

Greenacres Care Centre Limited

Greenacres care centre limited

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

About the service

Greenacres Care Centre, referred to hereafter as Greenacres is a residential care home. It is registered to provide accommodation and personal care and accommodation for up to 39 older people. The service supports people with physical disabilities, mental health and/ or dementia. Nursing services were provided by NHS community nursing services. At the time of the inspection there were 36 people living at the service.

The service is on two floors, with access to upper floors via a shaft lift or stair lifts. All bedrooms have ensuite toilet and washing facilities. There is a secure outside garden area.

People's experience of using this service and what we found

People and their families told us staff were kind, commenting "Staff are lovely...can't fault staff for being caring and kind". We saw nice interactions between people and staff, with some people showing their fondness for staff by hugging them and kissing them on the cheek.

People were protected in line with the Equality Act 2010, with everyone being cared and supported as an individual. Staff promoted people's independence.

Overall people's privacy and dignity was mainly respected. However, on some occasions we observed people's dignity and privacy was not always promoted. We spoke with the registered manager about what we had observed. They were disappointed to hear our feedback and told us they would act to improve staff's understanding of the importance of privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had the opportunity to participate in social activities which were tailored to encourage people to live healthier lifestyles. A new activities co-ordinator had recently been recruited and was in the process of getting to know people.

People and their families told us they felt safe living at the service. Staff had a good understanding of safeguarding procedures, which meant they knew what action to take should they suspect someone was being abused, mistreated or neglected.

People were supported by sufficient numbers of staff. People told us staff had the skills and experience to meet their individual needs and staff were complimentary of the training and support they received.

The design and decoration of the service took account of dementia best practice. People lived in a clean environment. There was a dedicated housekeeping team who were passionate about ensuring people lived

in a clean, tidy and odour free service.

The food being offered, smelt nice and was pleasant in its presentation. Observations of the dining experience showed people did not always receive their meals promptly, and people were not always supported in line with the principles of good dementia care. We spoke with the registered manager about this, who told us they had already recognised action was required, and that they would be speaking with staff and making changes.

People had care plans in place relating to their health and social care needs. These were reviewed with people and/or their representatives on an annual basis to help ensure they were reflective of the care they wanted and needed. However, two out of 11 care plans were found to not be up to date. The registered manager took immediate action to update records.

People who were at the end of their life, had care plans in place so staff knew what their wishes were. There were good connections with external health care professionals, such as GPs, community nurses and the local hospice.

People and their representatives were regularly asked for their views about their care plans and the delivery of their service, and had their wishes respected.

Overall, people's medicines were managed safely, and they received them as prescribed.

The registered manager had monitoring checks in place to help highlight where improvements were needed. They had identified that topical medicines (creams and lotions) were not always dated upon opening, body maps were not always completed, and that the recording on medicine administration records (MARs) needed to be improved. At the time of our inspection, we also identified these areas required improving, but action was being taking.

The management team (registered manager, general manager and provider) were visible within the service. The general manager and provider visited the service most days including weekends, arriving announced and/or unannounced. The provider and registered manager had a good understanding of regulatory requirements and were passionate about providing a quality service to people.

Overall, staff felt the service was well managed, describing the management team as "approachable". However, some staff felt improvements to communication and consistency in managerial approach was needed. Families also felt communication needed to improve.

There was a transparent and open culture whereby mistakes were recognised, and related learning put into practice. People knew who to complain to and told us if there were things that they did not like, it would be changed.

Following our inspection, the registered manager informed us of actions being taken to make immediate and ongoing improvements.

We recommended the provider's governance framework was strengthened to monitor and assess the ongoing culture of the service, and to ensure care plans were fully reflective of the risks associated with people's care. In addition, we recommended the provider considered reviewing the overall dining experience, taking account of the principles of dementia care and that staff received training in dignity and privacy.

More information is in Detailed Findings below.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Please see the action we have told the provider to take at the end of the report.

Rating at last inspection (and update)

The last rating for this service was Good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenacres Care Centre Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Greenacres care centre limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant inspector, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who is older.

