Care Quality Commission

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Yolanta House 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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection was carried out on 8 February 2016. Yolanta House Residential Home is registered to provider accommodation and care for 19 people. At the time of this inspection 17 older people were accommodated in the home as the shared rooms were being used as single rooms.

The service had a registered manager in place at the time of our inspection. 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.

People's safety was promoted because systems were in place to keep people safe. Staff knew how to report any concerns to the authorities where they suspected someone was at risk of harm or abuse.

People were supported by a sufficient number of staff who had the time to meet their care and social needs. People had the assistance they required to take their medicines as prescribed. .

People were provided with care and support by staff who were trained and supported to deliver care safely and appropriately. People's human rights to make decisions for themselves were respected and they provided consent to their care when needed.

People consumed a sufficient amount of food and fluids to promote their wellbeing as well as meeting their cultural and religious requirements. People received support from staff who understood their health conditions and arranged for them to see healthcare professionals when needed.

Each person had their individual characteristics recognised, respected and promoted because they were viewed and treated individually. Managers led by example and actively sought to keep people in touch with their communities, families and friends. People were included in planning and reviewing their care and they were treated with appropriate respect and had their dignity maintained by a motivated staff group.

Each person received their care and support provided to them in an individual way that took into account their culture and religion. People were involved in identifying and making any changes to their care and support. If anyone needed an advocate to speak up on their behalf they would be supported to find one.

People were provided with care and support in a way that respected their privacy and dignity in a way they preferred. People's worries and concerns were recognised and acted upon without them needing to make a complaint.

People had opportunities to express their views on what it was like to live in the service and how they felt this was run. There were systems in place to monitor the quality of the service and make improvements when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm due to the systems in place to recognise and respond to abuse.

People were supported by a sufficient number of suitably experienced staff required to meet their needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who received the training and support they needed to provide safe and effective care.

People's rights to give consent and make decisions for themselves were encouraged and the legislation designed to protect their rights was followed for people who lacked the capacity to make certain decisions.

People were supported to maintain their health and had sufficient to eat and drink that met their religious, cultural and health needs.

Is the service caring?

Outstanding ☆

The service was caring.

People were supported by staff who were passionate about ensuring they were respected as individuals. People's diverse cultures and preferences were supported because staff actively sought ways for this to happen.

People were included in reviewing their care and making any changes to this.

People were shown respect and courtesy by staff who ensured their privacy and dignity were promoted in the way they wished it to be.

Is the service responsive?

Good

The service was responsive.

People received care and support in a way that met their needs and they were provided with regular opportunities for recreational activity.

People were encouraged to mention any worries or concerns and were confident these would be taken seriously and acted upon.

Is the service well-led?

Good

The service was well led.

People lived in a service where the views of others were sought and encouraged in relation to how the service was run and where improvements could be made.

People were supported by staff who received advice, guidance and motivation from the management team.

People could be assured the quality of the service would be maintained due to this being monitored to identify where improvements may be needed.

Care Quality Commission

Yolanta House 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 February 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who commission services and fund the care for some people who use the service and asked them for their views.

During the inspection we spoke with nine people who used the service, one relative, two staff, the deputy manager, the registered manager and the provider.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People felt safe using the service and told us that they were treated well by the staff who cared for them. One person told us, "I think I am safe here." Another person said they felt happy living in the service and that, "I have never felt anything but safe."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. A staff member said, "We have done training on safeguarding. The most important thing is to notice everything." Another staff member told us, "I think we all understand what to do, we had the training and we talk about it all the time. We see horrible things on the news on television, it is important to report anything and everything."

Staff told us they knew who to raise concerns with if anything was not addressed within the service. A staff member told us, "I know about safeguarding, we have got all the (telephone) numbers. I have never had to report anything. If I saw anyone hitting another person or any abuse I would report it."

