The Churchley Rest Home Limited

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Inspection report

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Hove
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 11 January 2017.

The Churchley Residential Home is located in Hove. It is registered to accommodate a maximum of 18 people. The home provides support to older people who may need assistance with their personal care and support needs. The home is a large detached property, spread over three floors. On the day of our inspection there were 15 people living at the home.

The service provider was also the manager of the home. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. We carried out an unannounced comprehensive inspection on 5 November 2015. Breaches of legal requirements were found. This was because we identified concerns with regard to inappropriate storage of medicines, medicines administration, gaps in medication records, no guidance for staff with regard to 'as and when required' medicines and the lack of a risk assessment for a person who administered their own medicines. In addition to this there were concerns with regard to the frequency in which people, who were at risk of malnutrition were weighed, the lack of food and fluid charts to monitor peoples' intake and the lack of oversight with regard to peoples' weight loss and risk of malnutrition. Further concerns related to the lack of audits and quality assurance processes to enable the provider to have sufficient oversight of the systems and processes within the home to ensure their effectiveness. Some policies had not been updated to reflect current practice and the provider had not submitted notifications to CQC to inform us of events that had occurred within the home. Following the inspection the provider wrote to us to say what they would do in relation to the concerns found. At this inspection, although improvements had been made, and the provider was no longer in breach of the regulations, one improvement had not yet been implemented or embedded in practice and therefore this is an area of practice needing further improvement. This related to quality assurance processes to ensure that the service people received was effective and met their needs.

The home was the only home owned by the provider and the management team consisted of the provider and a deputy manager. The home had a warm, friendly and relaxed atmosphere. The provider welcomed feedback and used this to drive improvement and change. There were quality assurance questionnaires to gain peoples' feedback. People, relatives and staff were complimentary about the leadership and management of the home. One person told us "X is exceedingly kind and hands on". When asked about the leadership and management of the home, a relative told us, "We have a good relationship; they're very friendly and caring". Staff were equally positive, they told us, "They're easy to approach, it is run like a family home, it is lovely" and "It is managed very well, I can go to the management they are very approachable. It is a family-orientated, friendly home". People were able to make their concerns known, the provider had a complaints policy informing people, and their relatives, of how to make a complaint.

People were protected from harm and abuse. There were sufficient quantities of appropriately skilled and experienced staff who had undertaken the necessary training to enable them to recognise concerns and

respond appropriately. Peoples' freedom was not unnecessarily restricted and they were able to take risks in accordance with risk assessments that had been devised and implemented. People told us that they felt safe. Comments included, "I feel perfectly safe here, they're nice kindly people. I can't ask for more" and "I didn't feel safe in my own home, I like living here. I'm not nervous anymore". People received their medicines on time and according to their preferences, from staff with the necessary training and who had their competence assessed. There were safe systems in place for the storage, administration and disposal of medicines. One person told us, "They bring me my medication, I would never remember. X tells me if there are any changes to my medication".
People were asked their consent before being supported and staff had a good awareness of legislative requirements with regard to making decisions on behalf of people who lacked capacity. People and their relatives, if appropriate, were fully involved in the planning, review and delivery of care and were able to make their wishes and preferences known. A relative told us, "Six days after my relative was admitted we had an hour long meeting with X to plan their care". Care plans documented peoples' needs and wishes in relation to their social, emotional and health needs and these were reviewed and updated regularly to ensure that they were current.

Staff worked in accordance with peoples' wishes and people were treated with respect and dignity. It was apparent that staff knew peoples' needs and preferences well. Positive relationships had developed amongst people living at the home as well as with staff. People and relatives told us that staff were kind, caring and compassionate and our observations confirmed this. One person told us, "I really feel quite cherished here by people. I was somewhere else first but was not happy. I've been happy here from day one". Another person told us, "They make me feel important". A third person told us, "The staff are very kind and thoughtful, they bend over backwards". People had access to meaningful activities and the risk of social isolation was minimised.

People's health needs were assessed and met and they had access to medicines and healthcare professionals when required. One person told us, "They're in touch with my doctor all the time. X normally takes me to any appointments". People had a positive dining experience and told us that they were happy with the quantity, quality and choice of food. One person told us, "The food is very good here. I eat more in a day here than I did in a week at home. I have put on weight since I've been here". Another person told us, "I'm awash with tea and coffee".