Service and service type

Greenacres Care Centre Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from members of the public and stakeholders, such as the local authority.

We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning team and Healthwatch Plymouth for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch held no information about the service. Where feedback was received it has been detailed within the report.

We used all of this information to plan our inspection.

During the inspection

We spoke in detail with 22 people and/or relative's, six members of staff, the care manager, the registered manager, the general manager and provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at nine care plans and care records for people who used the service, training records for all staff, various medicines administration records (MARs), and auditing and monitoring checks.

Following the inspection

We spoke with a community nurse for their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Overall, people had risk assessments in place relating to aspects of their health and care, such as falls, diabetes and their wellbeing. However, of the nine care plans we viewed, one care plan did not detail the risks relating to choking, and one did not contain information about epilepsy. Following our inspection, the registered manager told us they had taken immediate action to update records, and they had asked an external professional to audit the accuracy of all care plans.

We recommend the provider's overall governance procedures are strengthened to ensure care plans are fully reflective of the risks associated with people's care.

- People who had swallowing difficulties had been reviewed by a speech and language therapist (SLT), and had their advice and guidance accurately followed by staff.
- People had care plans and risk assessment in place regarding their mobility, and staff received training in moving and handling in order to support people safely. Whilst staff were seen to safely move people, people's privacy and dignity was not always respected during procedures. The registered manager took immediate action to speak with staff.
- People lived in an environment which was assessed for risks. Equipment, such as the fire system was serviced in line with manufactures guidelines, and weekly fire tests were carried out.
- People had personal emergency evacuation plans (PEEPs) in place, so emergency services would know how to correctly support people, such as in the event of a fire.
- People had call bells in reach, should they want to alert staff. The registered manager told us, call bell answering times were monitored for themes and trends, to ensure they were being answered promptly.
- People's confidential information was stored securely.

Using medicines safely

- Overall, people's medicines were managed safely, and they received them as prescribed.
- The registered manager had monitoring checks in place to help highlight where improvements were needed. They had identified that topical medicines (creams and lotions) were not always dated upon opening, body maps were not always completed, and that the recording on medicine administration records (MARs) needed to be improved. At the time of our inspection, we also identified these areas required improving. The registered manager told us immediate action would be taken to retrain staff and assess competency, as required.
- People who took medicines which required monitoring by external professionals, such as blood thinning medicine 'warfarin' had these administered safely.

- Medicines classified as needing additional secure storage were managed correctly and robustly.
- Refrigerated medicines were kept at the right storage temperature.
- Whilst no one at the time of our inspection were being given their medicines covertly (hidden/disguised); should this have been needed, staff and management were aware of doing so in line with the principles of the Mental Capacity Act 2005 (MCA).

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe living at the service, with one person telling us, "Staff are gentle, they give me time to do things."
- People were observed to approach and interact with staff in a relaxed manner. A member of staff commented, "You've got to be friendly and make people feel safe, and ensure they feel they are able to trust you and be respectful. At the end of the day this is their home."
- Staff were observed to defuse an escalating situation between two people, which was done with efficiency and professionalism, helping to reduce aggression and anxiety.
- Staff had a good understanding of safeguarding procedures, which meant they knew what action to take should they suspect someone was being abused, mistreated or neglected.
- Protecting people from abuse, was a regularly discussed topic at staff meetings and staff supervision sessions.
- People's belongings were kept safe. People had locks for their bedroom doors and had secure storage within their bedrooms for valuables.

Staffing and recruitment

- People were supported by sufficient numbers of staff in different roles, such as deputy and duty managers, and care assistants. At times, it was difficult to understand what the responsibility and accountability of each role was, and how this positively impacted on the care and support of people. The registered manager told us they had already recognised this and that a review of the staffing structure was already being considered.
- Staffing numbers were flexible, for example additional staff worked when someone was unwell.
- The provider followed their recruitment policy, to ensure staff employed were recruited safely and suitable to work within a health and social care setting.

