

Eastern Healthcare Ltd

# St Edmunds Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 2 and 14 February 2017. St Edmunds Residential Home provides accommodation and care for up to 39 older people. It is not registered to provide nursing care. At the time of our inspection there were 35 people living in the home.

A new manager was in post and an application for them to become registered was being processed by CQC. 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 in June and July 2016, we found the provider was in breach of four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

People were safe living in the home. The provider had completed the required remedial works to ensure the safe management of water systems and staff had completed training in Legionella.

The systems for medicines management and administration had improved. Medicines were managed safely and people received their medicines as prescribed. An air conditioning unit had also been installed in the medicines room, to ensure medicines were stored at the correct temperature. Staff who administered medicines had undergone competency assessments.

The management team were using a dependency tool to help ensure sufficient staff were on duty to meet people's needs. Additional staff had been recruited to cover identified shortfalls in staffing levels. Staff deployment and staff breaks had been revised, to ensure enough staff were available to support people during mealtimes.

A proactive and positive approach to risks was being taken by staff and the management team. Staff and the management team worked collaboratively with other professionals to ensure risks to people were managed properly. Risk assessments had been reviewed and updated with people and their GPs, in respect of any possible adverse effects caused by drinking alcohol when prescribed certain medicines.

Infection prevention and control was being managed safely. The domestic team worked in accordance with advice received from the NHS Infection Prevention and Control Team.

Risks were identified and appropriate risk assessments were in place with regard to protecting people from developing pressure sores. Staff had received training in care planning and the format of care plans had been revised to ensure information regarding such risks would not be missed.

The risks to people from not eating or drinking enough were well managed. People's weights were being recorded appropriately, to ensure people were protected from the risk of malnutrition and people had easy access to drinks when they wanted them. Staff had received training to ensure the correct and complete recording of people's food and fluid intake and the management team ensured these records were appropriately maintained.

People were offered choices of food and drinks at mealtimes and menus were available in the dining and communal areas. The cook maintained an up to date list of people's dietary requirements and diabetic diets were catered for appropriately.

Staff were recruited in a way that ensured proper checks were carried out. This helped ensure only staff who were suitable to work in care services were employed.

Staff knew how to recognise different kinds of possible abuse and understood the importance of appropriately reporting any concerns or suspicions that people were at risk of harm.

Staff were being trained well and were competent in meeting people's needs. Staff understood people's backgrounds and preferences and supported people effectively. New staff were required to complete a probationary period and induction and all staff received supervisions and appraisals of their work.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. Improvements had been made in this area. Staff and the management team understood the MCA and DoLS and how to provide support in accordance with it. People were supported to understand and make decisions regarding their care and support needs.

Staff understood the importance of supporting people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, if people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights.

Staff had developed respectful and caring relationships with the people they supported and consistently promoted people's dignity and privacy. People were able to choose what they wanted to do and when. People were also supported to develop and maintain relationships with their friends and families.

Care plans had been revised and updated. These were accurate and were being reviewed regularly with people. Care plans provided guidance for staff on how to meet people's individual needs.

A new activities coordinator had been appointed and people engaged in a number of activities both inside and outside of the home. People were also supported to maintain and enhance their independence as much as possible.

The service was being run well and communication between the management team, staff, people living in the home and visitors was frequent and effective. People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Effective systems and processes had been introduced to monitor the quality of the service provided. Regular audits were carried out in order to identify any areas that needed improvement, which were then acted

upon.

There was an inclusive and positive atmosphere in the service. The management team listened to people and staff and took action in response to their views. Staff spoke positively of the manager, as well as the management team as a whole, and the changes that had taken place since our last inspection.

## 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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were assessed and staff understood the action they needed to take to promote people's safety.

There were enough staff to support people safely and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were managed safely and they received them as the prescriber intended.

### Is the service effective?

Good ●

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

People were supported to maintain their health and wellbeing and staff acted promptly to seek advice if people became unwell.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and promoted people's privacy and dignity.