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 home was safe.

Sufficient numbers of staff ensured peoples' safety. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a persons' safety.

People received their medicines on time, these were dispensed by trained staff and there were safe systems in place for the storage, administration and disposal of medicines.

Peoples' freedom was not unnecessarily restricted. There were risk assessments in place to ensure peoples' safety and people were able to take risks to promote their independence and quality of life.

Is the service effective?

Good

The home was effective.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who might lack capacity and had worked in accordance with this.

People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to healthcare services to maintain their health and well-being.

Is the service caring?

Good

The home was caring.

People were supported by staff that were kind, caring and compassionate.
Positive relationships had developed between people and staff as well as between each other.

People were involved in decisions that affected their lives and care and support needs and staff respected peoples' right to make decisions.

Peoples' privacy and dignity was maintained and their independence was promoted.

Is the service responsive?

Good

The home was responsive.

There were meaningful activities for people to participate in and people were not at risk of social isolation.

Care plans documented peoples' individual social, emotional and health needs and enabled staff to care for people in accordance with their needs and preferences.

People and their relatives were made aware of their right to complain. The provider encouraged people to make comments and provide feedback.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance processes to ensure the delivery of high quality care and drive improvement had been devised but were yet to be implemented or embedded in practice.

People, relatives and staff were positive about the management and culture of the home.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

The Churchley Rest Home Limited

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.

The inspection took place on 11 January 2017 and was unannounced. The inspection team consisted of 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. The home was last inspected in November 2015, where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home received an overall rating of requires improvement. After the inspection the provider wrote to us to inform us of what they would do to meet the legal requirements in relation to the breaches.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we checked the information that we held about the home and the home's provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people, five visitors, three care staff and the provider. We reviewed a range of records about peoples' care and how the home was managed. These included the care records for seven people, medicine administration record (MAR) sheets, staff training and support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounge and dining room during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

Good

Is the service safe?

Our findings

At the previous inspection on 5 November 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regard to inappropriate storage of medicines, incorrect medicines administration, gaps in medication records, no guidance for staff with regard to 'as and when required' medicines and the lack of a risk assessment for a person who administered their own medicines. In addition to this there were concerns with regard to the frequency in which people, who were at risk of malnutrition were weighed, the lack of food and fluid charts to monitor peoples' intake and the lack of oversight with regard to peoples' weight loss and risk of malnutrition. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the provider was no longer in breach of this regulation.

At the previous inspection medicines that required refrigeration were stored in the same fridge that contained food products and were not separated from food. At this inspection, although medicines that required refrigeration were still stored in the same fridge as food products they were now stored in a separate container to ensure that they did not come into contact with food products. At the previous inspection medicines were not correctly dispensed and administered and there was a potential risk that people could have been given the wrong medicines. This was because medicines were dispensed to each person in turn, without confirming that the medicine on the person's medicine record corresponded with the medicines being dispensed. Medicines were also dispensed to all people at once and the medicines records not signed until after the medicines had been dispensed to all people. This meant that there was a potential risk of the medicines not being recorded correctly. At this inspection medicines were dispensed and administered by trained staff and were correctly administered to people.

At the previous inspection there were concerns with regard to the recording of medicines. Medicine administration records (MAR) were not always signed to indicate that medicines had been given. This raised concerns as to whether people had not been given their medicines or if staff had failed to record the administration. There were further concerns with regard to 'as and when required' medicines. There was no guidance for staff to follow to enable them to know when people might require the 'as and when required' medicines or to know how often this could be given. At this inspection improvements had been made. MAR were signed by staff and although there was no one who required 'as and when required' medicines, other than mild pain relief, the provider had devised a policy on their use. People told us that they were happy with the way their medicines were managed. One person told us, "They bring me my medication, I would never remember. They tell me if there are any changes to my medication". Another person told us, "The staff do all my medicines, I know what they are, they do it all".

