. People could decorate their bedrooms as they wished and we saw these were homely and individualised. For example, one person loved butterflies and had wallpaper and bedding with butterflies on.

Handovers between staff took place to ensure they were kept up to date about everyone's needs. We saw nationally recognised assessment tools, developed from evidence based practice were used to assess people's needs and develop plans of care to meet these needs.

Staff told us they encouraged people to lead healthy lives by eating healthily and getting enough exercise, they arranged for people to see healthcare professionals if they thought they needed extra support. One staff member told us "we try our best but we can't stop certain people going out and coming back with snacks and fizzy drinks, we simply have to tell them exactly what the doctor or dietician has told them and explain the reason in a way they understand".

People were supported to access health care when required. Records confirmed people had regular input from a range of health professionals when required. This included GPs, opticians, chiropodists, community nurses and hospital consultants. One person told us "When I need to see the doctor or dentist a member of staff accompanies me".

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring and knew them well. One person told us "The kindness of the staff is why I choose to stay here, they are like my family" and another said, "The staff are amazing they go over the top to help me". A relative said "They look after my family member very well, I couldn't ask for more".

We observed interactions between staff and people and witnessed numerous examples of staff providing support with compassion and kindness. Staff and management spent time with people on a one to one basis and were seen chatting, laughing and joking, we saw that where people required support it was provided promptly and staff did not appear rushed in their interactions. It was clear that staff knew people well and we heard staff talking to people about their interests and hobbies. We found the atmosphere in the service was warm and friendly.

People were asked what made them happy, for example, we saw in one person's care plan that they enjoyed being smartly dressed, having make up, going shopping with their keyworker and buying certain magazines. We saw that the service put measures in place to ensure this happened for the person.

People were encouraged to express their views and to make their own choices. Staff and the registered manager were able to give examples, of how people had been involved in choosing colour schemes for the home, choosing holidays and other events to go to. People's views about their own care were actively sought and these were respected as far as possible.

The service ensured that people had access to the information they needed in a way they could understand and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was displayed using pictures as well as words and we saw in one person's care records that they required staff to read all correspondence to them.

Some people were more independent than others; the service accommodated this and planned people's support accordingly. We found that people's independence was promoted, for example, the service organised that a person had grab rails fitted so they were able to get out of bed independently while another was encouraged to carry out their own light chores. The registered manager told us that one person's goal was to live in supported living accommodation and they were being supported to become more independent to achieve this, staff were helping the person to do their own food shopping and manage their finances on a day to day basis. They went on to tell us "It's hard for some people to move on because they miss us but it's a good feeling when someone becomes independent".

Records showed some people had advocates who supported them. Signs around the home advertised a local peer support group people could attend for help and advice. This meant people had access to independent support with making choices and decisions if they needed it.

Staff respected people's privacy and dignity. Staff were seen to knock on bedroom doors and waited for an answer before they entered. Care was provided in a discreet and private way. Care records confirmed who people wanted information shared with and all information about people was stored confidentially with only those that needed to know having access to these records.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People were encouraged to maintain family contacts. Some people were able to do this alone and others were accompanied by a member of staff. People and staff confirmed that family and friends were always welcomed at the home.

Good

Is the service responsive?

Our findings

People received a personalised service that met their needs. All people that we spoke with told us that staff had a good knowledge of their needs and the support given to them was tailored around this.

An assessment of people's needs was carried out prior to them using the service to ensure their needs could be met by the service. The pre-assessment was comprehensive and holistic. This ensured people's needs and preferences were known.

Care plans were developed from the pre-assessment and were person centred. They contained information about people's physical, emotional and social needs. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. Care plans were set out clearly and people's views were recorded in each section. For example, one person had stated in their health care plan, 'I'm happy for staff to give me a strip wash when I am unwell' and 'I do not want to use a commode'.

Care plans included a photograph of the person and detailed information about people's background and life history. Staff told us this helped them get to know people and understand them better. One member of staff told us "the care plans are really good, if I need to know anything about a person, I'll just look in there". Staff had a good knowledge of people's needs and preferences, for example one member of staff told us "(Name) never likes to get up before 11am so we take their breakfast and medication to them at that time".

Care plans were regularly reviewed with people and their views on how they had found the previous month or what they wanted to do in the upcoming month were recorded, for example one person stated 'I'm looking forward to the Christmas party". A member of staff told us "Care plans are reviewed each month, if there are any changes in between that time, there's a note left for us so we can read about the changes".