People were able to make choices about their care and were encouraged and supported to be as independent as possible.

People were supported to develop and maintain relationships

with their friends and families and visitors were welcome.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do, how and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

### Is the service well-led?

Good ●

The service was well-led.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were also carried out to identify any areas that needed improving.

# St Edmunds Residential 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 inspection took place on 2 and 14 February and was unannounced. Two inspectors carried out the first day of the inspection and one inspector completed the second day.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We also reviewed information that had been shared with us by the local authority safeguarding and quality assurance teams.

The provider completed 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. We reviewed this, as well as the action plan the provider had sent to us following our last inspection.

During our inspection we spoke with six people living in the home and observed how care and support was provided to people in the home. We also spoke with six members of staff, including care staff, a senior, a deputy and the cook. In addition, we spoke with the manager, the area manager and the provider. Following our inspection visit we received feedback from five health and social care professionals who had regular contact with the service.

We looked at the care records for six people and a selection of people's medicines records. We also reviewed three staff recruitment files and the staff training records. We looked at other documentation such as quality monitoring, audits, accidents and incidents, maintenance records, and records from staff and residents'

meetings.



# Is the service safe?

## Our findings

Our last inspection took place on 23 and 30 June and 6 July 2016. During that inspection we found that risks to people's safety and welfare were not suitably assessed or mitigated. This was in relation to safe water management, alcohol consumption with medicines, nutrition and infection control in respect of the management of diarrhoea. We also found that medicines were not stored or managed safely.

This had meant that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safe care and treatment.

At our inspection on 2 and 14 February 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

We saw that the provider had completed the required remedial works to ensure the safe management of water systems. This had included a full chlorination of the water system at the start and finish of the remedial works and control systems had been put in place. In addition, we saw that water temperatures were being monitored and recorded regularly, using the log book provided by the service's Legionella consultants. The provider told us that key staff and the management team had undertaken training in Legionella, to ensure the safe management of water systems could be monitored and maintained effectively.

We also saw that water temperature regulator valves had been fitted to all en-suites, communal bathrooms and hand basins. These ensured the temperatures of water coming out of the hot taps did not exceed the maximum safe limit of 43 degrees. The provider told us that these also contained a 'fail safe' system, which would shut off the hot water supply, should temperatures get too hot. Staff were consistently monitoring and recording the water temperatures in these areas and understood the need to report any issues of concern so that prompt action could be taken.

At our last inspection we were concerned that the temperature in the room where medicines were stored was excessively hot and exceeding the recommended limits. Excessive temperatures can affect the stability or effectiveness of some medicines and prescribed creams. At this inspection we saw that an air conditioning unit had been installed in the medicines room, to ensure medicines were stored at the correct temperature.

We also had concerns at our last inspection with regard to missed medicines and gaps in the medication administration records, including those which showed the administration of creams. On the first day of this inspection we identified some ongoing issues with people's medicines. The systems and records we looked at were disorganised and we identified a number of areas where there continued to be a risk of medicines being missed or not given as the prescriber intended.

However, the management team assured us that they had also identified these issues of concern and explained the plan of action they had already prepared to rectify the problem. We saw that arrangements

had been made to completely overhaul the current system on the coming Sunday; 5 February 2017. This date had been chosen because it would fit in with the 28 day cycle of people's medicines being booked in and updated.

On the second day of our inspection we saw that the manager and area manager had completed the implementation of the new system. We found that the new system was working effectively and everything we looked at was up to date and accurate. For example, we saw that each person had a named basket in a locked cupboard, with medicines that had not been dispensed in the monitored dosage system. Creams were all labelled for each person and stored appropriately. We saw that the service was using topical medicines charts, provided by the pharmacy. These included body maps to show staff when and where people's creams were to be applied.

