

Cumberland And Westmorland Convalescent Institution

Silloth Nursing and Residential Care Home

Inspection report

Convalescent Home
Silloth
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Silloth Nursing and Residential Care Home provides personal and nursing care to 37 older people, including some people who may require physical support. The service can accommodate up to 38 people.

The care home accommodates people across one adapted building at ground floor level.

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

Silloth Nursing and Residential Home provided people with an outstanding service. The home was recognised nationally as a beacon for end-of-life care in 2016 and was awarded the "National Gold Standard Framework (GSF) 'Beacon' Award - Winner." This accreditation was renewed in 2019 and they were awarded Platinum status. A relative commented, "The relentless commitment, love and care given to [Name] by everyone here is unequalled."

People, relatives and healthcare professionals continued to describe the service as exceptional and extremely responsive to people's needs. A relative told us, "This is who they are at Silloth home both deeply professional and deeply personal. It's an exceptional place for people, families and for staff."

The service's vision and values were person-centred to make sure people were at the heart of the service. Staff were enthusiastic and believed passionately in the ethos of the service. A relative told us, "[Name] has just come in, they're now completely pain free for the first time, which is wonderful so much better." This vision was driven by the exceptional leadership of the management team. A visiting professional commented, "Without exception, the care, compassion and professionalism provided by staff has been outstanding."

People were extremely well-cared for, relaxed and comfortable. A person commented, "Home is best, but if you can't be there this place is next best." The service was very flexible and adapted to people's changing needs and wishes. A relative commented, "It's marvellous here, I cannot describe to you how this place is a cut above the rest."

The registered manager had ensured resources and skilled staff were available to support people and a number of staff were appointed as champions in certain subjects.

Staff consistently strived to ensure that people had the best possible care, and that they were supported in a compassionate, dignified and safe way. The management team had forged successful partnerships with an array of other stakeholders and aimed to provide an excellent care experience for people.

Records were extremely personalised, up-to-date and accurately reflected people's care and support needs. Care was completely tailored to each individual and risks were well-managed.

People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development.

People and their relatives were involved and supported in decision making. 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.

The management of medicines was safe and people received their medicines in a timely manner as prescribed. People received a healthy, well balanced and nutritious diet. They were provided with opportunities to follow their interests and hobbies. The home was part of the local community.

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

Rating at last inspection

The last rating for this service was outstanding (published 17 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Silloth Nursing and Residential Care Home

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 was carried out by an inspector and one 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.

Service and service type

Silloth Nursing and Residential 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 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We 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. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and seven relatives about their experience of the care provided. We spoke with two visiting professionals, one volunteer and 11 members of staff including the head of care, one registered nurse, five support workers, two kitchen assistants, one committee secretary and one administrator. 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 reviewed a range of records. This included four people's care records and four medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from other professionals.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff to provide safe support.
- People said there were enough staff. One person commented, "I am safe and comfy here, there are always staff about if you want them, even at night they come if I call them."
- The provider's recruitment process reduced the risk of unsuitable staff being employed. This included obtaining references and completing Disclosure and Barring Service checks.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. They told us they felt safe and trusted staff. One person commented, "I'm so happy to be here, I feel quite safe. The staff are plentiful and very attentive."
- Safeguarding information was clearly and prominently displayed. One relative said, "I've never seen anything to worry me, there are always staff about, [Name] is absolutely safe here."
- The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns.

Assessing risk, safety monitoring and management

- Potential risks were assessed to help ensure people received safe care.
- Staff understood where people required support to reduce the risk of avoidable harm. One relative told us, "[Name] can't use the buzzer now but staff come and check regularly and see that things are alright."
- The building was well-maintained. Regular checks took place to ensure equipment was safe to use and people were kept safe.
- Procedures were in place to support people in emergency situations. Fire drills were carried out, and the provider had a business continuity plan.

Using medicines safely

- People received their medicines safely.
- Systems were in place to order, store and monitor medicines.
- Medicine administration records were completed accurately.

