

Black Swan International Limited

The Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection of The Gables Care Home took place on 31 May 2018 and was unannounced.

The Gables Care Home 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 care home accommodates up to 49 people in a two-storey property. The original listed building has been extended to include additional accommodation. There were 29 people living at the home at the time of our inspection visit.

At the last inspection in January 2016, the service was rated 'Good'. At this inspection, we found the service remained 'Good' as the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

The service is rated as good as the provider and registered manager had maintained the standard and quality of care that people received.

The service was safe as people were supported by staff who were knowledgeable about safeguarding and its reporting processes. Risk assessments were in place and these promoted people to make decisions about their safety. Systems were in place including policies and staff training about infection prevention and control. A sufficient number of staff had been recruited safely and they were deployed in a way which met people's needs in a timely manner. Actions were taken to learn any lessons when things did not always go as planned. Medicines were administered as prescribed and they were managed safely.

The service was effective as people received a service that met their assessed needs by staff who had been trained to have the skills they needed. People were supported with their eating and drinking to achieve a healthy lifestyle. Staff enabled and supported people to access healthcare services when this was required. The registered manager and staff team worked with other organisations to help ensure that people's care was coordinated and person centred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was caring as people's needs were met in a kind, considerate and compassionate way. People were made to feel they mattered by staff who put people first and foremost. People were involved in their care and staff promoted their independence in a way which helped ensure each person had equal opportunities. Staff knew the people they cared for well and respected people's privacy and dignity.

People received a responsive service. Staff used their skills to support each person with a huge variety of meaningful stimulation. This gave people many opportunities for them to be able to reminisce about their pasts. Staff encouraged people to retain their independence and uphold people's dignity. People were completely involved in their care by staff who responded wholly appropriately to each person's preferences. Staff ensured that people's well-being and active community engagement was enabled in a way which made a huge difference to people's lives.

The service and its staff team supported people to feel good about themselves and to have positive emotions by encouraging people to stay active and socialise with others. There were regular planned pastimes for people as well as other spontaneous activities, which completely considered people's individual interests and hobbies and this helped prevent social isolation. Concerns were responded to before they became a complaint. Staff worked well with other stakeholders to ensure that people's end of life care was well managed and this helped ensure people could have a dignified death.

The service was well-led as the registered manager led by example and fostered an open and honest culture within their staff team. Quality assurance, audit and governance systems were effective in driving improvements. Staff were given the means to achieve their potential including regular support and training which was based on each staff member's role. Staff were reminded of their responsibilities and this made a positive difference to the quality of people's lives. People, staff and external stakeholders had a real say in how the service was run and their views influenced changes. Continuous improvement was seen by all staff groups as a day to day activity where people came first and foremost. The registered manager and their staff team worked in harmony with other organisations.

Further information is in the detailed findings below.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

The Gables Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 31 May 2018 and was undertaken by one inspector, an assistant inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and people living with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as the local authority commissioning department and the local safeguarding authority. This was to ask their views about the service provided at The Gables Care Home. Their views helped us in the planning of our inspection and the judgements we made.

We spoke with eleven people living at the service who could give us their views verbally of the care and support they received. We also spoke with six visiting relatives and a GP. We also observed staff interaction throughout the inspection.

We spoke with the registered manager, the regional manager, four care staff, the chef, the activities coordinator and the housekeeper. We looked at care documentation for five people living at The Gables Care Home, medicines records, two staff files, staff supervision and training planning records.

We also looked at other records relating to the management of the service including accident and incident

records, meeting minutes and complaint and compliment records.

Is the service safe?

Our findings

People, and their relatives, told us they felt safe and secure living at The Gables. One person told us, "It is like a family here, I never need or want for anything (for their safety)." A relative told us, "It's marvellous here, unbelievably good. I know that my [family member] is checked on (for their safety) at least three times in the night – I couldn't have coped with [doing] that."

Policies in relation to safeguarding reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they had any concerns. One staff member told us, "If I have any concerns I will go to the registered manager, they are very good and will deal with (safeguarding) issues where (they are) able to." This was also confirmed to us by the local safeguarding authority.