Each person's medicines records were maintained within in one of three folders and checks were undertaken at each handover to ensure everything was in order. All the medicines records we checked on the second day of our inspection had been completed fully and no errors or omissions were noted. Staff who administered medicines had also undergone competency assessments. These measures had helped to improve the way medicines were managed and administered in the home.

A member of staff we spoke with told us, "The new system is so much better; it's much more organised and easier to manage. There's far less chance of making a mistake or missing something now. I wish we'd done it like this years ago."

Since our last inspection we saw that a more proactive and positive approach to risks was being taken by staff and the management team. Staff and the management team were working collaboratively with other professionals to ensure risks to people were being managed properly. For example, risk assessments had been reviewed and updated with people and their GPs, in respect of any possible adverse effects caused by drinking alcohol when prescribed certain medicines.

Records also showed that people were fully involved in discussing specific risks to their health and care. Risk assessments for people using the service were in place and we saw these were specific to each person. These covered areas such as nutrition, hydration and falls. We saw people's care plans also incorporated risks to people's health and wellbeing and provided staff with guidance on how to manage identified risks. We saw that these records were consistently reviewed and updated if risks changed.

Risks were identified and appropriate risk assessments were in place with regard to protecting people from developing pressure sores. Staff had received training in care planning and the format of care plans had been revised to ensure information regarding such risks would not be missed.

The risks to people from malnutrition and dehydration were also being well managed now. People's weights were being recorded appropriately for all residents, to ensure people were protected from the risk of malnutrition and people had easy access to drinks when they wanted them. Staff had received training to ensure the correct and complete recording of people's food and fluid intake and the management team ensured these records were appropriately maintained.

Infection prevention and control was being managed safely. For example, upon identifying any incident of diarrhoea, the domestic team undertook an enhanced cleaning schedule with a bleach based disinfectant, in accordance with advice received from the NHS Infection Prevention and Control Team.

Staff knew how to recognise different kinds of possible abuse and understood the importance of

appropriately reporting any concerns or suspicions that people were at risk of harm. Staff we spoke with knew how to raise concerns, including which external agencies to contact and when. The manager also understood their role in addressing any issues. All new staff were required to complete training in safeguarding prior to starting work.

During our last inspection on 23 and 30 June and 6 July 2016, we found that sufficient numbers of staff were not always deployed to meet people's needs. This had meant that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing.

At our inspection on 2 and 14 February 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

All the staff we spoke with felt staffing levels were adequate in the home now. One staff member told us, "Definitely! We work a bit differently now, so there's always enough staff to help people; especially at meal times."

One person who lived in the home told us, "There's certainly no shortage of staff here; you never have to look for them, there's always someone about." Another person said, "If I need staff when I'm in my room, I just press my bell and someone always comes quite quickly."

The management team were using a dependency tool to help ensure sufficient staff were on duty to meet people's needs. Additional staff had been recruited to cover identified shortfalls in staffing levels. Staff deployment and staff breaks had also been revised, to ensure sufficient staff were available to support people during mealtimes. Our observations and the rotas we looked at confirmed this. The rotas showed the home was staffed to the numbers the manager had identified as being required to meet people's needs.

Staff were being recruited in a way that ensured proper checks were carried out. This helped ensure only staff who were suitable to work in care services were employed. New recruitment processes ensured that files were complete before staff commenced employment. Appropriate references were being sought and personal references were only being used if there was no other alternative.

# Is the service effective?

## Our findings

At our last inspection on 23 and 30 June and 6 July 2016, we found that people's nutritional and hydration needs were not always being met appropriately. This had meant the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 2 and 14 February 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

We saw that the provider had purchased and installed cold drinks dispensers for people in the lounge and the dining room. This helped ensure people consistently had easy access to cold drinks when they wished. Hot drinks were also available for people throughout the day.

We observed that people were offered choices of food and drinks at mealtimes. We saw that there were menus available for people in the dining room and communal areas. In addition we saw there was a large menu board on display in the dining room, which had the meal options written up daily. These helped remind people and enable them to see what the meal choices were for each day.