Preventing and controlling infection

- The premises were very clean and tidy. Staff understood and applied the principles of infection control.
- Staff had received training in infection control practices and used personal protective equipment such as

gloves and aprons which was provided for them.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse and learn from any incidents.

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 outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were holistic and comprehensive when planning and delivering care.
- The registered manager and staff with lead responsibilities worked in partnership with other organisations such as the end-of-life care lead group and education group, the local authority and the Clinical Commissioning Group (CCG) ensuring staff were up-to-date with the latest techniques and best practice to ensure people who used the service benefited.
- The home had been recognised and excelled in delivering end-of-life care. A relative commented, "[Name] came in here at aged 100 years to pass on, they're now 105 and I don't think they'd be here without the care they've received at Silloth home."

Staff support: induction, training, skills and experience

- The registered manager had an exceptional approach to training and development. They recognised that continued staff development and competence contributed to ensuring high quality care. Staff received mandatory training and training to give them insight into any specialist needs.
- All staff confirmed they were encouraged and supported by the registered manager with further development and training and they received regular supervision and appraisal. Some support staff, after working in this area of care had left to train as nurses. Staff member's comments included, "You're supported to develop, I enjoy all the training" and "They are very keen on training here."
- People, relatives and visiting professionals consistently praised the clinical skills of nursing staff and the care provided by all staff. Their comments included, "The staff are so well-trained. The standard of physical care is so much better than hospital, it's wonderful in every department" and "I've never been so impressed with a nursing home in my life. The nursing care is superb."
- New staff completed a comprehensive induction, including completing the Care Certificate and shadowing experienced staff to learn about their role.
- The registered manager was pro-active in arranging bespoke training for staff where they identified that a person would benefit. For example, in depth end-of-life care, dementia care, use of specialist equipment and support staff had received training in 'Stop and Watch' so they knew to look out for any physical changes in people and report these changes to the nurses. A member of staff told us, "I'm doing Stop and Watch training so if I'm concerned if there's a loss of appetite and someone's not eating I'll let the nurses know."
- Nurses were given support to keep up-to-date with and develop their clinical practice. Staff were champions and had areas of specialism to promote best practice. A relative commented, "In the last few weeks of [Name]'s life, the nursing team and I worked together to ensure that their final days were

surrounded by compassionate understanding, dignified care and such excellent care they were kept pain free."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had confidence in staff knowledge and agreed they received excellent health and well-being outcomes. A professional commented, "Some of my cases hadn't fared so well elsewhere, but Silloth home have gradually got them back to a much better level and as a consequence their quality of life has improved as well."
- People's health needs were met by outstanding working relationships with other health professionals who all spoke very highly of the home and their partnership working. A professional commented, "I feel part of the team at Silloth and we share the common goal of wanting to do the very best for our patients. We take this way of working for granted, I wish we could bottle what we have here and recreate it elsewhere."

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

- People were fully involved and planned their meals.
- Menus were varied with a focus on comfort food and healthy eating. People commented very positively. Their comments included, "The food is beautiful, all home cooked" and "The food is varied and fresh."
- Meals were available for people with allergies, mini meals for people with small appetites and care was taken to encourage and tempt people to eat. Refreshments and snacks were served throughout the day. Staff were fully aware of the importance of ensuring that people were well-hydrated.
- At lunchtime people enjoyed a very positive dining experience. The meal time was relaxed and unhurried. Tables were well-set, people enjoyed socialising and were offered a glass of wine. Staff remained in the dining areas to provide help and support to people. Some people remained in their bedrooms to eat. Staff provided full assistance or prompts if needed, to people to encourage them to eat, and they did this in a quiet, gentle way. Staff talked to people as they helped them and as lunch was served.
- People were supported to maximise their independence while eating and drinking, such as being provided with adapted cutlery. One person commented, "I manage myself but the girls cut the meat up."

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

- There was an ongoing programme of redecoration and refurbishment. The building was adapted to meet people's specific needs. The entire building was wheelchair accessible with large corridors.
- People's rooms were personalised. Communal areas were comfortable and well-furnished with some rooms offering captivating views over the Solway Firth. A person commented, "The place is spacious and well-presented."
- Outside there were gardens with accessible pathways and seating areas.

