Equality Care Limited

Staverton House

Inspection report

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Date of inspection visit:
17 July 2019
18 July 2019

Date of publication:
23 August 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Staverton House is a residential care home providing personal care to 17 people with dementia, aged 65 and over at the time of the inspection. The service can support up to 20 people.

People had access to shared living spaces, including lounges on both floors of the home and a large garden with seating areas. The home was on the same site as another home owned by the same provider. People had shower room en-suites and there were shared bathroom facilities.

People's experience of using this service and what we found
We found different shortfalls when inspecting the key question, is the service safe? These related to learning from accidents and incidents, medicines management, staff recruitment, and record keeping for water temperatures.

The registered manager responded to our feedback around areas identified for improvement, with immediate action. They planned an investigation, weekly checks and an action plan for the improvements needed in medicine's management.

We received consistently positive feedback from people's relatives about the home. People's relatives praised staff for their kind and caring approach and for always being patient.

There was good community engagement and the home were planning their second fete and dog show. Funds raised contributed to the activities budget, a juke box, and trips out of the home. This had included the local Armed Forces Day celebrations and the 'festival of light' at a local safari park. One person was supported to continue their swimming hobby. The home had also knitted 'trauma teddies' for Wiltshire Police to give to children following traumatic events.

People had a wide choice of activities to attend. These included a 'gentleman's club', which had previously been for a pub lunch or to play games of pool and chat. Staff told us they liked being able to spend time with people where possible, to chat and get to know more about them.

People chose where they wanted to spend their time. Work had taken place to make the environment brighter through redecoration and re-carpeting. There were plans to update the chairs and furnishings in the home.

People's bedrooms were decorated to colours of their preference. Their bedrooms were kept clean and tidy and the home was free from odours.

Staff spoke with enthusiasm about working in care and enjoyed their jobs. They told us they liked coming to

work and being able to "put a smile on people's faces." Staff felt the morale in the home was high and the team worked well together. They described the home as being "like a family." People enjoyed spending time with staff and the registered manager.

Assessments of people's mental capacity to consent to decisions regarding their care were in place. 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 registered manager and staff team knew people, their backgrounds, interests and preferences well. We observed this knowledge being used to start conversations.

Staff spoke positively about the support they received from the management team of the home. They told us there was clear leadership and they valued how the service was being developed.

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 good (published 26 January 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
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 exceptionally 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**

Staverton House

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
This inspection was completed by one inspector.

Service and service type
Staverton House 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 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.

During the inspection-
We spoke with three people and six people's relatives or visitors. In addition, we spoke with ten members of the staff team, either through formal interview or informal conversation. These included care and activities staff, the deputy manager, registered manager, and the provider. We looked at care plans for three people and records relating to people's care, including daily notes and medicine administration charts. We also

reviewed records relating to the management of the service.

Requires Improvement

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
• The providers recruitment policy was not followed for the most recently appointed staff member when seeking employment references. We found the staff member had worked for four care companies over a period of seven years. However, only a reference from the most recent employer and one non-care related company, where employment ended in 2012, were sought. This meant the care conduct of the staff member had not been considered for their previous care roles, prior to an employment offer.
• The two other recruitment files reviewed showed the appropriate pre-employment reference checks had taken place. All three recruitment files included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
• We observed there to be suitable numbers of trained staff available to meet people's needs.

Using medicines safely
• The temperature of the medicines room was not consistently recorded. In addition, the room had reached the maximum recommended temperature for medicines storage, on multiple days. Medicines should be stored below 25 degrees Celsius, as per prescriber guidelines. Where temperatures were recorded, this was done in the morning and not as the daytime temperature increased. On the day of the inspection, we checked the temperature in the afternoon and found it to be 25 degrees Celsius. This was higher than recorded earlier in the day.. There were gaps in records of five days in July 2019, seven days in June, eight days in May and nine days in April. This did not ensure medicines were stored at the safe temperature.
• Some entries on the medicines administration record (MAR) were illegible when carrying forward stock from the previous month. This made it difficult to identify how much of a person's medicines should be in storage at the home. We found stock discrepancies for four people, where the amount of medicines held did not match the amount the MAR indicated there should be. In one case, a staff member had administered one person the prescription for another person, in error. The medicine had been the same type and dose.
• Medicines were stored securely, and only trained staff had access to the medicines room.
• The registered manager advised us action would be taken promptly to address the concerns identified. They informed us they would implement weekly reviews of medicines records.