Staff understood the support people needed to promote their independence and freedom, yet minimise the risks, for example using the stairs. One person said, "I use my zimmer frame so can't go very fast but staff are patient. I'm getting my confidence and strength back." Risk assessments were kept in a secure office which staff had access to when needed. Risk assessments gave staff the information and guidance they needed to mitigate risks to people such as by using a soft food diet as well as safe moving and handling techniques. We saw that staff's knowledge of these up-to-date risks, people lived safer lives.

The home supports people to take well considered risk and ensures they are not restricted in any way. One person regularly uses the bus to go to various parts of the country visiting friends and sightseeing. Staff helped to identify and reduce people's risk from harm. Staff told us about each person's individual risks, such as those for choking and poor skin integrity. One staff said, "As a result of my training I know how to move people in a hoist, on a pressure mattress or just a hand to stand up." This meant that each person was supported to be as safe as practicable.

Incidents and accidents were reviewed and regular updates with regard to the outcome of these events were discussed with staff at staff meetings to ensure all staff could learn from them even when they happened outside of the home.

The service had transparent systems for reporting health and safety that ensured accountability at all levels and reinforced the need to keep people safe.

The provider continued to have effective and robust recruitment processes in place to help ensure new staff employed were of good character and suitable to work in the role. A review of records showed all appropriate pre-employment checks had been made and relevant documents were in place.

There were sufficient numbers of staff to meet people's needs effectively and in a timely manner. One staff member said, "We have a good amount of staff on each day. I feel we meet every person's needs." The staff duty roster supported the number of staff we saw on duty. The registered manager told us that as a result of having more permanent staff with the right skills to deploy more effectively, that agency staff, we only used in emergency situations such as for sick absence reasons.

Systems and procedures were in place to ensure medicines were managed safely. All staff that administered medication were regularly trained, with six-monthly reviews of their competency. Staff were patient with people when administering their medicines. They gave people the information they needed to take their medicine such as what it was for. One person told us, "[Staff] give me some of it on a spoon – I trust them and take what they tell me to." The registered manager said, "We have a good rapport with the local GP and dispensary." This meant that any prescribed medicines were delivered promptly and as soon as they were needed as well as being provided in advance of people's return from a hospital visit. Staff promoted people's independence when taking their prescribed medicines by offering people their medicines in a cup, on a spoon or in liquid format. A GP told us that the manager and staff engaged with the surgery appropriately to manage people's medicines safely. Medicines were ordered in good time and reviews were requested at appropriate intervals.

The service maintained high levels of infection control, including the use of silver laced light pull cords that prevent the growth of bacteria. People were cared for in a clean environment. One person told us, "It's home from home, it's as clean as a whistle." Staff managed the control and prevention of infection well and followed the providers policies. There were adequate supplies of protective clothing available and appropriate hand washing facilities. Staff had a good understanding of infection control and we observed good practice in this area. One staff member said, "We have infection control training, policies on infection control and control of hazardous substances (cleaning chemicals)."

Is the service effective?

Our findings

Staff were supported to maintain their current skills with regular training on subjects including the Mental Capacity Act 2005 (MCA), dementia care, basic life support, moving and handling, equality, diversity and human rights and fire safety. They did this with the assistance mentoring and senior care staff who mentored and shadowed new staff or any staff who needed further development or increasing their skills. For example, senior staff who had attended 'safeguarding for managers' training and then passing these skills on to other staff. Additional training was also provided to enable staff to understand and meet people's specific healthcare needs such as Parkinson's disease and diabetes.

The needs of people using the service continued to be met by staff that had the right competencies, skills and attitude they needed to carry out their role and responsibilities. Guidance from various organisations such as those associated with social care were used to support staff to provide people with care based upon current practice, such as for Alzheimer's disease. Staff demonstrated their skills by treating people equally no matter what their needs or preferences were such as the gender of care staff they preferred. One person told us, "I have many needs but [staff] know how to help me as well as when to respect my independence."

People's lives were enhanced with technology. Electronic devices such as sensor mats were used where required to alert staff on a person's movement. This promoted their independence but ensured staff were available to assist when needed. One person said, "I have a wheelchair for longer journeys in the home but I can get about with my [walking aid] in my room or in the lounge." Another person told us that by having a portable call alarm device that they could spend time anywhere they wished such as in the garden and staff were only moments away.