The cook maintained an up to date list of people's dietary requirements and diabetic diets were catered for appropriately. For example, we noted that options such as cakes were being prepared either with full sugar or with ingredients suitable for diabetic diets.

Nutritional recording was being carried out appropriately by staff, when this had been identified as required. We noted that staff had received training to ensure they understood the correct procedures for recording people's food and fluid intake. The manager told us that senior staff and the management team also regularly checked these records to ensure they were completed properly. This meant that the management team could be assured that people were eating enough.

During both days of our inspection we saw that the service of meals was much better organised than at our previous inspection. The provider told us that staff deployment and break times had been reviewed and amended to ensure sufficient staff were available to encourage and support people during mealtimes. We also saw that people sharing a table, were served at the same time. This meant that the mealtimes were a much more dignified and sociable occasion.

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 are called the Deprivation of Liberty Safeguards.

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 was being met.

During this inspection we found that people's consent was sought and nobody was being unlawfully deprived of their liberty. People told us they were involved in making decisions regarding their care and support and could express their preferences to staff. Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, if people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing care or support for them.

During this inspection we saw that people were receiving effective care because staff were more knowledgeable and better trained. People said they felt confident that the staff they received support from had the necessary skills and experience to meet their needs. New staff completed an induction programme, which included working alongside and shadowing more experienced staff to begin with.

Training records showed that staff had received training that was relevant to their role and that mandatory training was up to date. We saw that staff had completed training in areas such as moving and handling, fire safety, prevention of pressure ulcers, care planning and behaviours that could challenge. Staff were encouraged to develop their skills and knowledge further and told us they felt supported by the management team to identify and access additional relevant training opportunities.

Staff also told us they received regular supervisions and appraisals, during which they received feedback on their performance and were able to discuss any concerns they had.

People were supported to maintain good health and we saw that each person's care plan contained detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as the, district nurse, GP, optician, audiologist, chiropodist and dentist.

## Is the service caring?

### Our findings

Staff had developed respectful, trusting and caring relationships with the people they supported. One person told us, "They [staff] are all very kind. They're always so cheerful too; I don't think I'd be as cheerful as them if I had to do all the hard work they do." Another person said, of the staff, "Oh, they're wonderful; so kind and caring. I get a bit down now and then and they always notice straight away. They ask if I'd like a cup of tea and they sit with me for a bit, which always cheers me up no end."

Health professionals in regular contact with the service also said that they felt staff were caring and kind in their approaches. A local GP told us, "I have been attending for over 20 years and had no concerns about the care. The staff are caring and well organised and in my opinion the quality of care is quite good."

Health professionals from a local medical centre told us that they always found staff in St Edmunds to be very helpful, willing to learn and always wanting to do their best for the people living there. One person also said, "The staff are very approachable and training is ongoing. Residents always appear well kept, with carers around to help when needed. Residents are encouraged to be as independent as possible and have their own private space."

Throughout this inspection we observed positive and caring interactions between staff and people living in the home. We noted that people were actively encouraged to express their views and to make choices.

The second day of our inspection was St Valentine's day. We saw that the dining room had been decorated up and that a special Valentine's lunch was on the menu. People we saw in the dining room were all very cheerful and jovial. A 'table for two' had also been set up separately for a married couple to enjoy their meal together. However, these people decided they didn't want to go downstairs for their meal after all. As a result, we saw staff take the specially prepared table up to the couple's room, so they could enjoy their Valentine's lunch together in private. The cook told us with a smile, "They're delighted and tickled pink about it!"

There was detailed information in people's care plans about their preferences and choices, regarding how they wanted to be supported by staff, and we saw that these were respected. People told us that they were comfortable making decisions and choices about their care and support. One person told us, "We regularly talk about the things I need and how I'm getting on here. To be honest, I come and go as I want and pretty much do as I please." Another person told us how staff always treated them with respect and said, "They're always so polite and always ask if I want any help; they never just assume and do things for me without asking."