Learning lessons when things go wrong
• When accidents and incidents occurred, these were recorded and reported to the registered manager or deputy manager for them to review.
• Records were not in place to show reflective discussions had occurred following an incident. Reflective records support continuous learning. The registered manager told us there were conversations with staff,

but these were not documented. In one incident form, the staff member had explained they had been 'hit in the mouth three times' by a person during personal care. There was no recorded evidence to show how this incident had escalated and occurred. Also, what the staff member did and whether there was anything they could do differently in the future.
• Following our feedback, the registered manager implemented a form to record reflective conversations following incidents.

Systems and processes to safeguard people from the risk of abuse
• People were supported by staff who had received training in safeguarding.
• Staff understood their responsibility to identify and report concerns of abuse.
• Staff felt if concerns were reported to the registered manager or deputy manager, these would be addressed promptly and investigated.

Assessing risk, safety monitoring and management
• People had access to call bells and could call for staff assistance when needed.
• The call bell records could be analysed, but this was a time-consuming process. The system did not have the function to filter response times to identify if there had been occasions where people had waited for a long time.
• Risks to people's safety had been identified and assessed. For example, where a person was assessed as being at risk of falling.
• Risk reducing measures were recorded in people's care plans for staff to follow. These included supporting people to ensure they had appropriate and safe footwear.
• All appropriate building and maintenance checks were completed. This included fire safety and the risk of legionella.

Preventing and controlling infection
• The ancillary manager was responsible for managing the kitchen, housekeeping and laundry teams.
• The home was clean and free from unpleasant smells throughout.
• The kitchen had been given a rating of '5 - Very Good' from the Food Standards Agency.
• Staff had access to personal protective equipment (PPE). The PPE included gloves, aprons and antibacterial hand gel.

Good

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Prior to people moving into the home, assessments took place to ensure the service could meet the person's needs.
• Assessments included identifying the person's health and social care needs, their lifestyle choices and background information.
• People's care plans included information to support their 'holistic well-being'. For one person, this included advising staff to introduce them to other people, to help them feel more comfortable in the company of others.

Staff support: induction, training, skills and experience
• Staff training, including induction was overseen by an in-house training manager.
• Records showed, and staff confirmed they had received training to enable them to complete the requirements of their job role. For example, training in the mental capacity act, safeguarding, health and safety, and dementia awareness.
• Staff received supervision and appraisal meetings, to monitor their personal development and conduct. As part of the supervision process, staff received a 'training' supervision, to discuss their training needs and development plans.
• Training took place in different ways, to ensure the service met the learning needs of different staff. This included face-to-face, online, small group and one-to-one sessions.
• The training manager was exploring different options available to the service, to produce bespoke visual learning tools, based around people's specific needs.
• The service liaised with professionals for training to meet people's specific care needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat a balanced diet. Different menu choices were offered each day and food was well presented.
• To support people in making choices at meal times, they were shown visual options.
• When people declined the meal options available, they were supported to choose something different. We saw when one person declined their meal, a selection of finger foods and snacks were prepared for them.
• There were different snacks available throughout the home for people to choose from.
• There were jugs of squash and water available to people. We saw staff encouraging people to drink regularly throughout the day and topping people's drinks up. This was particularly important during the hot weather.
• People chose where they wanted to have their lunch. We saw people choosing to dine upstairs, downstairs,

in their bedrooms, and in the garden.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
• People with diabetes were supported with daily visits from the community healthcare team. Diabetic care plans were in place, which included the person's expected blood sugar range, how to identify if they were experiencing low or high blood sugar, and what action staff should take.
• When one person had experienced periods of low mood, they had been supported to access mental health support services. This enabled the person to discuss the impact of their dementia with a health care professional.
• People had access to two visiting GP's. In the feedback from one GP, they stated, 'I enjoy my visits to Staverton House. I see the residents are well cared for. There appears to be a very pleasant balance between professional care and a relaxed, friendly approach to all.'
• Referrals to health and social care professionals were made in a timely manner. Three health care professionals said the staff team were responsive and . staff knew each person well. Details from involvement with professionals was documented in people's care plans.