Preventing and controlling infection

- People lived in a clean environment. There was a dedicated housekeeping team who were passionate about ensuring people lived in a clean, tidy and odour free service. The registered manager told us, "The housekeeping team treat it like their home, they like to be house proud."
- Cleaning schedules were in place for the building and equipment, such as wheelchairs and hoists.
- Laundry facilities followed infection prevention and control policies.
- Staff received infection control training and were observed to put their training into practice. For example, by suitably wearing personal protective equipment (PPE), such as gloves and aprons.

Learning lessons when things go wrong

- There was a transparent and open culture whereby mistakes were recognised, and related learning put into practice. For example, action had been taken to implement additional continence training because of the poor management of continence products.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- The food being offered, smelt nice and was pleasant in its presentation. People's comments about the food were as follows, "Food varied and very good, different every day", "Food is quite good", "Food alright, edible, can't object", and "Food's alright, sometimes don't like it, especially the cabbage".
- Observations of the dining experience showed people did not always receive their meals promptly, and people were not always supported in line with the principles of good dementia care. For example, being verbally told meal options rather than being visibly shown, consequently some people did not understand the options which made the decision-making process difficult. The dining room was noisy with a cleaning trolley being pushed through the area, and dishes clattering whilst being put away. All of which did not create a pleasant eating environment. We spoke with the registered manager about this, who told us they had already recognised action was required, and that they would be speaking with staff and making changes. Following our inspection, we were informed of immediate actions which were being taken.

We recommend the provider considers reviewing the overall dining experience, taking account of the principles of dementia care.

- People's likes, and dislikes were known and catered for.
- The kitchen team had a good understanding of people's individual needs, such as people who required a specialist diet, for health or cultural reasons.
- People were supported with their nutrition in line with their care plans. However, the recording of people's hydration was not always accurate, with records not always reflecting what people had drunk. The registered manager told us she was having ongoing discussions with staff about the importance of recording.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills and experience to meet their individual needs. Comments included, "Nothing seems to be too much trouble", "They look after us very well" and "No complaints at all".
- Staff were complimentary of the training and support they received, telling us "I think the training is quite good", and "I do feel like I learn a lot...it keeps my brain active. I learn the things that are really important" and "They (the management team) are very supportive...they listen to you".
- Since our last inspection the provider had introduced a new online learning resource for staff, which meant a broader access to training, and a more robust oversight of staff completion.
- As well as the provider's mandatory training courses, such as moving and handling, fire awareness and health and safety. Staff received training related to people's individual needs. For example, Parkinson's,

continence, dementia, end of life care, and tissue viability.

- The provider's induction incorporated elements of the care certificate. The care certificate is national set of induction standards for people working within the health and social care sector.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support, was regularly reviewed.
- The service worked with agencies to ensure people's care and support needs were met and co-ordinated. For example, people's care records confirmed external professionals were involved in their care as needed, such as chiropodists, opticians, GPs, dieticians, the mental health team, physiotherapists and occupational therapists.
- Visiting health professionals told us overall staff were responsive and followed advice given. However, they wanted to see further improvement to the proactive approach to the management of people's skin prior to the involvement of community nursing staff. We were told the registered manager had acted to implement training, but this was an area that as a nursing team they continued to keep an eye on. We did not identify any concerns with people's skin during our inspection.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service took account of dementia best practice. For example, plain carpets, contrasting toilet seats, and pictorial signage. The provider told us an improvement plan was in place for the redecoration of the first floor.
- People's bedrooms were individually personalised.
- People and/ or their relatives had independent access to a kitchenette, so they could prepare their own snacks and drinks.
- There was disabled access externally and internally.