Staff had participated in a virtual reality training experience of what life was like living with dementia. This enabled them to have a better understanding and response to the needs of people living with dementia. For example, one person had benefitted by staff's singing to them and better meeting their needs. The service promoted the use of champions. These are staff who had shown a specific interest in particular areas who are essential to bringing best practice into the home and driving improvement. They shared their learning, acted as role models for other staff and supported them to ensure people received good care and treatment.

People had a choice of freshly sourced and prepared food and drinks. Fortified and nourishing foods were provided where required to help improve nutritional intake and maintain weight. The chef told us about each person's food and drink preferences, such as a soft food diet or pureed food which was prepared and served in a presentable manner. One person who told us, "I eat everything they put in front of me – except pasta – I hate the feel of it my mouth – [staff] know that and always give me a nicer choice. I've put on nearly a stone since I arrived and feel much better for it. They know I can't have any acidic stuff so they're always careful – they never give me oranges for example." Mealtimes were a positive experience which people clearly enjoyed. Each person was assisted, or encouraged, to eat and drink independently.

The registered manager and staff team worked with external organisations such as speech and language

therapist teams and dieticians. This helped to promote people's intake of sufficient quantities of food and drink to help them stay safe and healthy. We saw how this had benefited people who had previously lost weight prior to moving to the service. A relative told us, "[Family member] is now a different person. They have put on the right amount of weight and they tell me the food is delicious." The chef said, "We store food correctly and we have been rated as 'five' (the highest score) by the Food Standards Agency."

Staff enabled and continued to support people to access external healthcare services such as a GP, dentist or community nurse. One person told us, "I get to see the GP on their weekly visit when required, but I can ask to see him at any time if I feel unwell." A visiting GP said, "One thing [staff] are good at is having the information about [people] I need. The [registered] manager is very good at calling us when they identify that a person is unwell. I am confident in their decisions." The GP told us staff followed their advice and guidance. As a result, and with the support from staff, this helped to improve their well-being where possible.

Adaptations to the building enhanced people's lives and increased their independence. A stair lift and passenger lift were available for people who could not manage stairs. The service was accessible for wheelchairs including the gardens. A staff member told us, "The home is kept well decorated and people are able to personalise their room with their possessions."

The contrasting and bright colour schemes in communal areas helped people with visual and dementia related needs to navigate their way around. However, many of the bedroom doors were plain white and while people's doors had names, there was little to clearly mark them out for those people living with dementia. This meant that for people living with dementia and where they had limited mental capacity that this increased the risk of them struggling to find their own room.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's ability to make decisions and what these were for were detailed in their care plans. Staff had a good understanding of the MCA and its code of practice and we saw that people were continually offered choices in all areas of their care and wellbeing. One person told us, "I choose where and when I eat. It's my choice. [Staff] are very good at knowing my preferences." Nobody using the service needed to be deprived of their liberty. People's care had been determined as in their best interest such as using a bed rail as well as where people wanted these for reassurance. Any restrictions put in place were removed where they were no longer needed to keep the person safe.

Is the service caring?

Our findings

People were assured that their care needs were met by staff who understood what positive and caring relationships meant for each, and every, person. This was by staff who had been trained in person centred care as well as how to provide this. One person told us, "The staff here are brilliant and always seem to have time . . . can't do any better if it was [their own] mum." We saw how one staff member supporting a person who walked slowly to move at their own gentle pace. The staff said, "Would you like to sit on your chair or on your bed?" This was whilst gently placing a hand on the person's back to steady them as well as making sure the person held on to their walking aid until staff moved it carefully out of the way. Staff engaged with people in light hearted conversation, including discussion of a narrow boat cruise that afternoon by saying jokingly, "You do know it's in a rowing boat?" The person replied, "Yes, I've done that before too!"

One common theme throughout our inspection was how attentive, kind and compassionate staff were. For example, at lunch time people weren't hurried. Whilst going out on a boat trip staff made sure people had sun cream or sun shades and blankets for those who needed them. Whilst observing the chair based exercise class we saw how everyone who wished to take part was respectfully included. People's dignity was promoted by staff gently wiping their face clean after eating.

Advocacy was provided for people in the form of relatives with a lasting power of attorney to make decisions about their loved one's care needs such as with health and welfare. Where people did not have any relatives or friends the registered manager enabled them to access local charity and volunteer organisations to offer advocacy support. One staff member told us, "If people ask we just point them in the right direction and give advice."

