Mr & Mrs A J Prior

The Garth Care Home with Nursing

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 took place on 27 May 2016 and was unannounced.

The Garth Care and Nursing Home is registered to provide accommodation with personal and nursing care for up to 33 people. Care and support is provided to people with dementia, personal and nursing care needs. At the time of this inspection 31 people lived at the home.

There was a new manager in post who had submitted their registration application to become a registered manager with us. 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.

Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included unsafe staff practices. We did not see people's safety was compromised due to staffing levels on the day of our inspection.

Staff understood people's care and support needs. People's medicines were available to them and staff knew how to provide the support people needed to meet their health needs.

Staff told us their training was up to date. All the staff felt they supported each other and worked well as a team in order to effectively and safely meet people's needs. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. Where people lacked capacity to make informed decisions these were made by people who knew them well and had the authority to do this in people's best interests. Staff practices ensured people received care and support in the least restrictive way to meet their needs.

Staff monitored people's health and shared information effectively to make sure people received advice from doctors, dieticians and the community mental health team, according to their needs.

Staff had a high degree of knowledge about people's individual choices and preferences. When people's needs changed staff responded to these and sought the advice of health and social care professionals so people had the care and treatment they needed.

Staff enjoyed their work and spoke about people who they supported with warmth and fondness. People and relatives had built trusting relationships with staff who they had become to know well. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People were treated with kindness and compassion. People lived in a home where staff valued and listened to them. People's choices were acted upon by staff who went the 'extra mile' to support them to live a fulfilled life and cared for them in a way they preferred. This included meeting people's end of life care needs so people were comfortable and were pain free. People had benefited from staff acting upon good practice guidance when meeting their end of life care needs and this had made a difference which was valued by people and relatives.

People were happy with the access and availability to participate in the leisure pursuits they enjoyed doing. People and relatives were supported to provide their views about the support and care offered.

The provider had responsive systems in place to monitor and review complaints to ensure improvements were made where necessary.

Staff understood their roles and responsibilities. The manager and providers showed they had an accountable and responsive approach and were highly motivated to continue to make on-going improvements to ensure people received a good quality service at all times.

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 keep people safe from the risk of abuse.

People had been helped to avoid the risk of accidents and medicines were managed safely.

People's needs were met without unreasonable delays.

Is the service effective?

Good

The service was effective.

Staff had received training and guidance to enable them to support people in the right way.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible the law was followed to ensure decisions were made in people's best interests.

Is the service caring?

Good

The service was caring.

People were supported with kindness by staff who valued them as individuals and placed them at the heart of all their care.

People received care at the end of their lives by staff whose practices reflected people mattered and staff supported them to live well by meeting each person's preferences.

People's dignity was promoted in all aspects of their care and their right to privacy was upheld.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and were happy with the support they received to do things they enjoyed and were interested in.

Staff knew when people's needs changed and shared information with other staff at daily meetings.

People told us they were aware of how to make a complaint and were confident they could express any concerns and action would be taken.

Is the service well-led?

Good

The service was well led.

People and their relatives had been asked for their opinions of the service so their views could be taken into account.

Staff enjoyed their work and understood their roles and responsibilities.

The provider had various arrangements in place which supported the leadership to continue to make improvements to the service for the benefit of people who lived at the home.

The Garth Care Home with Nursing

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 27 May 2016 and was unannounced. The inspection team was made up of one inspector and a specialist advisor who is a nurse.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and the clinical commissioning team. They have responsibility for funding people who lived at the home and monitoring the quality of care. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We met all the people who lived at the home and spoke with eight people in more detail and two relatives. We spent time with people in the communal areas of the home.

We spoke with the provider's (the owner's), the home manager and five staff members. We looked at the care records for three people and medicine records. We also looked at accident and incident records, staff rotas, menus, complaints and the quality checks made.

We spoke with a further three relatives by telephone about their views of the care their family members received at the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "They (staff) are all so kind and they treat me well, this is the reason I feel safe." Another person said, "I have all the help I need to keep me safe and the staff are all caring and will do anything for me, I only have to ask." Throughout our inspection we saw people and staff chatting and laughing together. People looked relaxed and comfortable in the presence of staff. Relatives we spoke with said they were confident that their family members were safe living at the home. One relative told us their family member specifically chose to live at 'The Garth' and felt safer than when they lived in their own home. Another relative said they were confident their family member was, "Totally safe" living at the home.