At the previous inspection there were concerns with regard to people who were at risk of malnutrition, in relation to the lack of monitoring of peoples' weight and the lack of oversight with regard to what they were eating and drinking on a daily basis. At this inspection peoples' weight had on the whole remained stable. For people who had lost weight there had been health issues that had led to their weight loss and appropriate referrals to their GP had been made. Considerable efforts had been made to encourage people

to eat and drink, such as purchasing specific food for a person to entice their appetite. Food and fluid intake was sufficiently monitored as this had been recorded in daily records as well as passed on to other staff during handover meetings.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

There were sufficient staff to ensure that people were safe and cared for. Peoples' individual needs were assessed and this was used to inform the staffing levels. Staffing levels had been increased to flexibly meet peoples' needs. For example, additional staff were asked to work over the weekend as the provider had recognised that both she and the deputy manager would not be working in the home and therefore additional staff were needed to ensure that people continued to receive the same high level of attention and care. People, relatives and staff told us that there was sufficient staff on duty to meet peoples' needs and that when they required assistance staff responded in a timely manner and our observations confirmed this. One person told us, "Yes, there are enough staff and they do come quickly". A member of staff told us, "The provider is more than happy to provide more staff".

People told us that they felt safe. One person told us, "I feel perfectly safe here, they're nice kindly people. I can't ask for more". Another person told us, "I didn't feel safe in my own home, I like living here. I'm not nervous anymore". A third person told us, "I feel perfectly safe, I wear a call bell around my neck". Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding peoples' safety and well-being. A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. Records showed that the provider had intervened in a timely manner when a person was sustaining bruises. Investigations were carried out and it was identified that the cause of the bruises were a side effect of the person's medicine.

Risk assessments for the environment, as well as peoples' healthcare needs were in place and regularly reviewed. Each person's care plan had a number of risk assessments which were specific to their needs, such as falls, self-medicating and the risk of leaving the home unaccompanied. Observations and records confirmed that the risk assessments had been implemented. For example, observations showed people, who had been assessed as being at high risk of falls, walking independently around the home using their mobility aids.

Accidents and incidents had been recorded and monitored to identify patterns and trends and relevant action had been taken to reduce the risk of the accident occurring again. For example, one person had experienced several falls within a short period of time. The provider had taken action and contacted the person's GP who had recommended a reduction in one of their medicines. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of a fire.

Good

Is the service effective?

Our findings

People were cared for by staff with the relevant skills and experience to meet their needs. People and relatives told us that they felt staff were competent. People were happy with the choice and quality of food and drink provided. One person told us, "The food is very good here. I eat more in a day here than I did in a week at home. I have put on weight since I've been here".

The provider had a commitment to staffs' learning and development from the outset of their employment. New staff were supported to learn about the providers' policies and procedures as well as peoples' needs. An induction was completed to ensure that all new staff received a consistent and thorough introduction into the home. The provider was aware of the introduction of the Care Certificate and explained that new staff would be working towards this. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. In addition to this staff were able to shadow existing staff to enable them to become familiar with the home and peoples' needs as well as to have an awareness of the expectations of their role. A member of staff, who had recently completed their induction, told us, "I felt confident, it is a nice quiet home".

Staff had completed training which the provider considered essential and this was updated regularly to ensure staffs' knowledge and practice was current. Staff told us that the training they had undertaken was good and enabled them to support people more effectively. Some staff held diplomas in health and social care. People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings took place to enable staff to discuss peoples' needs. These meetings provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. Staff told us that they found supervisions helpful and supportive, however they could also approach the management team at any time.

Peoples' communication needs were assessed and met. Observations of staffs' interactions with people showed them adapting their communication style to meet peoples' needs. People had access to relevant healthcare professionals to maintain or improve their communication, such as opticians and audiologists. Observations showed staff assisting people to check their hearing aids before wearing them. Effective communication also continued amongst the staff team. Regular handover meetings as well as written daily records ensured that staff were provided with up-to-date information to enable them to carry out their roles. Observations of a handover meeting showed that staff were provided with information about each person from staff that had worked during the previous shift.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered manager was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were asked their consent before being supported and the provider and staff had a good understanding of MCA and DoLS. Staff explained that some people, who were subject to a DoLS authorisation, were unable to leave the home on their own, they explained that when people asked to go out that staff would assist them to go for a short walk and records and peoples' relatives confirmed this. The provider was in the process of seeking further advice from the DoLS team at the local authority to identify if a DoLS was appropriate for other people.

Peoples' health needs were assessed and met. People received support from healthcare professionals when required, these included GPs and district nurses. It was apparent that staff knew people well and staff told us that they were able to recognise any change in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. People told us that staff ensured that they had access to medicines or healthcare professionals when they were not well. One person told us, "They're in touch with my doctor all the time. X normally takes me to any appointments". Another person told us, "Doctors and nurses come in and they send for a doctor if I need one". A relative told us, "They always let me know of any medical issues, they call me".