Staff were given the time for training and this was at a separate time to when they were on duty. One staff member said, "I have time for being with people. Training must be done but this never affects anybody's care or support. If anything, the training enhances our ability to spend more meaningful time with people as we have a better understanding of their care needs." Staff also had time to provide meaningful support whilst caring for people. People as a result, had positive outcomes as staff gave people their independence in a caring way.

People were cared for by staff who respected people's privacy and dignity. One person told us, "[staff] are all amazing. They care for us day in day out no matter what. I can't fault them whatsoever." A relative said, "My [family member] doesn't have full mental capacity anymore and staff have to hoist them but they're always careful to protect [family member's] dignity, [staff] talk to them all the time to reassure them." A staff member told us, "To respect people's privacy and dignity I always knock on their door, check it's okay to enter as well as covering them as much as possible and allowing them to as much of their own care as they can."

People's independence was supported and promoted. People could be independent such as with taking part in a card game based upon a TV programme. The registered manager had had a tailor-made stand made by a family member which had meant people had been enabled to play this game themselves. This

was as well as support from staff to promote people's independence including with eating, drinking and daily activities. During our inspection, relatives were seen coming and going. All relatives we spoke with told us that they were always welcomed by the staff at any time of the day or evening.

Compliments were used to identify what worked well with how people were cared for. Samples of these included, "The care that [family member] received at The Gables was excellent" and "I would like to thank all the staff for the help they gave me recently and how quickly I got better as a result." A relative told us, "My [family member] had little quality of life before moving in their health was poor." Staff had worked with the relative and their loved one to rebuild their confidence. We saw that the activity coordinator was supporting the person with exercises and to begin to walk more independently rather than having to use a wheelchair. The person had not previously been able to raise their arms but with staff's perseverance and encouragement with regular exercises they now could.

Is the service responsive?

Our findings

People, their families and others were involved in developing their care and support plans. The care plans were person centred and provided detailed information for staff about the persons individual care needs, choices and preferences. A relative whose family member had many complex care needs said, "The [registered] manager came to the local hospital to assess whether [family member] could be cared for at the service. They then had a long conversation with me to form an accurate picture of likes and dislikes and how they could best shape their care package." Cultural needs were fully considered such as those for religious beliefs, foods, pastimes and languages people spoke. For example, one person who loved daffodils had been enabled to go to a local shop to buy some to remember their family roots and St David's day. One staff member had, on their day off ensured the service's gardens were weed free and that people could enjoy the flowers at their best.

We found that this detailed assessment of each person's individual needs had made a hugely positive impact. Not only did the registered manager determine that the service at The Gables Care Home was suitable, they considered how, as a result of this, that people's lives would be enriched. For example, by staff who shared people's and people living with dementia's interests including with gardening, painting and doing puzzles. This was as well as people receiving individualised gifts purchased for them based on staff's knowledge of the person, rather than everyone receiving the same gift. This showed a person-centred approach. One person had been supported with a large button remote control unit. This had enabled them to be more independent by choosing their programmes without having any recourse to ask staff's help.

People and their relatives told us and we saw for ourselves that people had access to a wide range of activities. This included regular access to the local community and social activities within the home. The provider had recently purchased a mini bus with wheelchair adaptations to ensure every person had the same opportunity to access the community where other forms of transport were not suitable.

On the day of our inspection a boat trip on a canal took place. On their return, one person told us how enjoyable the boat trip had been and that it had made their day. Another person told us, "It was an absolutely amazing day, from the staff, bus driver and boat captain we were looked after every step of the way. It was a nice change too. We have lots of other events to enjoy."

Other events included visits to local country parks and estates. Staff supported people to visit the local park and have a picnic. One person told us how staff supported them to visit family members at their home. To support one person who struggled to use their hands due to arthritis, staff took time each day to encourage them to do some drawing. This dedication had significantly improved the person's independence using their hands to undertake other tasks which they had not previously been able to do.

A wide spectrum of celebratory events had taken place at The Gables such as the Queen's birthday, St George's and St David's day. Special themed lunches were provided with associated table decorations such as Irish four-leaf clovers, shamrocks and daffodils. One person told us, "I love everything here. We had an Easter bonnet making day, a cowboy theme as well as a pet dog." On another occasion some people and

staff put on the pantomime Cinderella. Another person was supported to build and decorate Cinderella's carriage from an old wheelchair and a clock.