The deputy manager said they had not needed to make any referrals about people's safety to the local authority but they had the information and guidance they needed to report any safeguarding concerns to the local authority and was saw this had been cascaded to the staff. We saw that changes made to the local authority safeguarding procedures had been discussed in a recent staff meeting.

People were enabled to have freedom, choice and control over their daily routines and these were risk assessed to ensure people were given the support to maintained their independence. We saw people had their walking frames left within reach when they were sat down so they could get up independently if they wanted. A person who used the service said, "I like to walk and have some exercise, I can't go far, if it is too far I use a wheelchair."

A staff member said, "You get to know who can do what. [Deputy manager] does the risk assessments and we follow them." Another staff member told us, "The district nurses arrange for equipment and come and give us advice, it is helpful, it helps us keep people safe and protected."

People were assessed for any risk they may face through the activities of daily living. These risk assessments, which covered areas such as the risk of falling, lack of nutrition and loss of cognition showed where people may need additional support to protect them and maintain their wellbeing and independence. When someone was shown to be at risk there was a relevant plan put into place to reduce the risk the person faced. These described the action staff should take and how people would respond.

People had their needs met by sufficient staff being on duty with the skills they needed to keep them safe. People told us there were enough staff on duty to meet their needs. A person who used the service told us, "I suppose there are (enough staff) I have never thought about it so it can't be too bad can it."

Staff told us there were sufficient staff on duty to meet people's needs. They said they were supported by members of the management team throughout the shift. Staff said they felt they could help people because they had enough staff to enable them to do so. A staff member said, "We try to do something when they want it."

We saw people received the support they needed in a timely way. Staff were organised and worked efficiently to meet the needs of people. When a person needed some additional assistance and staff had to attend to another matter then one of the management team gave assistance so people were not left waiting.

The rota showed there were the planned number of staff on duty each day and any unplanned absence was covered from within the staff team. A staff member told us, "There is always someone who can stay on or come in if needed, but we have few occasions when we need to."

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the required recruitment checks had been carried out.

People received the support they needed to ensure they took their medicines as required. People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to and they encouraged people to take these. One person told us, "They (staff) spend time to encourage people who don't want to take their medicines." Another person said, "They ask me if I want [pain killers], I choose if I want any or not."

There were designated staff who administered medicines to people who used the service and these staff had received training in the safe handling of medicines and had their competency assessed. A staff member who did not administer medicines told us the staff who administered medicines, "Try their best when someone doesn't want to take their medicines, they try a million times in different ways. They spend a lot of time with them."

We found the medicines systems were organised and that people were receiving their medicines when they should. One person had recently had a review of their medicines carried out by their doctor to ensure these were still appropriate and effective for them. Staff were following safe protocols for example signing and getting a witness to sign if any medicines were handwritten on people's Medicines Administration Records (MAR) to ensure the chance of errors was reduced.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People did not know what training staff had completed but they felt they were good at the work they did. One person told us, "They do what they can for us." Another person said, "The staff are very good."

Staff told us about recent training they had attended. A staff member said, "We get all the training I think we need." There had been a discussion about staff training needs at a recent staff meeting. Staff also said they received the supervision and support they needed to carry out their work to the best of their ability. A staff member said, "We talk about the work, it can be stressful and difficult, it gives us the support we need." We saw there were recent training certificates and notes of supervision sessions in the staff files we looked at. The staff training matrix showed staff had regular training about areas of work pertinent to their role.

All new staff had to complete an introduction to the service which was designed to ensure new staff understood the cultural diversity of the people who used the service. This included things like providing new staff with key words in languages spoken by people who used the service. The deputy manager said they had enrolled the two most recently appointed staff onto the care certificate and all new staff in future would also be enrolled onto this. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. We saw documentation about this in staff files.

People had their rights to give their consent and make decisions for themselves promoted and respected. A person who used the service told us, "They don't tell us what to do all the time, if I ask to do something they will probably say yes." People told us they did not feel their freedom was restricted in any way. Another person said, "They don't stop me moving around, I can go where I want."