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.

- The registered manager and staff worked within the principles of the MCA, so people's rights were protected. Information was available in the care records to guide staff with regards to capacity and consent.
- Staff understood the importance of gaining consent from people prior to completing care tasks and people were offered choice and remained in control.

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 outstanding. At this inspection this key question has now remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- We saw staff supported people in an exceptionally caring manner, they knew the people they were supporting well, both in terms of the care they needed and other things such as details about their families and interests. People and relatives were extremely positive about the care provided. People's comments included, "I cannot speak highly enough of the place, it is superb, there are more staff here of course and they are so welcoming", "I'm so comfortable here" and "I'm very happy here, I wouldn't go anywhere else."
- Management promoted a very strong person-centred culture where people were at the heart of the service and was committed to ensuring they received the best possible support in an exceptionally caring and nurturing environment. A professional told us, "The detail about people that is passed over at staff handover is superb, so the staff know exactly what to do, it is the best I have ever seen."
- The philosophy of care in the home stated, 'Know me, hear me, care for me'. The registered manager at the last inspection had said, "The focus is on life. We are determined that everyone should live a life of their choosing right to the end and we are here to facilitate that." This was still apparent throughout the home.
- There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support. This included supporting people to maintain links with family members. Examples included, a relative who had suffered a heart attack and was unwell and unable to make their daily visit to the home moved into the home for a period of time, free of charge, so they could continue to see their relative. This was to improve the health and well-being of the person who lived in the home as they were very upset and a relative of another person living at the home was accommodated temporarily because their bungalow caught fire and they needed somewhere to stay.
- The relationship between staff and the person receiving care was considered as important as the physical care provided. People told us they had formed extremely trusting relationships and spoke affectionately about the staff who supported them. One person said, "Staff are so nice more like friends really" and "I can't think of anything staff could do better, you only have to say to them and there it is."
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to. Respecting and promoting people's privacy, dignity and independence
- There was a strong culture of empowering people. Independence and autonomy were promoted at all times and this was at the centre of all care and support that people received. People's comments included, "I'm encouraged and do as much as I can for myself", "I go out in my [powered] wheelchair every day if I can, I am very independent, the staff help me stay independent" and "I go out for a walk each morning, I go out as I please but I sign out so staff know."

- Staff were very proud of their caring approach towards people. Staff all knew the importance of respecting people's privacy and dignity. 'Care in progress' door signs were available on people's doors to alert and protect people's dignity when people were receiving care.
- Care plans provided detailed information about how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves.

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

- Throughout our inspection we saw staff spending time with people, we heard laughter with staff and people and we saw respectful interactions, people were offered choices and were listened to. Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. This meant people felt valued and important to staff.
- Every effort was made to ensure people were supported to express their views so that staff understood their wishes and choices, including where people may not communicate verbally. For example, staff were aware of people's individual body language and eye contact. For another person we saw they used a pen and paper to make their wishes known.
- Guidance was available in people's care plans which documented how they communicated. This included information about how people communicated if they were in pain, when they could not tell staff verbally.
- People's families said they were well-informed and felt involved in relative's care. Their comments included, "Staff let us know what is going on, they keep us fully informed about everything" and "Staff will let us know straight away if there is anything wrong."
- Records contained detailed information about people's likes and dislikes, so staff were able to provide person-centred care. There were many examples of people receiving care they requested. This included, bedding was changed for a person when they requested blankets instead of a duvet and people had a choice of beaker or cup and saucer for their drink.
- The home had a residents group and a resident representative was able to be nominated to be a committee member on the charitable board that runs the home. People's views were sought individually about the things they would like to do and of decisions about the home. They were involved in decisions about menus, the environment, activities and outings. We noted they had requested wine be made available with their main meals and this was now served.

