

Collinson Care Ltd

Collinson Care Home

Inspection report

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Date of inspection visit:
24 January 2018
25 January 2018
01 February 2018

Date of publication:
01 May 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

This unannounced comprehensive inspection was carried out on 24 and 25 January 2018, and was concluded on 01 February 2018.

Collinson Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 29 people with a range of care needs including those living with dementia. People are accommodated over two floors, with all communal areas on the ground floor. At the time of the inspection, 28 people were being supported by the service, with one person in hospital.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support an overall rating of 'good', and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. The provider had made further improvements in their medicines management, care planning, and quality monitoring systems to ensure that people received consistently safe, effective and good quality care. The exceptional leadership and management of the service fostered a culture that encouraged collaborative working and openness. The registered manager provided stable leadership and effective support to the staff. People, relatives and staff's feedback was listened to and improvements made in a timely way. The registered manager and the provider were keen on further exploring innovative ways of ensuring that they were the best care home in the local area. The provider made financial resources available to achieve this, resulting in positive care outcomes for people using the service.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs in a person centred way. The provider had an effective system to handle complaints and concerns. A variety of activities that people enjoyed were provided, and people were supported to pursue their hobbies and interests. People were supported to remain comfortable, dignified and pain-free at the end of their lives.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Collinson Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 24 and 25 January 2018. It was concluded on 01 February 2018 when we had spoken with night staff by telephone and we had received information we requested from the registered manager.

The inspection was carried out by an inspector and an expert by experience on the first day, and only the inspector visited the service on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

Prior to the inspection, we contacted the local authority that commissioned the service and the local Healthwatch, and we received positive feedback about the service.

During the inspection, we spoke with seven people using the service, two relatives, five care staff, the activities coordinator, the cook, the registered manager, and the provider who is also registered as the nominated individual. We also spoke with a visitor from a local church and a community nurse.

We looked at the care records for five people to review how their care was planned and managed. We looked at four staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and

monitored. We observed how staff supported people in communal areas of the service.

Is the service safe?

Our findings

We found the provider continued to protect people from potential abuse, harm and risks, and the rating for this key area remains 'good'.

People told us they felt safe living at the service and none of them were concerned about potential abuse. One person said, "I can say there's not a bad person here." Relatives we spoke with had never been concerned about abuse. A regular visitor from a local church told us, "I admire the staff. If I saw anything I thought was not right, I would go to the manager straight away."

Staff had been provided with appropriate training and guidance in order for them to know how to keep people safe. Information about safeguarding procedures was displayed in prominent areas around the service so that anyone who wanted to raise a concern knew what to do. Staff showed good knowledge of the provider's safeguarding policies and local reporting procedures. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents in a timely way, and we saw records of these.

Potential risks to people's health and wellbeing had been assessed. Care records showed that people had individual risk assessments including those for risks associated with them being supported to move, falling, eating and drinking, pressure damage to the skin, use of bedrails, behaviour that may challenge others, and specific health conditions. These risk assessments gave guidance to people and staff on how a variety of risks could be minimised. An environmental risk assessment had also been carried out to ensure that there were no hazards that could put people, visitors and staff at risk of harm. Records showed that there was a system to review risk assessments regularly, and prompt action was taken to update these if people's needs changed.

There were safe staff recruitment procedures, and there was sufficient numbers of staff to support people safely. People told us there was sufficient staff to look after them at all times. This included one person who said, "There is enough staff. They look in to check you are okay during the night." One relative said, "There seems to be enough staff most days." The registered manager told us that staff turnover was very low and we saw that they had a number of longstanding staff. They had not used agency staff for a long time, had no staff vacancies and a list of bank (irregular) staff ensured that they had maintained appropriate staffing levels to cover for leave and sickness.

People's medicines were managed safely in order for them to receive effective treatment. People we spoke with were happy with how staff supported them with their medicines. One person said, "My tablets are on time, so are my inhalers." We noted that since our previous inspection, the provider had introduced an electronic system for managing medicines. Staff provided positive feedback about this, including that the alert system meant that omissions and recording errors were very unlikely to happen. Also, people were now less likely to run out of medicines because the electronic system prompted staff to re-order medicines when stocks were getting low.