People's rights to make decisions for themselves were recognised, respected and supported. We saw staff asked for people's consent or agreement over every day issues such as sitting next to them. A staff member said, "We always ask everyone before doing anything." Another staff member said, "We always need to leave people to do what they can do, if they are able to make a decision we let them."

Staff told us they knew from people's care plans what they could and could not decide to do for themselves. There was a consent form in people's care files that people showed whether they consented for certain activities whilst using the service. This included involvement in their care planning and review, use of photographs, accessing medical treatment when needed and attending routine health checks. We saw one person had not given their consent to have bedrails fitted to their bed and this wish was respected.

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 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 provider had followed the requirements in the DoLS by submitting an application to the local authority, who are the supervisory body who approve any restrictions. At the time of the inspection they were waiting for the decision of the supervisory body with regard to the application.

We saw a record made in one person's care file that they had been visited recently by an independent mental capacity advocate (IMCA) to check on whether there were any issues regarding the person's care or consent. An IMCA provides people who lack capacity in certain areas to make decisions for themselves with independent support and representation. There was information displayed in the dining room about the MCA and DoLS.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. People told us they were given sufficient to eat and drink. A person who used the service told us, "The food is not bad at all, I like it. They ask if I have had enough." Another person told us they were provided with a diet that complied with the dietary needs of a health condition they had.

A staff member said, "I think people eat and drink well. They are weighed monthly and we are told if anyone is losing weight. We build people up if they are losing weight." We saw people being offered hot and cold drinks during our visit.

There was a system to monitor people's nutritional and fluid intake when there were concerns they may not be having sufficient to eat and drink. When needed people had eating and drinking plans which identified how a person liked to eat and what would encourage them to eat and drink more. We saw there were regular assessments carried out of people's nutritional intake and advice was sought from relevant professionals when needed, for example speech and language therapy (SALT) who provide advice on swallowing and choking issues.

We saw lunch being served and there were several different dishes prepared and these were presented in a way the person needed to help them eat well. Some people had soft or pureed diets to help them swallow without the risk of choking. Meals were served on different types of plates to suit the person to help them eat independently. Where needed people were offered encouragement and support to help them eat well.

People's cultural, religious and personal dietary requirements were recognised and catered for. People were asked by the cook what they would like for lunch and people's differing requests were catered for. The cook told us they provided people with the meals they wanted. They described how they catered for people's different cultural requirements which we saw done at lunchtime.

People's healthcare needs were known and supported. A person who used the service told us, "I have my health looked after." Another person said, "I like to do some exercises." They showed us some of the exercises they did and we later saw them with some items they used for some other exercises to help with their agility.

Staff described the various appointments people attended and said they varied between healthcare professionals coming to the service and people going out to community based appointments.

A staff member described the care regime they followed to keep a person's skin intact. We saw one person who was assessed to be at risk of tissue damage had a plan in place to describe how to reduce the risk of the person having any deterioration in their skin integrity. We also noted the person's decline in their skin integrity had been identified through the monthly reviews of the risk assessment to enable staff to take preventative action. Despite the person being at high risk of having a pressure ulcer they had not developed one.

There was a record made in people's care files about any health or social care professional they had seen. We saw people had routine healthcare appointments, such as dental and optical checks, visits from district nurses and paramedics came to check someone was not injured following a fall.

Outstanding ☆

Is the service caring?

Our findings

People had formed relationships with staff who were friendly, sensitive and caring. A person who used the service told us, "I get on well with the staff they are nice and friendly. It is nice to have some Polish staff." Another person said, "It's very nice here. I like the company. It is better than being at home." A relative shared these views and told us, "They are lovely people who care."

Staff described wanting to provide a caring service. A staff member said, "They all want to feel special, we try to make them feel like that. They (people who used the service) make us feel special, it makes my day." Another staff member told us, "We are a caring team, I think they (people) are happy, we try to make them happy."