Adapting service, design, decoration to meet people's needs
• Work had taken place to improve the interior décor in the home. Parts of the home had been repainted and wallpapered, and new carpets had been fitted where needed. New chairs were being ordered for throughout the home.
• Different areas of the home were colour coded and themed. This was to help people identify where they were in the home.
• People's bedrooms were decorated in colours of their preference. People had personalised their bedrooms with items such as ornaments, photographs and pictures.
• People's relatives told us there had been improvements in the standard of design and decoration at the service. People and their relatives felt the environment had a "homely" feel to it.
• The garden had different seating areas and we saw people accessing these.

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.
• There were detailed mental capacity assessments in place where people lacked capacity regarding specific decisions and consenting to their care and treatment.
• The appropriate professionals and representatives of the person were consulted with in the process of assessing the person's mental capacity.

• Best interest decisions were documented and DoLS applications were made.
• Applications for DoLS were monitored by the deputy and registered manager. They followed up with the local authority when required to do so or in the event of any changes.
• People's mental capacity to consent to different decisions and aspects of their care was woven into their care planning. Consideration for the support the person may need regarding different decisions was recorded for staff to follow when supporting the person.
• Staff understood how to apply the principles of the MCA to their role and we observed staff seeking people's consent.

Good

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 relatives valued the personal approach staff provided. One person's relative told us, "The staff know everyone who lives here and that is something we really appreciate. I know I can ask any staff member and they will know how [my relative] is that day." One staff member explained, "I really like that the home is small enough you get to know everyone."
• We received consistently positive feedback about how kind and caring the staff team were. People's relatives commented, "They are so kind, patient and understanding", "I can't fault them", and "I can't praise them enough."
• Two people's relatives told us the service had helped give them "peace of mind", knowing their family member was being well cared for.
• People's relatives told us in addition to feeling their family member received good care, they also received support from the staff team. One person's relative told us the staff had helped them readdress the balance of being husband and wife. Another person's relative told us, "The staff are like friends now."
• The registered manager had a strong understanding and ethos of promoting equality and diversity. This was evident throughout people's care planning, with the inclusion of a sexuality care plan. People wishes, and preferences were documented in a dignified and respectful manner.
• The home had received compliment cards and letters from people or relatives of people who had received care at the service. One person wrote a card to the staff team to thank them for their birthday party.
• The home had received donations of thanks, from relatives of people who had received care at the service.
• Staff spoke with pride and enthusiasm about the care they provided. One staff member told us, "We might not have a posh building, but we are filled with love, love for the residents and the other staff. There are some days which are challenging, but we also have so many good days."

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were involved in care plan reviews and were consulted with regarding decisions about their care.
• Staff told us how they built rapport with people and developed trusting relationships. This meant people were likely to share how they were feeling and express their views with the care staff. One staff member told us, "I first read the care plan to find out about the person, but then I wanted to go and chat with them and used what I had read to start a conversation."
• We observed staff spending time sitting and chatting with people. People clearly felt comfortable in the company of staff and staff knew people well. Staff told us they would recognise if a person became withdrawn or showed signs of wanting to express any concerns.

• People and their relatives were due to receive a survey about their care. People's relatives were also asked to complete online feedback about the home. We checked the feedback and saw positive comments and each of the 11 reviews rated the home as either 'excellent' or 'good'. Every review and each relative we spoke with said they would recommend the home to others.

Respecting and promoting people's privacy, dignity and independence
• People were supported by staff who knew how to promote their privacy and dignity. We observed staff knocking people's bedroom doors before entering. Staff told us how they supported people with dignity and respect during personal care.
• People's care plans reflected what they could do for themselves and where they may need prompting. One staff member told us, "I know it is important to help people remain as independent as possible, for as long as they can be."
• People chose where they wanted to spend their time. We saw people in different parts of the home. Some people had visitors, who were welcomed.

Good

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.