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End-of-life care and support

- For 11 years the home had been associated with the Gold standards framework for end-of-life care. In 2016 it was awarded Beacon status and recognised as the best home in the country for end-of-life care. The Gold Standards Framework accreditation was being renewed in 2019.
- Overwhelmingly positive comments were made by relatives about compassionate care people received at the end stages of life. Comments included, "If I were giving marks out of 10 it would be 15" and "It seems a little drop of heaven at Silloth, or at least that is where some angels work."
- The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death. Their comments included, "One of the things we do very well is end-of-life care. We are hardly ever surprised and have planned for every eventuality. There have been no crisis admissions for this care" and "The support staff give to relatives when someone dies is superb."
- Advanced care planning took place with people and or their representative when they first moved into the home to find out their wishes of how they wished to be supported at this time.
- 'After Death Analysis' (ADA) was carried out to identify what went well and what could have gone better. This ensured learning and improvements were made to future care.
- Staff were also supported following the death of a person they had cared for. They were able to attend the funeral if this was in line with the wishes of the person and their relatives. A relative commented, "It was such a joy to have staff at the funeral as representatives of the final chapter of [Name]'s life."

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

- People's potential for achieving a fulfilling life with their preferences for care and support were placed at the heart of care planning and they or, their representative were fully involved in the process.
- Once people had moved into the service they were made to feel at home and included in the daily life of the home, if they wanted to be. People told us they were listened to and were made to feel "in charge." One person said, "Staff ask me what I want" and "I please myself, staff say it's my choice." This person-centred approach was reflected in care records.
- Throughout the admission process goals were set to support each person to adjust to life in the home and to build up knowledge of their skills and how these could be developed. People's care was planned in a way which was responsive to their needs and was modelled on best practice used by health professionals. For example, nurses used a range of tools to assess people's health and well-being. A relative commented, "[Name] has just come in. Someone from the home came to see us at the hospital to get information to do the care plan, we had a review last week."

- Staff were proactive to ensure people's were met. A person told us, "I fell this morning and I couldn't get up, but staff were marvellous and got me up. The doctor came and they're changing my tablets", a staff member said, "We do shopping and messages for people, or take them to the local shops, when they don't see regular visitors to bring in their shopping."

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

- People were encouraged and supported to maintain and build relationships with their friends and family. There was no restriction on visiting times. A person told us, "My family come in when they please, visitors come in and out of here all the time." We were told families were invited to have Christmas lunch with people and last year there had been an extra 16 people for lunch and extra staff had been rostered to help out.
- There was a tranquil and welcoming atmosphere and a camaraderie was observed amongst people, staff and visitors. A relative commented, "The place is so welcoming. I come in with my dogs to see [Name], as you can see everyone comes to the dogs and then me."
- There was a varied programme of events and activities to provide entertainment and to occupy people. These were advertised so people were kept informed. Regular social events included weekly coffee mornings run by the League of Friends, performances by Silloth male voice choir, visits by volunteers and entertainers. Weekly outings were arranged to local attractions in response to people's requests. Some people had enjoyed trips to local garden centres and towns, shopping trips and afternoon tea outings. People were supported to continue with activities and pursuits they had enjoyed before they came into the home. This included gardening club, visiting friends and family, attending clubs and day resources. People's comments included, "There is plenty to do", "I go by taxi and have tea with my son" and "I go down to the lounge if it's something I like, bingo is on now and then we're having a quiz."
- Staff maintained an oversight of people's participation in activities and trips to ensure that people were offered regular opportunities to participate. It was respected where people did not want to be involved.

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.

- The provider was compliant with the requirements of the Accessible Information Standard.
- The nurse in charge told us information could be presented according to people's needs and wishes. Another staff member said, "We've used an Ipad with an apps before to help someone communicate."
- Currently no one living in the home needed information presented in a different format, however large print and images were available.

Improving care quality in response to complaints or concerns

- People and relatives were aware of the provider's complaint process. Everyone said they would be very comfortable to make a complaint if they needed to. One relative said, "I would see the manager or just tell staff if I needed to complain."
- The registered manager and management team were frequently seen about the home and were always available to people and their relatives as well as visiting professionals.