We heard staff using people's preferred names when speaking with them. We also heard staff using humour appropriately and the people in the home interacted with staff in a relaxed way.

It was evident that most of the staff knew people very well as individuals. Staff demonstrated good knowledge of the people they were caring for and were able to tell us in great detail about them, how they

liked to spend their time and what was important to them.

People were encouraged to develop and maintain their independence as much as possible and staff told us how they encouraged people to do as much as they could for themselves. People were also supported to develop and maintain relationships with their friends and families.

## Is the service responsive?

### Our findings

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care. People were also supported to follow their own interests and hobbies. For example, we noted that one person had stayed up late on occasions, to enjoy a few games of cards with some of the other people living in the home.

The care plans we looked at were up to date and were being reviewed regularly. We saw there was detailed information about people and their preferences. We also saw that the plans were individualised and person centred and included information about a range of each person's needs and support requirements. The information we looked at included people's mental and physical wellbeing, active living and hobbies and interests. There was also information regarding people's mobility, nutrition and hydration, personal hygiene and pressure care. Staff told us how they knew if a person's needs changed and explained certain signs that could indicate when a person's support plan needed to be reviewed and updated.

The provider told us that staff training for care planning was on-going and that care plans were being updated and transferred onto the organisation's format, to ensure consistency. The provider also explained that senior staff were responsible for evaluating care plans on a monthly basis; with the manager and deputy completing the audits and taking overall responsibility for these.

One member of staff told us that since the provider had taken over the ownership and running of St Edmunds there had been a lot of improvements, particularly in the way people's care plans were completed. This member of staff said, "It's been quite a big change for us; we never had proper systems or care plans like this before. It's brilliant now, everything is so much more organised and professional."

We saw how the service was responsive to people's individual needs and wishes. For example, a social worker told us that staff worked very hard at making sure people living in the home were comfortable and happy. This person explained how the manager had enabled one person to change rooms when they had been unhappy with the one they were in. In addition the person was bought a new mattress to suit them and, when they said they were cold in their room, additional heating was provided without delay.

We noted that information was shared between staff each time they came on shift. There was also a diary and communication book, which staff used to record and share relevant information with each other. This also helped ensure staff were able to respond to people's changing needs.

Activities and community access were an important part of people's lives. People were supported and encouraged to engage in a variety of activities and some people regularly enjoyed spending time independently out in the local community. During our inspection we observed some people singing along to music and one person told us how they enjoyed playing card games and doing crosswords. A social worker told us that, during a recent visit, they had seen a game of bowls being played by people living in the home, which they said people appeared very happy to join in with. We saw that daily activities were planned for people to participate in if they wished. These included darts, carpet bowls, sing-alongs, keep fit and



relaxation, movies with popcorn and ice cream, arts, crafts, poetry and flower arranging. In addition there were weekly walks out to a local hotel for drinks and monthly visits to a local craft fayre.

There was a clear complaints procedure in place. People we spoke with told us that they knew how to make a complaint and would talk to the staff or the manager if they were not happy with anything. People also told us that they felt that staff listened to them and took action to resolve any issues appropriately. One person told us, "There's not much to complain about here. I occasionally have the odd little niggle but I just speak to the staff and things are sorted out very quickly." The manager explained the procedure they followed for dealing with complaints and told us that any complaints would be recorded and investigated.

# Is the service well-led?

## Our findings

Our last inspection took place on 23 and 30 June and 6 July 2016. During that inspection we found that the provider did not have effective systems in place to identify the risk of legionella or to mitigate the risks to people from high water temperatures.

This had meant that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of good governance.

At our inspection on 2 and 14 February 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

We saw that the manager and maintenance person had new systems in place for recording temperatures and understood the importance of the reporting procedure, should any high readings be taken. The director's audit had also been improved to include a review of temperature checks and ensure appropriate action had been taken if necessary. In addition, the provider told us that they had engaged a new Legionella consultant, who had provided appropriate training and paperwork, which the service was currently using. This assured us that the provider now had effective systems in place for auditing, monitoring and mitigating risks in the service.