People dressed for the occasion in their best clothes and hats to watch the recent Royal wedding on the television. People told us about how they had helped to decorate the home with bunting, had a roast lunch and toasted the occasion. This was followed by a cream tea in china cups and saucers and other puddings they had chosen. Photographs we viewed clearly showed people's enjoyment and their feedback told us how much each, and every, social occasion was valued.

Staff were guided by people's wishes and aspirations when arranging social activities and continued to find creative ways of supporting them to have an exceptional quality of life. For example, a 'Burns' night with a bagpiper was arranged following a request from one person to try a haggis for the first time. Another person told us that they would like to go in a jacuzzi. The registered manager confirmed that they were considering how this could be achieved in the safest way for this person.

To their delight one individual celebrated their 100th birthday with entertainment provided by their favourite entertainer, at their request. In addition, this entertainer did a 'Rat Pack' 1960's Las Vegas themed show for the person. This person had been asked by staff if there was anything special they would like. The person had told staff "I'd love that entertainer in a dickie bow!". The activities' co-ordinator had gone out of their way to reach out to the entertainer and explain this special request. They then arranged a signed photograph taken in black and white of the entertainer complete with bow tie who had signed a message to the person on the photograph and this was framed and provided to the person for Christmas. They told staff they were "ecstatic!"

Support was provided that enabled people to take part in and follow their interests and hobbies. One person told us with excitement, whilst sat in their favourite place in the garden with their group of friends, "I love sitting here. We have a good old chat. We receive great pleasure from looking at the flowers." They told us that they helped plant the sunflowers and tomatoes and enjoyed watching them grow. Three other people told us how much they liked to watch 1960s' movies they had chosen together and how much they enjoyed the various dance sessions put on at the home.

People were later served an ice-cream of their choice. We observed how each person savoured the occasion and one individual reminisced with a staff member about when they used to visit the seaside. Staff told us how their dementia training experience had enabled them to tailor meaningful activities more suited to their needs such as the creation of a sensual garden, with scented plants.

One person, became unsettled due to their anxieties, more so in the evening. Staff found that by playing the music they loved and by singing their favourite song with them they created calmness for the person. They also found that this person reacted positively to dogs and so a dog was purchased which had helped to reduce this person's anxieties. The dog had become a big part of life at The Gables.

Relatives complimented the service including areas such as hobbies and interests and homely and freshly prepared food based on individual preferences. Comments included, "This is how care home should be run. There always seems to be some activity going on and the gardens are kept well. I cannot rate this home highly enough" "All the staff are very kind and have time to chat with [family member] and make them feel special," and [Family member] was very frail and thin when they arrived and they have made a fantastic recovery."

A process was in place for people to access the complaints system if required and we found that this had

been adhered to. Only one complaint had been processed under the provider's complaint's process to the satisfaction of the complainant. We found that by being proactive, the registered manager, provider and staff responded to concerns before they became a complaint. The number of compliments far outweighed any concerns people may have had. One person told us, "The only thing I can complain about here is the weather."

People's end of life care wishes were based on their personal circumstances. This included details about a person's clinical care for any situation where a person may, or may not require resuscitation. One person told us how they missed their loved one and how staff respected their need for solitude but were often willing to sit and listen while the person talked about their many happy memories. The registered manager worked closely with MacMillan nursing teams and other palliative care service using best practice to support people to have a comfortable, dignified and pain free death.

Many compliments had been sent to the registered manager and examples of these were, "The care given to [family member] by all the staff at 'The Gables' was just superb. Their kindness, patience, understanding and love given to them. We will be forever grateful" ... "A very heartfelt thank you to [registered manager] and all staff for the loving care and attention you gave [family member]. Nowhere could they have received better care" and "We'd like to particularly thank staff who sat with [family member] through a very anxious time which we knew could be difficult even for the most caring of us." We also found that where people wished to celebrate people's lives such as at a memorial service that staff had at people's request arranged representatives from the person's church they had once used as well as emotional support for people afterwards.

Is the service well-led?

Our findings

The service continued to have effective leadership. The registered manager led by example; they set high standards of care which staff helped to maintain. One person told us, "They work as a team; they run a tight ship and they know what's going on, the staff are very kind."