The deputy manager told us that the ethos of the service was to provide a bespoke service for people from multicultural backgrounds. We observed this to be the case and there were people from different nationalities living in the service. We saw that staff were employed who could speak the same language as the people who used the service and we observed staff speaking to people in their native tongue. A person who used the service told us, "We talk in Polish."

People told us they felt their cultural and religious needs and wishes were respected and met. We saw that staff were employed who had the skills to communicate with and understand the cultures of people in the service. When one person who was from a nationality the service had not catered for before moved into the service, time had been taken to get to know about the person's culture and to ensure the person could communicate their wishes. This person used to be a teacher and had started to teach some of the staff their first language. We observed staff using some of the language they had been taught when they communicated with this person. This meant people were supported by staff who would be able to understand people's choices when they were using language other than English.

Links had been built with representatives from this person's local community and the deputy manager had worked hard to establish these links, despite there being a cultural boundary. The manager had accompanied the person to their place of worship and got to know details of the culture and religion. They had integrated with other people at this place of worship and as result some of these people had visited the person who used the service, which would not have happened if the manager had not created the links and bridged the cultural differences.

The deputy manager had used the information from discussions with the person and gathered from the visits to the person's place of worship to formulate a detailed holistic care plan. There was detail in the person's care plan about how staff should support them in a culturally appropriate way. The plan was written in a way that staff supporting the person would have very specific detail about how to support the person and ensure their physical and emotional needs in relation to their care, nutrition and faith were met. The detail included how the person should be supported so they were appropriately dressed to attend their place of worship. There was also detail about how staff who accompanied them should be attired and conduct themselves to show the appropriate respect. There was a detailed description of the person's end of life wishes that must be followed so that their religious traditions were respected.

Staff spoke of different ways they recognised and respected people's culture. A staff member said they addressed people in the way they preferred to be, and we saw they did so as they spoke with different people. Staff spoke of how they promoted people's right to worship and respected their privacy when doing so. We saw the management team and care staff spoke with people in their language of choice.

A recent quality monitoring audit by the local authority recognised the service excelled in three areas. These were about the inclusive multi-cultural approach within the service and how they maintained links with communities, providing a diet to suit the multi-cultural requirements of the people who used the service and the standard of the person centred care plans which clearly explained people's needs including some very specific cultural needs.

The deputy manager told us about a person who had moved into the service who was living with a dementia related illness. They told us that together with staff they had worked hard with this person to ensure they settled into their new home. The deputy manager explained that when the person had initially started to use the service they had been unsettled and continually tried to leave and did not get on with other people who used the service. This had led to them making an application for a DoLS to restrict the person's liberty.

The deputy manager told us that with a lot of work the person had settled well and the person now believed they worked in the service and were there to help others. The deputy manager told us that over time they had been able to make the person feel secure in the service and gave them some responsibilities, such as laying the tables at mealtimes or handing round drinks. As a result they no longer tried to leave the service and were kind and caring towards the other people who used the service. They said the person wanted to help others and would regularly assist staff at every opportunity.

We observed this to be the case and we saw this person had a sense of purpose. We observed they provided help and encouragement to other people who used the service during the day, including at mealtimes. Staff supported this to happen as though it was a natural thing for the person to do and when we spoke with the person it was clear they got a sense of fulfilment from this. They spoke naturally about helping people and stopped our conversation twice to go and offer their support to people.

People were enabled to have contact with their relatives and friends because they were provided with support to visit the service. The deputy manager provided transport for some people who had difficulty in visiting the service due to their mobility problems. A relative told us how they only needed to call to say they wanted to visit and they were provided with a lift. The relative told us, "They make everyone feel welcome."

The relative also told us that if they had not been in contact for a while someone from the service called them to make sure there was nothing the matter. This showed that the service extended the caring ethos to relatives and actively promoted people who used the service maintaining their relationships.