Care was provided in a safe environment because regular health and safety checks were completed to ensure the service was free from hazards that could cause harm to people who used the service, staff and visitors. The service was clean because there were dedicated staff for this role. Cleaning schedules showed that all areas of the service were cleaned regularly to promote a safe and pleasant environment for people to live in.

People were supported in a way that ensured they were protected from risks of acquired infections, and people we spoke with confirmed this. One relative told us, "I am very happy with the cleanliness. The staff always wear gloves when [relative] has (support with personal care) every 2 hours." Staff told us they had adequate supplies of protective equipment such as gloves and aprons. We observed that they wore these when required. There was infection prevention guidance for staff and they told us that they followed appropriate hand washing procedures to reduce the spread of infections.

The registered manager showed us how they reviewed accidents and incidents so that they put effective systems in place to reduce the risk of them happening again. There was evidence of learning from these. For example, work had been done to fix radiator covers to the wall as a result of an incident that happened at another service that they worked closely with. Also, the registered manager had identified that the lighting in some areas of the service put people at risk of trips and falls because it was not bright enough. We saw that as the bulbs needed changing, these were being replaced with much brighter bulbs and this had definitely improved the brightness of the areas.

Is the service effective?

Our findings

We found staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people using the service. We saw that further improvements had been made to the quality of people's care records by the introduction of an electronic care planning system. This increased the effectiveness of the information in highlighting where more staff interventions were required to ensure that people received consistently effective care that met their individual needs. There had also been environmental improvements that supported safe and effective care. This meant that the rating for this key area remains 'good'.

People told us that their care needs were met and they were happy with how staff supported them. They also said staff were well trained and knew how to use the equipment people needed. One person told us, "They look after you ever so well." Another person said, "They're all very good." Relatives also told us that the care outcomes for people were consistently good, with a number of them praising skilled staff for ensuring that where possible, their relative's health and wellbeing improved over the course of their time at the service. One relative said, "My [relative] has a hoist and the staff are well-trained. They talk to her, saying hold on here and reassure her throughout the move." Another relative said, "If I paid a million pounds a day I couldn't get better care for my [relative], they're brilliant." While another relative said, "My [relative] developed a very small bed sore and they were on to it immediately. They asked the district nurse to check it. She has an air mattress and I take advice from the staff as to how to support her properly."

Records showed that staff were attentive to people's changing needs and where required, they sought specialist care and support from relevant professionals. For example, on the day of the inspection we saw that community nurses from the 'Rapid Response Service' attended the service to assess people who had been referred to them by staff. As a result, one person was taken to hospital, and various treatments and support were recommended for others. We spoke with one of the visiting professionals who told us that they had not been concerned about the quality of care provided by the service. They complimented the service on their timeliness in seeking professional support when people were unwell. They also found it helpful to be supported throughout their time at the service by a member of staff who knew people well and was able to give them information they needed. Some people told us of some of the things they appreciated staff for doing to improve their wellbeing. This included one person who said, "My neck kept cracking, they gave me another pillow and that helped it." Another person told us, "They give me extra pillows to help with my breathing."

We saw that people had assessments carried out prior to them moving to the service. This information was used to develop care plans that took account of people's needs, choices, views and preferences. The detailed care plans also meant that staff had enough information to provide good quality care to people using the service. The provider had further enhanced the quality of the care plans by introducing an electronic care planning system that allowed for more comprehensive and holistic assessments of people's needs and progress. Staff were very complimentary about how the new system had greatly improved information they held about people. They also said that the handheld devices allowed them to evidence in a more timely way what care had been provided to each person. The registered manager told us that the

ability to input information at the time of care delivery meant that staff could now spend more time with people rather than writing in care records.

The care records we reviewed contained relevant and detailed information to support effective care. To further enhance this, the registered manager told us that they were working towards adding more information about people's history and their lives before moving to the service. They said this would help them to further understand people's preferences and how to best support them to live more fulfilled lives. The provider told us that the quality of the daily records had vastly improved since using the electronic records and we saw evidence of this when comparing the paper records used by staff up to November 2017 and the printed electronic records.