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
• The home had an activities coordinator five days per week. They explained they planned activities but adapted these around how people felt. To gain feedback, they asked people if they enjoyed certain activities and what they would like to try again in the future.
• Activities included a gentleman's club. They met to play pool, chat, and had also visited a local pub for lunch one afternoon. There were also activity resources available, such as a large skittles set, games, puzzles and books. There were visiting entertainers and the home was trialling a craft group coming into the home.
• We observed staff spending time with people playing games and chatting. We saw one person sat reading a book with a staff member and chatting about their day to day life.
• Staff knew people's life histories well. This knowledge was used to prompt conversations and to find books people may enjoy. The activities coordinator had found a book for one person who had been an engineer for Concord. The book included the part they had been involved in making. We saw the person proudly showing the book to their visitors.
• Friendships had been formed between the home and the other service on the same site. The activities coordinator told us about two people who had similar interests and they had helped to introduce them to one another. They visited each other in the different homes and spent time chatting together.
• There was a visiting massage therapist. They knew each person well and met with each person to find out if they wanted to receive massage therapy. They were trained in different techniques and told us about the types of massage for hands and lower arms which helped to relieve anxiety and agitation in some people who have dementia. They said, "It is very relaxing and involves very light touch." We saw the positive impact this had on a person who became so relaxed and comfortable, they fell asleep.
• There was a visiting dance and movement psychotherapist, who gave positive feedback about the activities provision at the home. They said, 'It is unusual to find staff who really understand the needs of [people] and support the therapeutic process that occurs beyond the mere colourful props and lively music. [Staff] support is key to the outcome of my sessions and they enable me to connect with the residents on a deeper level. I've witnessed [staff] not only bring their skills to the workplace, but also bring their heart, which I believe is so valuable to the residents and their quality of care.'
• There was good community involvement. People at the service had been involved in knitting trauma teddies for the local Police to give to children who had been victims of crime. To say thank you for their donation, the Police visited the home and interacted with people. People posed for photographs with them and tried out the Police van.
• The home had been fundraising to enable people to access further activity options or days out. The home had raised money by organising a fete and dog show. People were involved and helped to show and judge the dogs. We received positive feedback about the day trips, which had included the local Armed Forces

Day.
• People were encouraged to follow their hobbies and interests. There was a positive risk management approach to enabling people to access the community. One person was supported weekly to attend a local swimming session. Two other people undertook placements at a local farm, where they were involved in sessions around animal care. One person's relative told us they had seen their family member progress since being part of the animal care placement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People's care plans included guidance for staff in supporting people to make decisions.
• People's care plans were reviewed regularly and updated when people's needs changed.
• People's specific preferences were recorded, for example how they liked their hot drinks, the time they preferred to go to bed and what people usually chose to wear.
• Staff observations about people and what they appeared to enjoy were included in the care plans. These were person-centred details about people who may not be able to tell staff what they do and do not like. For example, in one person's care plan staff had recorded their observation of a person preferring their nails to be painted in lighter colours.

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 communication care plans explained with dignity, how people's health conditions and dementia may affect their communication.
• People's communication needs were understood and supported. One person had been supported to access their preferred newspaper in an audio format. Information could be provided in larger print when required and had previously been put onto different colour paper to support people's needs.
• One person occasionally spoke certain phrases in German and staff knew this related to a time in the person's career when working for a German company. The person's care plan included the German words the person may use and how staff could respond appropriately in German.
• There was guidance in place for staff around the appropriate use of language. For example, if a person was trying to exit a locked door and was unable to leave, they should not use language which could cause the person unnecessary distress. Alternative wording was given as examples.

Improving care quality in response to complaints or concerns
• Only one complaint had been received since the previous inspection, and there had been no complaints in the past twelve months. The complaint had been investigated and responded to appropriately.
• People and their relatives told us they would feel happy to raise any concerns or feedback they may have. They felt confident staff, the deputy manager and registered manager would take their concerns seriously.
• The registered manager told us they aimed to speak with people and their relatives, to resolve any concerns they may have before any complaints arose. They explained, "I see complaints as an opportunity to learn and to improve."

End of life care and support
• People had care plans in place to plan for their future. These included if the person had expressed wishes to their family and who they would like to have involved in their care. The plans also documented people's personal preferences around their end of life care, such as funeral director and service information.
• Staff received training from a local hospice in supporting people with end of life care. There was a staff

member appointed as end of life care champion. Staff had also attended a learning day with a local funeral director, to understand the process for after a person passed away. The registered manager explained this was important, because often family members would seek advice from staff about what happened next. Staff told us they felt well trained in supporting people with end of life care and spoke with pride about supporting people's changing needs.