We found staff knew how to recognise and report abuse so they could take action if they were concerned a person was at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the manager or providers. In addition, staff knew how to contact external agencies such as the local authority and the Care Quality Commission. Staff told us they would do so if their concerns remained unresolved.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. One example was how staff supported people to maintained healthy skin by using specialist cushions and mattresses. These helped to reduce skin soreness due to reducing the pressure on areas of people's skin. We saw another example of people using aids to support them when walking which people told us provided them with added confidence when walking around the home environment.

Staff had taken practical steps to reduce the risk of people having accidents. For example, people were provided with equipment to help prevent them having accidents which included raised toilet seats and recliner chairs. In addition, some people had agreed to have rails on the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. One person described to us how their safety and needs were met. The person showed us they had the equipment they required which was all personalised to their specific physical needs, such as an adapted shower so they were able to wash with safety and comfort.

We saw each accident and incident had been considered so practical steps could then be taken to help prevent them from happening again. This included the involvement of the physiotherapist who was employed by the provider. The physiotherapist used their knowledge to look at how best to support a person who had experienced a number of falls. In addition to this a person had been referred to a specialist clinic after they had experienced a number of falls. These practices had enabled staff to receive expert advice about how best to assist the person concerned so it was less likely they would experience falls in the future.

We received mixed views from people about the staffing levels. One person told us, "They (staff) are always there when I need them, I have no worries about this." Another person said, "I have all the attention I need from all the staff, at the right time for me." One relative said, "I am very happy and confident staff are always

there when [person's name] needs them." However, one person and one relative told us there was often a delay when assistance was requested via the call bell. Staff would respond to the call bell and switch this off, confirming they would return once they had finished supporting another person. Staff always did return. We raised this with the manager and providers who said they would review staffing levels and the deployment of staff. This was to make sure people were not left waiting unreasonable lengths of time for their needs to be met. Staff we spoke with told us people's needs were always safely met although some staff felt they would like more time to be able to sit and chat with people who lived at the home.

Although staff were seen to be busy they had time to meet people's care and support needs, without rushing. For example, we saw one staff member helping one person to move from the lounge through to the dining room. The staff member took the time to support the person patiently, enabling them to walk with the added security of knowing the staff member was with them. We saw another staff member spent time chatting to a person whilst they were supporting them to be comfortable in a chair in the lounge.

We saw people were provided their medicines in the best way for them with support from the nurse to make sure people had drinks to help them in swallowing their medicines comfortably. The nurse chatted with people and waited with them to make sure people had taken their medicines without any difficulties. One person told us, "They always help me to take my tablets, which keep me going and without the nurse I know I would forget." We saw there were sufficient supplies of medicines and they were stored securely. Nurses who administered medicines had received training and we saw the nurse correctly followed written guidance to make sure people were given the right medicines at the right times. Records showed during the two weeks before our inspection each person had correctly received all the medicines which had been prescribed for them. We found the amount of one person's medicine did not match what was on the medicine records. This was immediately looked at. The person had received their medicines as prescribed, but there had been an error in the way this was recorded. We saw there were reliable arrangements for ordering and disposing of medicines.

Good

Is the service effective?

Our findings

People told us that the staff were skilled in meeting their needs. One person said, "They care for us well. I couldn't wish for better." Another person told us, "The staff are good. One took me to hospital and they were so good." One relative spoke about their confidence in staff and said, "[Person's name] is well fed and well cared for. Proper cared for rather than ticking boxes." Another relative told us, "The care is very good and therefore the staff must receive good training and more importantly put it into practice from what I see." A further relative said they had, "Not seen one (another home) that comes close. They all know exactly what they are doing."

Staff had received training which was relevant to their roles and this was kept updated. We saw examples of how staff understood people's individual needs and how this was reflected in the care they offered people. An example of this was staff knowing how to correctly assist people who had reduced physical abilities including people who needed to be helped using special equipment. One staff member told us, "Supporting residents to move is very important. It is the training all staff receive as soon as we start work here. I have only ever witnessed staff properly using the hoist."

Another example involved staff having the knowledge and skills they needed to effectively communicate with people to make sure people felt understood. The warmth of touch was used by staff where they recognised it was appropriate for each person. For example, one person had a hug with a staff member and smiled in acknowledgement to show how their wellbeing was enhanced by this gesture. Staff also enabled people to lead conversations and we saw people enjoyed laughs with staff at different times and at other times reassurance was provided to help some people feel well. One staff member described how their induction had supported them in becoming familiar with people's preferred styles of communication and their different personalities. They also said having an opportunity to shadow established colleagues was a, "Very important it helped me to feel more confident and for residents to feel comfortable with me being new to them."