Supporting people to live healthier lives, access healthcare services and support

- People had the opportunity to participate in social activities which were tailored to encourage people to live healthier lifestyles. For example, chair aerobics and Pilates.
- People were encouraged to enjoy a healthy, balanced and varied diet.
- One person had been offered support and information about stopping smoking.
- In partnership with the local authority, the registered manager had implemented a health and wellbeing champion who was responsible for sharing and disseminating information to the staff group. Recent information had been shared about medical dressings.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff received training in the MCA and understood its principles.
- People's consent was obtained prior to supporting them, with their wishes being always respected.
- People's care records detailed their mental capacity, and where others were important in their care and support, such as power of attorney's (POAs).
- Best interest decisions were always made in accordance with legislation and people's wishes.
- When required, deprivation of liberty safeguard (DoLS) applications had been applied for, with records kept.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families told us staff were kind, commenting "Staff are lovely...can't fault staff for being caring and kind", "Staff were good at settling (their loved one) in, and spending time with her ... staff friendly, pleased to see you", and "Lots of company, we have a good laugh".
- People's and/or their families had taken the time to write to the service to express their gratitude for the care the staff showed. One comment included, "Sometimes saying thank you is not enough to express the gratitude I feel to you all, so I would like to say thank you from the bottom of my heart for everything you have done for me during my short stay with you."
- We saw nice interactions between staff and people, with some people showing their fondness for staff by hugging them and kissing them on the cheek.
- Staff spoke fondly and were dedicated to the people they supported, telling us "If I think I have looked after somebody well, then I can go home and be proud of the job I did... it is important for them and their family", and "I love my job."
- People were protected in line with the Equality Act 2010, with everyone being cared and supported as an individual.
- People's religious and cultural Faiths were respected and accommodated. For example, there was a chapel onsite, and visiting clergy. New relationships were being built with another local Faith church.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service, and had their wishes respected. This was in the form of one to one meetings, group meetings, questionnaires and annual care planning reviews.
- Families who had the relevant power of attorney (POA), had remote electronic access to their loved one's care plan and care records. This enabled them to view day to day care and support, and request amendments to care plans, as required.
- The provider and registered manager had an 'open door' approach and were very visible within the service, meaning people and families could speak with them at any time.

Respecting and promoting people's privacy, dignity and independence

- Overall people's privacy and dignity was respected. We saw staff discreetly helped someone with their trouser, which had slipped down and sensitively offered people support to use the toilet. However, on some occasions we observed people's dignity and privacy was not always promoted. For example, during a moving and handling procedure in a shared area, staff failed to reassure the person by talking with them

and left their incontinence pad exposed. Another, person was brought into the lounge after lunch in a wheelchair and left in the centre of the lounge floor without any explanation as to why and whether the staff member would be back to help them. The person was observed to become confused and anxious about getting out of their wheelchair. We spoke with the registered manager about what we had seen. They were disappointed to hear our feedback and told us they would act to improve staffs understanding of the importance of privacy and dignity.

- The providers training records did not show staff had undertaken specific training in relation to privacy and dignity.

We recommend that staff receive training in respecting and promoting people's privacy and dignity.

- Staff promoted people's independence. For example, we observed staff offering help after they had seen a person try to do something for them self, such as cut up their meal. A member of staff told us, "It is about keeping people as independent as possible and we try and go through things that they can still do themselves as we do not want to take that away from them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place relating to their health and social care needs and were reviewed with people and/or their representatives on an annual basis to help ensure they were reflective of the care they wanted and needed.
- The registered manager recognised some care plans required further detail and personalisation, and they were working to re-train staff as required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed their individual communication needs, to help interaction to be consistent.
- Staff understood the importance of adapting their own communication style to help ensure people understood what was being said or asked of them. For one person, staff had identified their initial approach affected the person's overall mood, so, staff had to be mindful of their interaction each time they engaged with the person.
- Picture cards had been created for one person, to help aid communication.
- A new television had been purchased so subtitles could be initiated for television programmes. Because of this, staff had noticed more people watching the television.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of our inspection, people participated in Pilates and card games, and were observed to enjoy taking part. A new activities co-ordinator had recently been recruited and was in the process of getting to know people.
- The registered manager was organising for people's life histories to be recorded in detail to help all staff to have meaningful conversations with people. And to help create a social engagement programme based on people's previous interests and hobbies, which would include visits outside of the service.
- There were intergenerational links, with people living at the service connected to the local children's nursery with people attending the nursery and children visiting Greenacres. The annual children's sports day was held in the grounds of Greenacres so everyone could feel part of it and get involved.
- People's families and friends were welcomed, and able to visit at any time.