Relatives and friends who were unable to visit regularly were kept in contact with their relative or friend. The deputy manager had set up a text messaging service with these relatives so they had methods of being involved with what their relation was doing in between their visits. We saw relatives often used this as a way of communicating and the deputy manager also used it to update relatives. For example we saw one person had achieved something in the service which they had not done for many years and the deputy manager had sent photographs of the person's achievement so the relatives could be included.

People were involved in reviewing their care and contributing to any changes that were needed. A person who used the service told us, "I have a review, I talk about my care." Staff said they passed any details about changes to people's care to the deputy manager who reviewed each person's care plan with them.

Staff told us that some people liked to talk about their earlier lives and some did not. Staff also said they found out some details from family members. Staff said the people who used the service had support from family members when needed, but they knew how to access support from an advocate if this was needed or wanted by a person in their care.

People were treated in the way they preferred and their belongings were respected. People told us they were treated with respect by staff. A person who used the service told us, "The staff are nice and kind to me." Another person said, "They wash my clothes for me and bring them back, they don't mix them up like they did in my old place."

Staff spoke of promoting people's privacy and dignity when supporting them with their care. They spoke of providing people with any gender preferences and ensuring people had appointments in private. A staff member said sometimes a person may prefer to not to go to their room to see a visiting healthcare professional so they used a screen to give them some privacy.

Staff received training on promoting people's privacy and dignity and we saw records of this training in staff files. People's care plans addressed issues of privacy and dignity when providing them with care and support.

Good

Is the service responsive?

Our findings

People had their needs assessed when they started to use the service these were used to develop care plans which gave staff guidance on how people needed and wished to be supported. We saw people received care and support as described in the care plans For example one person told us they enjoyed reading a newspaper in the lounge and staff collected this every day for them. This was recorded in the person's care records as a hobby and interest.

Another person had a detailed description of the support they needed to manage a healthcare condition, and records showed staff had followed this when needed. Staff told us people's care plans were kept up to date and they contained all the information they needed to meet each person's needs. A staff member said, "The care plans tell us all we need to know."

Each person had an opportunity to take part in a monthly review of their care plan with the deputy manager. We saw one person had chosen to take part in these reviews on some occasions but not on others. We saw these reviews updated people's risk assessments and care plans to take into account people's change in need and circumstances.

People were provided with care and support in a way that suited them. When a person was having difficulty in using a mug they had been given a staff member changed it for one that was lighter and easier for the person to manage. The person told us, "That's better." We saw people were helped to eat their meal in a way that suited them, so people were provided with different support according to their needs and abilities.

People's social interests and preferences were recognised and planned for. A person who used the service told us, "They come and talk with me, I enjoy that." We observed the deputy manager playing dominoes with two people who used the service and they were speaking to them in their first language. The two people enjoyed the game and referred to other recent games they had played showing this was a frequent event. We saw one person who used the service put a television programme on they wanted to watch. Staff told us they asked people what they would like to do and tried to do different things with them.

People were provided with opportunities to be involved with the local community. One person told us how they had enjoyed being taken out to the local shops. They said, "I enjoyed that." A different person helped staff to collect a fish and chip supper each week. Another person had been put into contact with a local community group as they had limited community links. Some people attended a local place of worship and other people had religious personnel visit them at the service. Staff also said in good weather people liked to go out on shopping trips and sit in the garden. They also said people liked to listen to music, read newspapers and relax.

People knew how they could make a complaint. People we spoke with knew how to raise concerns. One person said they knew how to complain but added, "I have never had cause to complain."

A staff member told us if someone was not happy they would try to do something to make them happy. The staff member gave an example of swapping a person's chair when they were not happy with the one they were using. They said they had never had a complaint to deal with.

The deputy manager said as a member of the management team was at the home every day. They said they tended to pick up on any little things and sort them as they went along so things did not develop into a complaint.