• The relatives of one person who had received end of life care wanted to share their feedback with us. They explained they had been kept informed of any changes in their family member. They told us, "They would phone us straight away, even at 2am, because that is what we asked for." The relatives explained they had been consulted with in private and with kindness and support when the person was reaching the end of life. They explained the management team had given them clear detail about the end of life care planning, such as the GP involvement and how the person's pain was being supported. The relatives said, "The staff kindness and how caring they are, cannot be faulted. They go above and beyond with their support. We feel we owe them. Not financially but owe them because of what they were able to do for us and our [family member] in providing such a high standard of care."

• Staff attended funeral services. One staff member said, "We will pull together to support the team, so staff can attend funeral services."

Good

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
• The registered manager discussed the culture change they had noticed in the home. They explained, "I am proud of the team we have built. I had to recruit and build our team and make it structured with direction about where we wanted the home to go. Staff value the security of having a manager who will stay with them." Staff echoed this and told us they felt the home had a clear sense of direction and leadership, which they appreciated.
• There was a sense of team work amongst the staff. The registered manager told us, "If staff are struggling, I will come and help them." Staff told us, and we observed them working well together. One staff member said, "[The registered manager] and [the deputy manager] will always come and help us in the team if we need them. They wouldn't expect us to do anything they wouldn't do."
• The ethos of the home was described by the registered manager as, "having a really warm, family feel."

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 management team understood their responsibilities in accordance with their regulatory requirements and duty of candour. Notifications were made to CQC and the local authority safeguarding team and there was a transparent approach when investigating any concerns.
• People's relatives told us they had a good relationship with the management and staff at the home. They explained any concerns were addressed promptly and honestly. Records showed people's next of kin were contacted for example, if the person had fallen or sustained an injury.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There had been two changes in registered manager since the previous inspection and the current registered manager had been in post for approximately one year. Staff told us they had seen improvements in the past twelve months at the home. The registered manager explained they had needed to implement some changes in staffing at the service. They told us while this had been a challenging time, it had proven to be beneficial in the long run, with an improved culture becoming embedded.
• The registered manager split their time between the two homes. The homes were in regular contact with one another and staff knew if they needed the registered manager they could be easily contacted.
• There was a deputy manager in post. The deputy manager told us they were responsible for overseeing the day to day running of the home, alongside the registered manager. They said, "Interacting with the residents

and being out on the floor, care planning and updating risk assessments, supporting the staff are all big parts of my job."
• Staff told us they felt well supported by the management team and the provider. Their feedback included, "[The registered manager] is really good, I like her a lot, she is very honest and open. That is what you need from a manager" and, "[The registered manager] is a role model for the staff." Other comments were, "[The provider] is great too, she wants the best for people and is a font of knowledge" and, "[The deputy manager] listens to you and is really supportive."
• The management team and staff completed a range of quality audits in different areas of the service. These included audits of infection control, medicines and care plans. However, the shortfalls we identified in medicines management had not been identified by staff who had oversight of medicines systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The public and local community were invited into the home for different occasions. This included the home's annual fete. Prizes for the raffle at the fete were donated by local businesses.
• People and their relatives had attended meetings at the home. This had enabled people and their relatives to discuss their feedback and any upcoming plans the home had.
• Staff attended team meetings to discuss and share communication updates, upcoming plans for the service, and to aid staff development.

Continuous learning and improving care
• The registered manager had an ethos of continual personal development and developing their staff team. They had completed their management qualification and encouraged staff to achieve further training and qualifications relevant to their role.
• The registered manager understood the importance of supporting their staff team, to enable them to better support the people in their care. They had completed a mental health qualification to enable them to pro-actively support the mental health of people and staff.
• The registered manager had been proactive in gaining feedback from visiting health and social care professionals. We saw each professional gave positive feedback about the service and the care people received.

Working in partnership with others
• The home worked in partnership with the local colleges to arrange work placements for college students and for those working towards their Duke of Edinburgh award. Many of the placements had led to offers of employment.
• The registered manager attended networking meetings. They had been invited by a local school to deliver an assembly about the career opportunities working in care can offer.
• The registered manager worked closely with the provider and the registered manager of another service. They had invited the other registered manager into the home to complete an audit. They told us they welcomed having a different person give feedback.
• The home had recently been contacted by another service looking to share ideas. The registered manager had invited them to visit Staverton House.
• The home had been asked by Wiltshire Health and Care to provide placements for the trainee nurse associates. The registered manager welcomed the additional experience and support this would bring to the home.