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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The organisation led by example to create a culture which was incredibly caring and supportive to people and staff. There was a long-established staff team. Several staff said they "loved" coming to work. The provider had a staff incentive scheme that recognised and rewarded the length of staff service.
- The registered manager's values of continuous improvement were evident for staff and people to see. These were reflected by an extremely well-trained, enthusiastic committed staff team. This impacted on the culture within the home and reflected current best practice. A professional told us, "This is my flagship home, there's lots of employer engagement." A person commented, "Matron comes to see me and has a chat and asks if everything is alright."
- There was exceptionally positive feedback from all people, relatives and professionals as evidenced throughout the report. The service was praised for the caring and dedicated nature of the staffing and management team and the support people received. A relative said, "[Name] asked to come in here and I have to say it's marvellous."
- The service ensured it kept up-to-date with best practice to benefit and influence people's care. For instance, end-of-life care. Staff were responsive to ensure people received person-centred care and they were supported to remain at the service. A relative told us, "In [Name]'s death, as in life, they were treated with love, dignity and respect."

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

- The registered manager recognised the importance of involving people in developing the service, listening and acting on feedback. There were systems in place for gathering people's views and how the service could be improved which included feedback surveys and regular resident and relative meetings. Committee members attended the weekly coffee mornings to meet with people and relatives. A person told us, "There are meetings and things, I used to go but not lately but the manager comes to ask me if I'm happy here."
- Staff were listened to and their suggestions for improvements were valued. Staff were encouraged and supported to explore new ways of working. For example, they had reported staff deployment did not work as well on the evening shift. This had been addressed by the registered manager adjusting staff breaks so more staff were available at times when people requested support.
- There were excellent links with the local community including visits from local schools and churches. The League of Friends hosted a weekly coffee morning, social events and activities at the home. A visitor commented, "The community is really attached to this place, they think of it as theirs and they do all sorts

for the place. People come and visit even if they don't have people here anymore."

- The home gave back to the community. For example, lending spare wheelchairs to the local community and holiday makers. They contributed through Help the Hero Charity and offered accommodation to a person whilst their home was being refurbished. They supported various charities including the Alzheimer's Society. A professional told us, "The staff at the home are invariably welcoming. It is very much part of the local community and seems to pride itself on its role."

Continuous learning and improving care

- There was an exceptionally strong focus on continuous learning and improvement and keeping up-to-date with best practice to ensure people's needs could be met.
- There was a comprehensive training programme. The provider and registered manager were committed to developing their staff. There were opportunities for career progression and personal development. Training specific to roles was provided and staff could complete qualification training to enable progression into more senior roles. Staff had achieved promotion within the service with senior care roles and senior nursing roles being held by staff who had been empowered to do so by the enabling culture of the service. Some care staff had left to train as nurses and returned to the home in this role.
- The management team were fully committed to provider forums and events that were organised via the local and health authorities. They had an excellent record of being a role model for other providers. They worked in conjunction with leading external professionals to improve services for people and raise awareness of supporting people to receive person-centred end-of-life care. This included the Clinical Commissioning Group [CCG], attending their conferences and were members of the education strategy group and end-of-life lead professional group led by local health trust.

Working in partnership with others

- The home had an excellent reputation for working in partnership with others. The organisation funded a respite bed for the well-being of the local community, this was used regularly by the GPs for people in the community who were in crisis, in order to avoid going into hospital. A professional commented, "The professional, effective and kind approachable manner of matron and care home staff makes partnership working a pleasurable experience."

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

- The provider and their representatives worked extremely closely with the registered manager to ensure an excellent delivery of care at the home. They were very clear on their roles and understood quality performance, risk and regulatory requirements and the accountability afforded them.
- People received their care from a provider who continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision. This included through audits, accident and incident analysis, surveys, meetings, individual supervision of staff and appraisals.
- The registered manager was aware of their responsibilities with regard to Duty of Candour. They were open and honest but they had not needed to use the Duty of Candour.