The manager and staff spoken with had knowledge about the Mental Capacity Act [MCA] 2005 and the Deprivation of Liberties [DoL]. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived at the home, explained information to them and sought their informed consent. An example of this occurred when we saw one staff member explaining to a person who lived at the home why they needed a particular medicine so they could decide for themselves if they wanted to take them. People we spoke with told us staff asked them if they would like any help before they did anything and we saw examples of this happened during our inspection, such as asking people if they would like the television on or off.

People can only be deprived of their liberty in order 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 found the manager and staff had made sure people's rights were fully protected by the DoLS. Staff knew when to make applications to the local authority to assess and authorise a DoL. The manager informed us no DoLS authorisations were in place at the time of our inspection. We saw staff practices were the least restrictive whilst they supported people. For example, when people had been assessed at risk due to their decreased walking abilities options to reduce risks to their wellbeing and safety were considered to make sure people's needs were met in the least restrictive way. One staff member told us about how relatives and external professionals. For example, the consultant psychiatrist would be involved if a person decided they wanted to go home but it was unsafe for them to do this to make sure all decisions were made in people's best interests. Staff explained they also considered if a DoLS application was required in order to meet people's needs in the safest and most effective way.

We spoke with people about how they were supported by staff to keep healthy and well and have good access to health care services. One person told us, "I consider myself to be well looked after here, if I am not feeling well I would ask to see a doctor and this would be arranged." Another person told us they were receiving antibiotics, "To help my leg get better." One relative said, "Staff keep me informed via phone calls on a regular basis if [person's name] sees the doctor for any reason."

People's healthcare needs were recorded in their care records and it was clear they had been seen when required by healthcare professionals such as district nurses, chiropodists and their doctor. Staff told us they reported concerns about people's health to the nurses or management team who would then contact the relevant health professional if needed. We saw staff had taken advice from the doctor to ensure people's health needs were met. One person's leg needed to be alleviated at times for their comfort and to help with any swelling. We saw and the person told us staff helped them to do this.

We saw staff knew how to support people to choose what they wanted to eat and people told us the food was good. One person said, "Meals are very good, and I'm a picky eater." One relative told us, "Food is appropriate and nutritious. The dining room is welcoming."

Staff helped people into the dining room for the meals if this is where they wanted to eat and we saw this was done in an unhurried way with staff having a chat with people along the way. Staff were aware of people's health needs which impacted upon their dietary requirements, such as, people who required a diabetic diet and we saw people's diets were catered for. Another staff member said, "We always let the kitchen know if people's diets change or we are concerned about people's eating or drinking. There is good teamwork here." This was also confirmed by the catering manager who told us kitchen staff had information about people's nutritional needs and used this information when preparing food and drink for people. For example, the catering manager was aware of the particular needs of people with diabetes and those who were following gluten free or vegetarian diets. Although fruit was offered to people at different times the manager and provider would consider the idea of fruit being made available for people to help themselves during the day which is something they would reconsider. We saw hot and cold drinks were offered throughout the day to combat the risk of dehydration.

Good

Is the service caring?

Our findings

People who lived at the home and relatives spoken with told us staff were caring and treated them well. One person said that the staff were, "Very kind" and "I like them all." Another person told us, "I am happy here, they treat me just fine and we all have a laugh." One relative told us, "She has been very happy. Always has a laugh with the staff. Gets on well with the staff, they are all friendly." In addition to this we saw a range of comments from relatives. One relative had written, 'I really fell on my feet the day I called in (to the home), desperate for help and you (staff) gathered me up.' Another comment read, 'She was shown much kindness and love.'

People we spoke with described to us how they were fond of staff who supported them. One person told us, "They (staff) have a chat with me and we talk about everything and anything. I have introduced them all to my family, they have become like friends to me." Staff also spoke with us about people they supported with kindness and warmth. One staff member told us, "We are all like one large family; we all care about each other."

One relative we spoke with highly praised the stability of the staff team. They believed this was one of the key factors which had enabled their family member to build trusting relationships with staff. We saw staff encouraged people to express their views and listened with interest and patience to their responses. We saw staff were skilled in communicating with people, discussing choices with them and giving them time to consider the options before making a decision. Care plans showed people were actively involved in decisions about their care and people we spoke with confirmed this. People talked with enthusiasm about how staff supported them to be involved in their care. From conversation with people it was clear they had played an active role in determining how their support and care was provided. Our discussions with people reflected the information we found in the care plans.