Staff had been appropriately trained to support people effectively. Staff were complimentary about the quality of the training, and support they received through regular supervision and appraisals. One member of staff said, "Training is up to date and very good. We use training packs and sometimes a trainer comes in." Another member of staff told us, "I recently had first aid training. We have training packs here, but we also attend training provided by other external agencies." About the quality of supervision and support, one member of staff told us, "I find the supervision process to be professional and supportive. I can always speak to the manager if I need support." Another member of staff said, "Supervision is very good. You know what you say will be kept confidential. You can speak your mind without being judged." We saw that training and supervision records were up to date, which showed that staff were trained and supported in a timely way.

We saw how the registered manager had further enhanced staff's skills, knowledge and interest in providing evidence based good quality care. Some staff had been nominated and supported to take roles as champions to lead on putting together good practice guidance in relation to dementia care, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), and safeguarding. These members of staff had put together poster collages explaining important information about each of these areas. These were displayed in prominent areas so that staff, people using the service and visitors could benefit from the information. Staff we spoke with told us that this had further enhanced their understanding of what they needed to do to ensure they followed good practice guidance so that people's needs were consistently met in an effective way. There was also a technology champion who was supporting staff in effectively using the electronic care planning system and would answer their queries on how best to present and access information in a timely way. The registered manager also told us that they were looking for someone to take on the role of an infection control champion.

People told us they enjoyed the meals provided by the service and that they were given a choice of food and drinks. One person said, "The food is good and I get a choice of food." Another person said, "They ask what I would like to eat. Once I said scampi and they made scampi, chips and peas for me. They ask what we want for breakfast and we can have cooked breakfast. We go out for meals sometimes and we went to [name of the pub] for a meal." While another person said, "The food is always nice. You get a nice breakfast, cereal and toast." A member of staff told us, "The food is good and residents are really happy about it. They often tell us to tell the cook that they enjoyed the food."

There was a longstanding cook at the service who was passionate about finding creative ways of presenting food so that it was attractive and appetising for people to enjoy eating it. When required, they were always happy to provide food that promoted people's different cultural, religious and ethical preferences. The provider had invested in good quality, fresh and a variety of ingredients to ensure that people had a varied and well balanced diet. We saw that the menus offered people a wide choice of food and the cook told us that they were always happy to provide an alternative meal if someone did not want what was on the menu. People were told on a daily basis what was on the menu and asked to choose what they wanted to eat for

their lunch and later in the day, their evening meal. We observed this in practice during both days at the service and it was a good way of empowering people to make choices.

People's weight was monitored regularly to ensure that they ate enough to maintain their health and wellbeing. Where there were concerns about people not eating or drinking enough, staff monitored this closely by way of keeping records of what people ate and drank. Where required, we saw that referrals had been made to dietitians and speech and language therapists to support people to eat well. Staff were not concerned about people not eating and drinking enough, and they told us that prompt action was always taken when issues were identified. One member of staff said, "There is always enough for residents to eat and drink. Residents here will actually ask for more food if they wanted it."

People were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. One person told us, "I've never asked to see the doctor, but if you want one, they call him in." Staff told us they worked closely with people, their relatives and professionals to ensure that the care provided to people was appropriate and continued to meet their needs. We saw that people were registered with local GPs who visited them regularly when required. Chiropodists, opticians, dietitians and community nurses were also involved in providing care and treatment to people when required. Staff supported people to attend hospital appointments unless people's relatives chose to do so.

There was a thorough approach to planning and coordinating people's move to other services. We saw that there was a 'hospital pack' that was sent when people were admitted to hospital. This was particularly useful for people living with dementia as they were not always able to clearly communicate their needs, especially with people they were not familiar with. This pack contained a full overview of the care provided to the person up to the moment the person left for hospital. This was informative, reduced errors and duplication as the hospital staff would have up to date information of when people last ate, had medicines and received other specific care interventions. The registered manager explained how they would ensure effective communication of information about pending hospital appointments for a person who was due to be transferred to another care home. They said that their discharge summary will include that information, but they will also send the appointment letters to the new provider.