A copy of the complaints procedure was displayed in people's bedrooms and in the dining room. The deputy manager showed us one complaint that had been made since the last inspection by a person who used the service, and this had been addressed and resolved to the person's satisfaction.

Good

Is the service well-led?

Our findings

People's thoughts and views were sought and acted upon. We saw members of the management team speaking with people and asking them for their views over everyday matters. There was the opportunity for a residents' representative to attend staff meetings and contribute to discussions about the service. A person who used the service told us, "I have always found it (the management of the service) all right, I have said we could do this or that." Another person said, "I say what I want."

Staff were valued and able to discuss issues and make suggestions. A staff member said, "We have a staff meeting every couple of months, we can express any ideas and talk freely." Staff said staff meetings were a time when they could give and take advice. Another staff member told us they felt any suggestions they made were listened to and acted upon. They gave an example how they had thought of how one person could be better supported with their sitting position and this had been acted upon. The staff member said, "There is always something to say, we notice things."

Staff told us that the service was well managed and there was a positive atmosphere amongst the staff team. They said there were few absences from work and the culture was one of help and support rather than management saying, "I'm your boss." Staff said they felt able to speak out if they had made a mistake. They said staff would phone in after they had finished their shift to say if they had forgotten to pass something on or not completed a task. Staff were aware of the whistleblowing procedure and said they would use this if they needed to but there had never been a reason to do so.

The management of the service was shared out amongst the management team. People knew the management team and felt they did a good job. One person told us, "The people in charge are very reasonable."

The deputy manager told us that the ethos of the service was based around providing a family type environment with a homely feel. They told us that the management team were all closely related reflecting the family culture of the service. The deputy manager said the management team had all established different relationships over the years with people who used the service. After the provider had spoken with one person in a warm and friendly manner the person said to us, "I have known the owners for years. They are lovely people."

Staff were motivated in their work by good leadership. We saw managers and staff working together to meet people's needs. A staff member said, "The managers have a good presence, the residents feel safe with them." They also told us, "I think our rights and interests are looked after, we know what is expected of us." The deputy manager spoke of their values in ensuring everyone received the same high standard of service. They told us they kept relatives updated through phone calls and text messages.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

Staff were provided with the direction and guidance needed to achieve the standard of service required. A staff member said they were given guidance on how to complete records and knew how to complete any forms. They said, "The manager will always explain to us." The deputy manager had spent time preparing for our inspection through research and having discussions with other providers.

People were given the opportunity to express their views on the quality of the service. There were survey forms available for people who used or visited the service to complete. The deputy manager said these were filled in as and when someone wanted to. They said they had tried previously to send survey forms out to people and their relatives but this did not bring about a good response. This had been discussed with staff in a recent staff meeting. We saw a person had commented on a recently completed survey form, "The staff are very helpful and kind."

The deputy manager said they responded to any comments that needed to be addressed, "There and then." When someone had written on a survey form they felt more varied and regular music could be provided the deputy manager had followed the suggestion and made different types of music available in line with people's preferences. This included a recording of organ music from one person's local church.

The deputy manager showed us a file of compliments they had received about the care provided in the home. There was a tribute to the staff from one family displayed in the entrance hall. This included the wording, 'Words cannot express and deeds cannot repay the debt we owe to you for the love, care and compassion you gave to [relation].' The deputy manager said they often looked at this, "Which raises my spirits."

There were systems in place to identify where improvements could be made to the service. A staff member said, "We always look to improve." We saw a sample of audits that had been completed for various areas of service provided. These showed areas of the service were monitored for any shortfall and to identify where improvements could be made. These included audits on infection control, medicines and care plans. The deputy manager regularly sought advice from external health professionals such as the medicines auditor at the local Clinical Commissioning Group (CCG).

We saw there was a discussion in a staff meeting about a recent quality monitoring report from the local authority. Staff were told this was a positive report and thanked for their efforts. Where suggestions had been made in the report these were discussed and action taken to implement these.