We saw people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we saw many positive conversations which promoted people's wellbeing. We saw these caring approaches were also adopted by the manager and providers. For example, one of the providers recognised one person needed reassurance to help them feel better. We saw this was effective as the provider used their knowledge of the person's family when they chatted with the person. We saw through the person's facial expressions their wellbeing had been enhanced by the thoughtfulness of the provider. Another example provided by a relative described how they had seen if people wanted specific food at particular times this had been provided without any hesitation. They said this showed there was no firm set routines which staff followed as it was all about the people who lived at the home. In addition to this they told us the staff at the home had helped out when the hospital had run out of their family member's medicine late one night. The relative said when they went to collect the medicine staff at the home had also packed some, "Extra bits and bobs" on their own initiative to assist their family member to be comfortable whilst in hospital. Another relative told us staff had helped their family member to spend time out of their bed, "Even when it would have been easier" for them for their family member to stay in bed.

Staff we spoke with believed people received good end of life care. One relative we spoke with told us about the compassion which was being provided to their family member who was at the end of their lives. The relative praised the staff for their thoughtfulness when their family member was struggling to eat independently. Staff made sure the person's sandwiches were like cut up into "Postage stamp" sizes. They said this had a real impact upon their family member being able to eat their food in a comfortable and dignified way whilst retaining a level of their own independence.

We saw comments received from relatives which had praised the staff for the care they had provided. One relative commented, 'She was cared for with such warmth and concern right to the very end.' We also noted suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life following their death. For example, what clothes the person was to be dressed in at the time of their death and if anything was to be placed with them.

Staff were seen to be compassionate and imaginative in supporting people to retain parts of their lives which were important to them before they moved in. One example of this involved a staff member speaking with a person about their memories of living on a farm and how when the garden was completed they would be able to tend to plants. Another example was how one person was supported by staff to spend time in the laundry as they worked for many years as a housekeeper. We were told this person enjoyed the time they spent in the laundry and we read the person was, 'Is not just being entertained but is living in the moment.' In addition one of the staff responsible for preparing and cooking people's meals said they enjoyed their work and told us how they would especially go into town to buy particular food items for individual people. This practice showed the staff member had a sense of how they could contribute to the overall care people received by supporting people to have the food they enjoyed.

We saw staff cared for people in ways which supported people's individual needs and helped to maintain their dignity. For example, we saw staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff told us, "I always take care to ensure people are covered at all times. I wouldn't want people looking at me when I was getting washed and dressed in the morning." We saw staff encouraged people's independence, such as, when they moved around the home environment using walking aids. We also noticed when people struggled so their dignity and safety were maintained. The physiotherapist also provided guidance and support to people and staff in order to help people to keep their own levels of independence as much as possible.

Good

Is the service responsive?

Our findings

People told us that they were happy at the home and staff knew them well and cared for them in the way they wanted. One person we spoke with told us, "They (staff) always help me when I need it." All relatives spoken with told us their family members received the right care and support according to their needs. One relative told us, "Staff are very friendly, approachable and would respond to any change of needs quickly. Honestly, (person's name) is very well looked after, and they are attentive and caring; I can't speak highly enough of this place".

Staff told us and we saw before people came to live at the home their individual needs were assessed to make sure these could be effectively met and responded to. This was also confirmed by people and relatives we spoke with. One person said, "I am happy and when I came here they (staff) asked me all about my routines and care needs. They all know me very well." Another person said, "I wanted my little bits of treasures to come with me, they made this happen and now my room is truly home." One relative told us the decisions about whether their family member's needs could be met at the home were done, "With great consideration in regards to all their needs, likes and dislikes."

All the staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours may indicate that something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person told us they liked to spend time in their room, but at meal time they liked to eat their meal in the dining room and needed staff to assist them. We saw staff helped this person just before lunch to the dining room.

We saw there were arrangements to support people to express their individuality. Staff told us people were assisted to meet their spiritual needs by attending religious services if they wished.

Although no one living at the home at the time of our inspection had requested special meals, the catering manager said arrangements would be made to prepare meals which respected people's religious and cultural needs should this be required.

We saw staff kept daily records of the care they delivered and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at handover meetings. We saw a staff handover meeting happened and staff were verbally given up to date information about each person's needs and their wellbeing on the day. These practices assisted staff to respond to these in the right way and at the right time. For example, the need to contact a GP urgently was talked about and action taken so as not to delay pain relief being prescribed as the bank holiday was imminent. In addition to this staff recognised reduced mobility in one person may have been due to pain and so the assistance the person needed was arranged.

We found examples where arrangements for assessing, planning and reviewing people's care needs had been successful. For example, when staff had noted people needed assistance and support to maintain healthy weights this had been achieved as people had gained weight.