Since our previous inspection, the provider had made further environmental improvements to the service to ensure that people's needs were met by the adaptation, design and decoration of the premises. To make it easier to keep the service clean and to support people with walking aids to move around more easily, the provider had changed the flooring from carpets to vinyl throughout the service. This had also made the service look brighter. All areas were maintained and decorated to a high standard, and took into account people's needs and their preferences for how the space was used. People were happy with how their bedrooms were decorated and furnished including one person who said, "My bedroom is nice and cosy. You can put anything you like up on the wall." People also told us that being able to bring small pieces of furniture and personal effects like family photographs made their bedrooms more personal and homely.

The registered manager told us of on-going environmental improvements to make the service more dementia friendly as most of the people at the service were living with dementia. For example, a mural on the first floor was a focal point for people to look at as they were walking to and from their bedrooms. A whiteboard in the communal area showed the date and the weather, and we observed the activities coordinator adding a pictorial presentation of that day's weather to make it easier for most people to understand that it was a cloudy day. The registered manager also told us that they were working on a project to develop 'memory boxes' with people and relatives. They would then put these on walls outside people's bedroom doors in order to remind them which was their bedroom.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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. We found the service was working within the principles of the MCA. Where required, mental capacity assessments had been carried out. Where people did not have capacity to make decisions about some aspects of their care and support, staff, relatives and social workers had made decisions on their behalf in accordance with the law. We also saw that where necessary, the registered manager had made referrals to relevant local authorities to ensure that any restrictive care was lawful. Some people had valid DoLS authorisations in place to ensure that they were supported in a safe way.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that most people were able to give verbal consent to their day-to-day care and support, and staff told us that they always asked for people's consent before care was provided.

Is the service caring?

Our findings

We found staff continued to treat people with kindness, respect and compassion. People were still being supported to be actively involved in making decisions about their care, and their privacy, dignity and independence were respected and promoted. This meant that the rating for this key area remains 'good'.

People told us that staff were kind, caring and friendly towards them. One person told us, "They look after you ever so well." Another person said, "They are all kind, day and night staff." A regular visitor from a local church told us, "The staff are very pleasant, very kind." One member of staff said, "Everyone takes extra care to ensure the residents are happy. There are little things that make a difference, like going to a resident and asking if they are alright. It doesn't cost anything."

The registered manager promoted a caring and inclusive environment within the service and this was reflected in the way staff spoke about people they supported. We noted that staff spoke really fondly about people and they told us that they had developed close and positive relationships with everyone. One member of staff told us, "Everybody is really friendly here. We work well as a team, and care and support each other. We really care about our residents too." Another member of staff said, "The service is very homely and we consider ourselves one big family." We observed caring and respectful interactions between staff and people using the service. People appeared happy and relaxed in the company of the staff, with some laughter and joking observed throughout our time at the service.

Staff told us that people were always supported to express their views. They further told us that they respected people's individuality and their preferences. Staff also said that it was the service's ethos to ensure that as much as possible, people were actively involved in making decisions and choices about their care and support. People confirmed this including one person who said, "I choose to get up 5am because I am awake. They say you can get dressed or you can stay in bed if you like. I have my hair done every week and I can have a bath or shower when I want." Relatives told us that they felt involved in making decisions about their relatives' care. One relative described how they had been involved in planning their relative's care when they first moved to the service. They also told us that they were regularly consulted by staff when they are changes to their relative's care needs. They added, "They always ask my opinion." Furthermore, the service supported people to maintain close relationships with their relatives or friends because there were no visiting restrictions. One relative told us, "They enable me and [relative] to have a private couple of hours each time I visit, they never disturb us."

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. We observed that staff were respectful and discreet when asking people sitting in communal areas of the service if they wanted support with their personal care. We noted that staff also understood how to maintain confidentiality. They told us they did this by not discussing about people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were kept securely within the service to ensure that they could only be accessed by people authorised to do so.

People said that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. This included one person who said, "I do as much as I can for myself, but they lay out my clothes for me so I can get dressed." This was confirmed by a member of staff who said, "We always encourage residents to do as much as possible for themselves and this makes them feel good about what they can do. In this profession, you need to have a good heart and patience."

Is the service responsive?