The management team were visible and available in the service; continually interacting and engaging with people to gain their views and experiences as well as supporting staff. The service proactively engaged with people using the service through regular resident's meetings. This gave people the opportunity to have a say in how the service was run and request activities, trips and outings of their choice. The provider had a newsletter where they shared their success at their services including The Gables Care Home. For example, by informing people about planned entertainment and trips out with photographs so people could visually recall these events. This allowed people to plan in advance with their family members what they would like to attend. Compliments from people, relatives and health professionals about the service had supported the service to be recognised as a top performing care home in the East of England.

There was a positive and inclusive culture within the service. People and staff told us that they found the registered manager to be very approachable and their office door was always open but also whilst ensuring personal data was kept securely. This meant that staff could access the registered manager's support at any time and that their requests for advice were always listened to. One person said, "[Registered manager] listens to suggestions and worries and would resolve anything in their power." A staff member told us, "Even when they are off work they are ringing in to check that everything is alright. I do tell them that if I needed any support that the regional manager is always available if needed." Another staff member told us, "I love coming to work. The registered manager is always there for us, literally. They pop in for part of a night shift as well as making sure we are all okay at weekends. I have never had such wonderful support. I feel part of a team."

Staff were supported in a positive way that included regular supervision where they had the opportunity to discuss any issues or guidance about their work. A staff member told us, "The [Registered] manager is very dedicated. Their support to us is a big help. [They] nip any issues in the bud. This has gelled the staff team. It's a really friendly and happy atmosphere. My supervision is an opportunity to make suggestions such as additional training." Staff were nurtured and training was then tailored to each staff member's preferred learning styles. For example, one staff member struggled to focus on white paper so pale-yellow paper was used instead.

All staff had signed up to a staff pledge. One pledge stated, "When a colleague offers me positive suggestions to help improve my practice I will take this on board and ask, if this will help me deliver a better service to the people I support?" Other pledges helped motivate staff such as working as a team. These pledges helped to further embed the values of the service and encourage a positive culture across the staff team. As a result, staff told us that should they ever need to report any poor standards of care, they could do this and know that they would be supported and the issues addressed.

The morale within the staff team was very positive and staff felt appreciated and valued. This was evidenced to us by how happy staff were in their work. One person told us, "I can be fussy but [staff] never falter and are cheerful." The registered manager added, "There are days when things don't go as planned but it is up to me and staff to come up with a solution. Each staff member is part of a wheel that has to keep turning 24 hours a day." The service was visited and monitored regularly by the regional manager and this provided additional oversight of the service to ensure that the care delivered was of a high quality.

Regular staff and management meetings were held to identify areas for improvement as well as reminding staff of the provider's values and what was expected from them. One staff member said, "It is a team effort. I can't do my job properly without for example, the house-keeping, the chef, or the activities person. We all pull together if one of us is off." Staff were also rewarded for their achievements such as a letter from the provider's managing director and a gift voucher was presented to say thank you and recognising staff who have achieved long service awards.

Regular meetings with the provider's other services ensured the management team reflected on the care they were providing and shared good practice. We saw that several staff had a role as champion for aspects of people's care such as Parkinson's disease, nutrition and confidence in continence. Staff told us that these roles were an important part of driving improvement in the quality of care people received.

The service proactively engaged with people using the service through regular resident's meetings. This gave people opportunity to have a say in how the service was run and request activities, trips and outings of their choice.

The provider told us in their Provider Information Return, "The home is reviewed on an on-going basis by the registered manager and regional management team. There are procedures in place to review all results from questionnaires across the company to be able to provide a benchmark. The company's aim is to improve results from surveys year on year." There continued to be good quality assurance systems in place that ensured the quality and safety of the service delivered, and drive improvement. Audits were regularly carried out that ensured systems were working properly for example medication practices. Actions within given timescales were taken to address any issues identified and prevent reoccurrence.

The registered manager worked with external agencies including local schools who sang at the service, the Alzheimer's society, community nurses, GPs and Parkinson's nurses. This was to help ensure that people's care was as coordinated and fulfilling as possible and to make sure that appropriate information was shared to benefit the quality of people's care.

They had notified us about all events that they were required to such as those involving the local safeguarding authority as well as displaying their previous CQC inspection rating.