People who lived at the home and relatives we spoke with consistently told us there were always lots to do for fun and interest. One person told us, "I am happy to sit here, I like listening to the TV." Another person said, "There is always something going on here. I choose what I want to do, I am very happy with what's on offer." One relative told us they believed there were lots of social events for their family member to be part of. Staff we spoke with shared with us mixed views about the range of recreational pursuits for people to participate in. One staff member told us, "Residents really do have fun here, plenty to do." Another staff member told us, "There used to be card making and crafts happening but not now, and it's a shame because they liked it."

At the time of our inspection staff did not consistently support people to have things to do for the majority of the day other than a film matinee later in the afternoon. However, people we spoke with told us they were happy and chose what they wanted to do. For example, we saw people enjoyed watching and or listening to the television, people were reading and other people liked to walk around and be in different parts of the home. The activities co-ordinator was not at work on the day of our inspection but they came into the home to see some people and spoke with us about the range of leisure pursuits. We saw and heard about the range of things people were supported to do for fun and interest. In addition to this we saw there were many photographs of people participating in different social events and leisure activities. The manager told us there were opportunities for people to be involved with the arts, such as the association which had been formed with a local centre where people were able to work with professional actors, poets and dancers. We saw photographs of people taking part in drama sessions in a newsletter where one person's comment read, 'I really did enjoy myself.' Another example was linking in with the teachers and students from a local school who worked with people who lived at the home in archiving their wartime experiences.

People and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and management, if they needed to. They told us they would feel comfortable in doing this. We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. We looked at the complaints and found these had been investigated in line with the procedures and action taken where required to resolve the issues raised.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with told us how highly they thought of the manager, the provider's [the owners] and staff as they believed the home was well run due to all of their efforts. One person told us how it was a, "Happy home" where staff were thoughtful as they brought them things they liked. Another person told us, "It's a smashing place, staff are so caring." One relative said, "The home is known locally as the best to pace to be due to the caring staff, I would say it is managed well."

The provider conducted customer satisfaction surveys to give people and their relatives an opportunity to provide feedback on the service they received. One person who lived at the home said, "It will be better when the garden is made accessible and the residents can have some fresh air." The manager and providers all told us how the plans for the garden area were progressing and how when it was finished in the summer they would be holding a party. We saw a range of comments from relatives. One relative had written, 'Care could not be faulted, what a wonderful home.'

Although the manager had only been in post since February 2016 they showed they had a good working relationship with the owners and were clearly well known to people who lived at the home, relatives and staff. One person said, "She's lovely [manager's name], a lovely woman, to everybody." One relative told us, "I think she [manager's name] is fantastic." One staff member told us, "[Manager's name] is fabulous, always on the floor and involved."

Throughout our inspection the manager showed they understood their role and responsibilities in providing a good quality service and they knew how to drive continuous improvement. For example, they were passionate about wanting to make further improvements to enhance people's wellbeing which included the development of the garden area so people could tend to plants.

The providers of the home visited regularly and were also very well known to people who lived at the home, relatives and staff. One staff member told us, "[The owners] are here almost every day and are approachable. They both go round the home chatting to residents and asking them if they are happy with everything." This happened on the day of our inspection as one of the providers introduced us to nearly all the people who lived at the home.

We saw staff worked together in a friendly and supportive way. One staff member said, "Teamwork is good here. I would recommend it to others." Staff showed a clear understanding of their roles and responsibilities within the team and also knew who to contact for advice outside the home. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, which could not be addressed internally.

We found staff were provided with the leadership they needed to develop good team working practices which helped to make sure people consistently received the care they needed. There were two nurses in charge of each shift and during out of office hours there was always a manager on call if staff needed advice. Staff said and we saw there were meetings at the beginning and end of each shift when developments in

each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

Support was available to the manager of the home to develop and drive improvement and a system of checking the quality of the services provided was in place. We saw help and assistance was available from the providers and the clinical lead nurse to monitor, check and review the service and ensure good standards of care and support were being delivered. These checks included making sure the care was being consistently provided in the right way, medicines were safely managed and staff received all of the support they needed.

We saw and heard staff had been provided with the leadership necessary to enable people who lived at the home to benefit from staff acting upon good practice guidance and research. For example, the achievement of the Gold Standard Framework award [GSF]. The GSF is a model of practice which sets out to promote and raise the level of care to all people with life limiting conditions to make sure their needs were met by adopting the very best standards in care and treatment thus helping people to live well until they die. We heard from relatives and staff how this had benefitted staff practices and enabled people to live well until they died. Another example was how the provider's had linked with the community and initiated different groups, such as the registered manager's forum where manager's gained support from each other and shared best practices and research to ensure the quality of care and support was continually improved.