Our findings

People were still being supported to receive person-centred care that was responsive to their individual needs. People's concerns and complaints were managed effectively, and improvements made. People were supported well at the end of their lives. Therefore, we found the rating for this key area remains 'good'.

People told us that staff supported them to meet their individual needs in a holistic way. They said that they were supported quickly whenever they needed support, and we observed this during the inspection. One person said, "If you need anything they come." A relative told us, "When [relative] came into the service, we went through her likes and dislikes. They took information about her life too." We saw that staff worked closely with people and their relatives to regularly review the care plans to ensure that these continued to meet people's individual needs in a person centred way. Care records showed that care plans were reviewed on a monthly basis or earlier if people's needs changed.

The provider had employed an activities coordinator to ensure that people were supported to positively occupy their time during the day. People we spoke with confirmed that they either took part in activities provided within the service or they pursued their individual hobbies and interests. This included a person who told us they had enjoyed going out to a pub on a few occasions. Another person said, "I have a newspaper every day and I like reading that. They also said, "I go out by bus once a month and meet my [relative] in town for a coffee." The activities coordinator told us about some of the things they did to support people to live more active, happy and fulfilled lives. These included facilitating card games, board games such as dominos, arts and crafts, and arranging visiting entertainers twice a month. They further told us of a variety of special events they organised including beetle drives, local school children visiting to sing, and bringing their dogs in for petting, which they said people loved. People were also supported to attend a coffee morning arranged by another local care home to increase their social links within the local community. We saw information about a dementia friendly film club in a neighbouring town and the registered manager told us that they were arranging to take some people to the next one. A visitor from a local church and relatives told us that they were normally invited to social functions at the service, and they felt part of that community.

The provider had a complaints policy and procedure, and people and relatives knew how to raise concerns or complaints. People told us that they were happy with how their care was managed and they had no reason to complain. A relative told us the registered manager was responsive when they spoke with them about not being happy with how their relative's clothes were being managed. Other relatives also said that the registered manager was always approachable and easy to talk to if they had any concerns. One relative said, "You can speak to the manager anytime." We saw recorded complaints received by the service in the 12 months prior to our inspection, and the registered manager had taken appropriate action to deal with these in a timely way.

Staff told us that where possible, people were supported by the service at the end of their lives. They told us of a number of people they had supported at the end of their lives and how they ensured that people remained comfortable, dignified and pain-free. We saw that people's care plans included information about

how they wished to be supported at the end of their lives. A relative told us that they had discussions about their relative's end of life care needs with the staff. They added, "We went through her end of life wishes, whether she wants to go to hospital or stay in her room. We chose for her to stay here." They said this was because they felt that their relative would be supported better by staff who knew them well. A visitor from a local church who visited the service regularly told us, "If needed, the manager has my contact details to call me for end of life visiting."

Is the service well-led?

Our findings

We found the service still had robust systems in place to ensure that they continued to provide good quality care to people using the service. There had been further improvements in systems to manage people's medicines. The quality of the care planning system had significantly improved and this enabled staff to carry out more comprehensive and holistic assessments of people's needs and progress. There had been further improvements in the quality of the leadership within the service. This meant that the rating for this key area remains 'good'.

The service was well-led. There was an experienced and skilled registered manager in post who provided stable and consistent management and leadership. The registered manager worked closely with the provider and other senior staff to continually develop the service and provide the highest standards of care possible. As a result, people received very good care. People using the service, their relatives, health and social care professionals and staff were consistently complimentary about the quality of the leadership and care provided by the service. One person told us, "They look after you really well here." One relative told us that their relative was receiving the best care possible. They added, "All care homes should come here to learn how it's done." The professional we spoke with was also complimentary about the quality of the care at the service. They told us that they had not been recently concerned about the effectiveness of the care provided by staff and generally found people to be well looked after.