Improving care quality in response to complaints or concerns

- People knew who to complain to and told us if there were things that they did not like, it would be changed, they gave examples of how food choices had been changed.
- People told us they had "No complaints at all".
- The provider had a complaints policy which was shared with people and/or their families when they moved into the service. The policy could be produced in a variety of formats as required, for example large print or pictorial. The registered manager and general manager encouraged people to express their views, telling us "There is always a solution for improvement.... together we will find a solution".

End of life care and support

- People who were at the end of their life, had care plans in place so staff knew what their wishes were.
- Treatment escalation plans (TEPs) were in place as required, and resuscitation wishes were recorded.
- There were good connections with external health care professionals, such as GPs, community nurses and the local hospice.
- End of life training was completed by staff.
- The registered manager and staff team were in the process of gaining accreditation for their end of life care, with the local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were no specific values attributed to the service, but the registered manager described the ethos of the service as, "We are here for the person...we want to make their life as comfortable as possible, it is very much their service...we try to be flexible, a move away from the institution...normality." Overall, the atmosphere within the service was found to be based on this, however the recommendations made as cited above relating to people's dignity and privacy and the dining experience did not always attribute to this. We recommend the provider's governance framework is strengthened to monitor and assess the ongoing culture of the service.

- The registered manager informed us after the inspection of the actions which were being taken to make immediate and ongoing improvements.

- There was an open and transparent culture, with an understanding of the duty of candour. The provider told us, "There are no closed doors here."

- The management team (registered manager, general manager and provider) were visible within the service. The general manager and provider visited the service most days including weekends, arriving announced and/or unannounced. This helped to gain an understanding of how the service was running and how people felt about the ongoing quality of the service.

- All staff had access to the provider's contact details, should they wish to raise any concerns directly.

- Overall, staff felt the service was well managed, describing the management team as "approachable". However, some staff felt improvements to communication and consistency in managerial approach was needed. The registered manager and provider told us they would reflect on this feedback and act as required.

- Families also felt communication needed to improve, with one person telling us their message to say they were arriving to take their loved one out had not been passed on, which meant on arrival they were not ready.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had a good understanding of regulatory requirements and were passionate about providing a quality service to people.

- The provider had a governance framework in place, which consisted of the monitoring role of the general manager, provider and location audits, management meetings, and service improvement/action plans.

- The general manager told us the quality and compliance of audits carried out were robustly checked, telling us "You can't assume that because an audit has been done it has been done to spec."
- The Commission was satisfactorily notified when events took place, such as safeguarding concerns or serious incidents, this was in line with the provider's statutory duties.
- The provider had displayed their last inspection rating, in line with legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were asked for their views about the service, this was by group or one to one meetings, or by the completion of satisfaction questionnaires.
- Families had access to a phone application which showed photographs (with people's consent) of what their loved ones had been doing in, such as activities they had been involved in.
- Staff told us they enjoyed working at the service, telling us "It is good" and "I like it here". The general manager told us, "We are very proud of them...the staff are amazing.."
- The provider had recently introduced a new financial bonus scheme for staff, in recognition of hard work, commitment and for those who displayed the ethos of the service.
- Training was adapted to consider people's equality characteristics and key policies such as safeguarding had been translated into different languages.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager were open to continuous learning and improvement opportunities.
- Governance and communication systems had been adapted to help improve efficiency.
- The provider owned and operated two other local care homes. They reflected and used learning to affect change across all their services.
- The registered manager attended local authority Dignity in Care forums and used guidance and advice to make changes within the service. For example, oral health care had been reviewed.
- Local authority commissioners and community nursing staff told us they had positive working relationships with the registered manager.