Activities were individualised and based on what people wanted to do. One person told us "I love reading, when I need a new book the staff take me to the shop to buy one, they also get wool for my knitting". Some people pursued their interests independently, for example, one person preferred to spend time in the pub while other people needed the support of staff to go out and about. One person told us "The staff take us to the cinema and restaurants, I enjoy that". There were some planned activities in the home such as board games, exercises and manicures, however, these were not often well attended because people were happy to pursue their own interests. People told us they had plenty to do.

The provider had a complaints procedure in place. This was located around the home. We looked at the complaints log and saw that complaints were investigated and resolved. An analysis of complaints had been carried out and we saw that most complaints were about the behaviour of others who lived in the house. The provider had put measures in place to prevent such incidents reoccurring. All people that we spoke with knew how to complain. One person told us "I've been here many years and I haven't needed to complain yet, the staff deal with most things".

The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit. Care plans contained some information about peoples' wishes at the end of their life. The registered manager told us they were undertaking the Six Steps programme, this is a nationally accredited course which aims to develop staff's knowledge and enhances end of life care for people. They told us this would be beneficial if someone did require end of life care in the future.

Good

Is the service well-led?

Our findings

The service was well led. The registered manager and provider ensured there was a person centred, open and caring culture in the service.

At our last inspection in January 2017 we found the provider had not fully audited the safety and quality of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to send us an action plan telling us what they would do to address these concerns. At this inspection we found the provider had taken sufficient action to achieve compliance with this regulation.

Systems were in place to monitor the quality and safety of the service provided and to manage the maintenance of the building. Audits were carried out which included medicines management, care plans, infection control, personnel files and training. Safety checks were also carried out in respect of water temperatures, fire and health and safety. Any issues that were identified in the audits were actioned. Accidents and incidents were investigated, monitored and analysed to ensure people's ongoing well-being. Learning from these was implemented to improve the service.

The provider and staff members explained the improvements that had been made since the last inspection and told us they were keen to keep improving, for example we were shown a new quality assurance system that was being implemented. The provider had enlisted the support of an external consultant to help them achieve compliance, the provider told us this had been useful and kept them on track.

At our inspection in January 2017 we found the provider had not notified the Commission of incidents of abuse between service users and any incident which is reported to, or investigated by the police. This was a breach of Regulation 18 of the Care Quality Commissions (Registration) Regulations 2009. At this inspection we found the provider had taken sufficient action to achieve compliance with this regulation.

The provider had notified CQC about events they were required to do so by law.

People's views were actively sought and they were encouraged to do this during monthly reviews, meetings and surveys. Feedback received was positive, for example, one person had written 'Absolutely excellent, staff look after me well, I want to live here until I die, I love it'. We saw that where people had made suggestions, these were acted on. For example, one person had requested a bigger bed and another requested a cooked breakfast, this was put in place for them.

Staff, health professionals and relatives were also encouraged to contribute to the development of the service through meetings, surveys or the suggestions box. We saw that comments were positive, examples included 'Staff care is excellent' and 'personal hygiene improved for (Name)'.

The provider had noted that a common theme about how to improve the service focussed on the environment. Comments included 'The carpet should be replaced', 'Décor slightly outdated' and 'Furniture

and décor outdated'. The provider told us they were soon getting a new carpet and we saw that work had begun on updating the décor.

We consistently received positive feedback about the provider and registered manager. They were described as approachable, dedicated and "hands -on". One member of staff told us "There are other jobs in this area but I want to stay here, it's because we're treated so well, I feel really supported and valued'.

The home had a stable staff group; the registered manager told us that no agency staff had been used and staff turnover was extremely low. Staff told us this was because the provider and registered manager were supportive and helped them achieve a good work life balance. The staff team had opportunities to progress and complete further training; two members of staff told us they were happy to have nearly completed NVQ qualifications. One member of staff told us "I came here knowing nothing, the managers gradually taught me everything I know to be a good carer".

Everyone in the service told us they enjoyed being there and were complimentary of each other. One person told us "we're like a big family" and a staff member told us "I love working here, the managers and team are great and I want to be doing the best possible for our residents".
Providers are required to display their CQC rating at their premises and we saw that this was prominently displayed in the entrance hall to the home.