There was a positive culture within the service which promoted a caring and person-centred approach, openness, and inclusive working with people using the service and their relatives. People and relatives' positive comments about the quality of the service were also reflected in the written compliments the service received. The service provided many ways to increase people's social engagement and for them to have an active lifestyle. We observed people chatted freely with staff and the registered manager, including a few people who frequently sat in the office to chat with staff. Their relaxed interactions showed this was a regular occurrence. The registered manager involved people and their relatives in developing the service and offered them numerous opportunities to express their views about how their quality of life could be further enhanced. There were regular 'residents and relatives' meetings and they were also consulted by way of surveys. One relative confirmed this when they said, "The home sends me a questionnaire." In addition, there was a feedback box by the main entrance to service where people could post comments and suggestions about things that could be improved. Questionnaire forms were also available for people to complete at any time. Information was displayed which showed what people said and what the provider did to improve. We saw that people had asked for more activities; for a lift alternative to enable them to get down when it is broken or in case of a fire; installation of wireless internet connection so that they could communicating with their relatives using video calling. We found these had been acted on.

Everyone told us that the registered manager and the provider had excellent communication skills and were always available to speak with them if needed. They said that they were comfortable speaking with them because they promoted an open culture, which encouraged collaborative working. We found equality, diversity and human rights principles were embedded in the provider's ethos, with policies that ensured that no discriminatory practices were promoted. Everyone we spoke with said their individuality was always

respected. Staff were very complimentary about the registered manager's passion about the service and they said that she was a role model to them in that she demonstrated how to apply the provider's vision and values in their day-to-day practice.

The registered manager and the provider led a service that was committed to continuous improvement and innovation. The vision of the provider was clear in the Provider Information Return (PIR) they sent to us and we saw how this was translated into the provision of high standards of care. The provider told us that they had invested financially in making sure they were the best care home provider in the local area. They added, "We don't do this just to be another good service, we want to be outstanding." As well as investing in electronic medicines management and care planning systems, they had made significant environmental improvements to ensure that people's needs were met by the adaptation, design and decoration of the premises. As a result of feedback from staff about the quality of some of the wheelchairs, new ones had been purchased. Worn rubber protectors on the legs of people's walking aids had also been replaced.

Also following the lift breaking down in September, which impacted on some of the people's ability to get downstairs to the communal areas, the provider explored alternative ways of supporting people to get down. They took part in a trial for a new stair chair system which led the service to being featured in a local newspaper article and an online video site. The registered manager told us that the service was also taking part in a nutrition project led by a university student. They were excited in being part of any projects that could result in excellence in how people are supported by care services. This showed that the registered manager and the provider listened to feedback and took prompt action to ensure that people received safe, effective and consistently good quality care.

Staff development was a key strength of the service in providing high standards of care to people. The impact of the training and support staff received was evidenced in the outstanding care provided to people. People's quality of life at the service was further enhanced by the staff commitment to their work. Staff told us the registered manager kept them informed about developments at the service and they were able to share their views because they were confident these would be considered. A member of staff who was one of the 'champions' told us how the role had motivated them to always provide care that was driven by good practice guidance. The registered manager's drive to always use every opportunity to develop by staff was evidenced in the memos they sent to staff about various issues. In response to a complaint about poor personal care, the registered manager trained staff on the principles of the '6Cs' within three days of receiving the complaint. This was effective as there had been no further complaints since then. '6Cs' are values developed by NHS England through their 'Compassion in Practice' strategy which concluded in March 2016. These are: Care; Compassion; Competence; Communication; Courage; Commitment. The registered manager told us that they wanted to ensure that these were embedded in everything staff did in order to consistently support people in a compassionate way.

Staff felt valued and enabled to contribute to the development of the service through regular team meetings. Minutes of these meetings showed that various issues relevant to staff's roles were discussed. Staff said these and daily handovers were productive and used to challenge their practice in order to continually develop the service. Staff said teamwork was excellent and there was mutual respect amongst the staffing group, managers, and people using the service and their relatives. We observed this during the inspection.

Quality monitoring checks were instrumental in driving the standards of care at the service. The consistency, thoroughness and frequency of checks, and audits of the quality of the service ensured people received good care. Care planning and reviews, record keeping and medicines management were audited regularly. The suitability and cleanliness of the premises, infection control measures, health and safety, equipment

and catering were subject to regular checks. There was a service improvement plan where issues requiring action were acted on. The registered manager and provider were highly responsive to issues requiring improvement, and it was evident throughout this report that they always took prompt action to rectify shortfalls. This demonstrated a proactive management team that was focussed on always improving the welfare of people using the service.