There was a new manager in post at the time of this inspection, who fully understood their responsibilities and reported notifiable incidents to CQC as required. An application for this person to become registered was being processed by CQC.

People we spoke with told us that they saw the manager frequently and that they were approachable. One person said, "Oh [manager] is delightful, I see her around a lot and she's always got time for a quick chat."

Staff also told us they felt supported well by the manager and management team. One member of staff told us, "There's been such an improvement since [manager] came; she is strong and positive, which is what we needed." Another member of staff said, "[Manager] is so organised and professional. It's been really nice to see all the changes for the better. There are more systems and better paperwork; [manager and provider] have really turned things around here."

Staff said they were proud of the work they did and the quality of the care and support they provided people with. One member of staff told us how they had felt quite downhearted during the previous year but that everything had improved so much that, "I have got the love back [in the job] again and I am so happy that everybody is happy again." They explained that morale had increased for people living in the home as well as those who worked in the home. They said, "It's a happy place again."

Health professionals from a local medical centre told us that the management were approachable and that senior staff were always available to discuss any concerns about people living in the home. A social worker told us that they had had a lot of dealings with the manager over the last few weeks, due to a complex

situation. This person said the manager and staff had managed the whole situation very professionally.

We asked staff about the culture and values of the service. Staff told us that they all worked well as a team and respected one another. Staff also said that they highly respected the people who lived in the home. One staff member said, "It's important to remember that everyone who lives here has a story to tell; they've all had different lives before coming here and it's our place to listen to people and help them carry on having as good a life as possible." Another member of staff told us, "New people moving in are often a lot less mobile than before, so we help people to work towards being more independent again; it's a lovely feeling when you see people achieving things for themselves and getting their confidence back again."

Staff spoke positively about communication in the home and told us they were kept up to date and aware of any changes. A member of staff told us that there was a communication book and a diary for reminders and appointments, as well as daily handovers.

Staff told us that staff meetings took place and records we looked at confirmed this. Minutes from staff meetings showed that a range of topics and issues were discussed that related to the running of the service. For example, recruitment, training, meals and menus and individual aspects of people living in the home.

There were a number of systems in place to identify and rectify any issues with the quality of the service when they arose. There were also processes in place for regularly auditing areas such as care plans, medicines, infection control and the overall maintenance of the service. The care plans and other records we looked at were being well maintained, up to date and secure.

We saw that, in addition to the manager's audits, a director's audit was also being carried out regularly, which covered all aspects of the home. The manager maintained regular contact with the area manager and the provider and we could see that there was good oversight at these higher levels. The manager, together with the staff team, were working hard to ensure that the quality of service that people received was consistently good.

People were able to give feedback and discuss their thoughts and feelings regarding the service during 'residents' meetings. We saw that these meetings gave people an opportunity to discuss aspects such as activities, menus and meals, health and safety, any maintenance issues that needed addressing, as well as things that people were happy with or unhappy with.

We also saw that there was a formal process in place for gathering feedback from people through the use of questionnaires. These gave people further opportunities to put forward their views and opinions about the service and be part of its development.

We saw that a survey had been completed with people in January 2017. The results from this were mostly positive, with some additional comments such as, "I feel I am taken care of and being looked after." And, "Everyone is so helpful and do what they can."

We saw that some comments highlighted areas that people wanted to see improvements in. For example, "Could be brighter, the light bulbs are not strong enough for reading." The manager's action plan stated that the light bulbs needed to be checked and the manager confirmed that these had since been replaced with brighter bulbs as needed.

The manager told us they were being supported well by the area manager and the provider, who visited the home regularly and also spent time talking to staff and people living in the home. Overall, an open and

inclusive culture was demonstrated in St Edmunds, with clear and positive leadership at all levels.