People had a positive dining experience. Most people chose to eat their meals in the dining room, whilst others preferred to eat their meals in their rooms and this was respected by staff. People told us they were happy with the quality, quantity and choice of food available. Comments included, "I like the food immensely. Lots of meat and veg", "There is quite a variety of food here, there is lots I can't eat, they manage it very well" and "They will always bring you an alternative and I'm offered plenty of drinks throughout the day". The dining room created a pleasant environment for people to have their meals, tables were laid with napkins, vases of flowers and condiments. People were offered more food and sauces to accompany their meal. People were able to sit with their friends and we observed people enjoying conversations with one another as well as with staff.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Staff were caring and respectful in their approach and it was apparent that positive and warm relationships had developed between people and staff. People and relatives confirmed that staff were kind and caring. Comments within compliment cards included, 'I found Churchley to be such a warm, homely environment. Everyone seemed so happy, not a long face in sight' and 'A heartfelt thank you for the care and consideration, both day and night'.

People were cared for by a majority of staff who had worked at the home for a number of years and who knew their needs well. It was apparent that positive relationships had been developed. There were warm and friendly interactions between people and staff and people told us that staff were liked and that they were happy living at the home. Comments included, "I really feel quite cherished here by people. I was somewhere else first but was not happy. I've been happy here from day one", "Everybody is very sweet, I'm treated with great respect" and "The staff are nice, they calm me down when I'm flustered. Sometimes I don't know where I am, they help me, they're very good to me". People enjoyed interacting with one another and it was apparent that caring relationships had been developed between people as well as with staff. Observations showed people engaging in conversations with one another throughout the day. People told us that they were able to have visitors to the home and that they were welcomed and our observations confirmed this.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. People were involved in decisions that affected their lives. Records showed that people and their relatives had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to peoples' feedback or changes in their needs. People and relatives confirmed that they felt involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it. A decision had been made not to hold residents' meetings; the home was small and had a relaxed approach and people were able to make their thoughts and opinions known on a daily basis and through annual quality assurance questionnaires. People told us that they felt involved and that their opinions were taken into consideration. One person told us, "They make me feel important, you become a family". Comments within a recent quality assurance questionnaire stated, 'I'm as happy here as I was at home' and 'Very contented here'. The provider recognised that people might need additional support to be involved in their care and explained that they would refer people to advocacy services if needed. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People were treated with respect. Staff explained their actions before offering care and support and people told us that staff treated them respectfully at all times. People's privacy was respected and maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices and handover meetings, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained. People confirmed that they felt that staff respected their privacy and dignity.

One person told us, "The carers will draw the curtains if I'm getting changed". Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and spoke sensitively and discreetly when assisting people with their personal care needs.

People were encouraged to be independent. Observations showed people independently walking around the home and choosing how they spent their time. One person independently accessed the local shops and observations showed them showing their purchases to staff once they had returned. Records for two people stated that they liked to prepare the tables for mealtimes and peel potatoes. People told us that staff were there if they needed assistance, however, that they were encouraged and able to continue to do things independently and records and observations confirmed this.

Good

Is the service responsive?

Our findings

It was evident that people were central to the care provided. People and relatives told us that they were fully involved in decisions that affected peoples' care. A relative told us, "Six days after my relative was admitted we had an hour long meeting with X to plan their care".

Peoples' social, physical, emotional, and health needs were met. Peoples' needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the persons' preferences, needs and abilities. Person-centred means putting the person at the centre of the planning for their lives. Records showed, and people and relatives confirmed, that they had been involved in the development and review of the care plans. These reviews took into consideration changes in peoples' needs and care was adapted accordingly.

Care plans contained information about peoples' interests, hobbies and employment history and provided staff with an insight into peoples' lives before they moved into the home. Staff told us that this was helpful and provided them with useful information that helped them to care for people in a way that was specific to them. People were happy with their rooms and told us that they were able to furnish them according to their tastes and our observations confirmed that they were furnished according to their preferences and individuality and they were able to display their own ornaments and photographs. People were supported to make choices in their everyday life. Observations showed staff respecting peoples' wishes with regard to what time they wanted to get up, what clothes they wanted to wear, what activities they wanted to do, what they had to eat and drink and what they needed support with.

People could choose how they spent their time. There was a variety of activities that people could participate in such as singing, exercises, visits from religious leaders and seasonal parties. Observations showed people enjoying a game of bingo and there was lots of fun and laughter had by all. People told us that there was enough to occupy their time. One person told us, "There are things to do in the afternoon". A third person told us, "I prefer not to join in but we had a lovely Christmas party". One of the management team often brought their dog into the home and people told us how much they loved seeing the dog. One person told us, "It makes it feel like a 'proper' home". Observations showed people enjoyed petting the dog. Staff were mindful of people who chose not to go to the communal lounge or who preferred to spend their time alone and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however peoples' right to choose how they spent their time was respected. One person told us, "I don't always like to go into the lounge; they do try and persuade me. I am given the choice whether to join in". Observations showed people who had declined to take part in activities, choosing to spend their time reading or watching television in their room.

There was a complaints policy in place; this was clearly displayed for people to access if they needed to. There had been no complaints about the care provided since the previous inspection. The manager encouraged feedback from people, relatives and staff, there were regular questionnaires sent to obtain feedback as well as staff meetings to enable staff to voice their concerns. People and relatives told us that they did not feel the need to complain but would be happy to discuss anything with any of the management

team. One person told us, "I've never thought about making a complaint, nobody seems to grumble". Another person told us, "I would talk to X if I had any problems at all".

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection on 5 November 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because there were concerns with regard to the lack of quality assurance processes to ensure that the systems and processes used within the home were effective, organisational policies were not always up-to-date to reflect current good practice guidance and the lack of notifications to inform CQC of certain events that had occurred within the home. At this inspection it was evident that improvements had been made, however, these were yet to be implemented and therefore were not embedded in practice.

At the previous inspection it had been recognised that there was a lack of quality assurance processes. A range of quality assurance audits should take place within a home to ensure that the systems and processes used are effective, this also helps to identify areas of practice that need to improve and drives change. The provider had accessed external support from a consultant who had devised quality assurance audits for the management team to implement. The provider was no longer in breach of the regulation; however, as the quality assurance systems had not yet been implemented this was an area of practice that required further improvement.

At the previous inspection the provider had not notified us of two DoLS authorisations. Part of a registered persons responsibilities under their registration with the Care Quality Commission is to have regard, read and consider guidance that is provided in relation to the regulated activities that they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered persons responsibility to notify us of certain events or information so that we can have oversight to help ensure that appropriate actions are being taken and to ensure peoples' safety. Improvements had been made. The provider had notified us of events and incidents that had occurred within the home since the previous inspection and therefore was no longer in breach of the regulation.

At the previous inspection organisational policies had not been updated to reflect changes in legislation and to ensure that staff were provided with up-to-date guidance in relation to their roles and responsibilities. At this inspection improvements had been made. The provider had accessed external support from a consultant who had reviewed all of the organisational policies to ensure they reflected current good practice guidance.

The management team consisted of the provider and a deputy manager. Most staff had worked at the home for many years and told us that this is what made the home run so smoothly. The provider had a statement of values, that stated, 'To provide its residents with a secure, relaxed and homely environment in which the care, well-being and comfort is of prime importance. Carers will strive to preserve and maintain the dignity, individuality and privacy of all residents within a warm and caring atmosphere'. Observations showed this had been implemented and embedded in practice. People confirmed that staff demonstrated these values when providing care and support and that they were content living at the home. They told us, "It was a good decision to come here, I think it is excellent. The food is good and it is very clean. We all get on very well

together. We're a happy crowd I think", "I looked at other care homes, it is not bad at all here, and the food is very good. I feel very settled here. Anything you want to do, you can", "If you cannot be at home this is a good place, everybody is very sweet and I'm treated with great respect" and "I'm very, very happy here". People and relatives told us that they were happy with the management. One person told us, "X is exceedingly kind and hands-on". When asked about the leadership and management of the home, a relative told us, "We have a good relationship; they're very friendly and caring". Staff were equally as positive, they told us, "They're easy to approach, it is run like a family home, it is lovely" and "It is managed very well, I can go to the management they are very approachable. It is a family-orientated, friendly home".

There were further links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority and healthcare professionals to ensure that peoples' needs were met and that the staff team were following best practice guidance.