Athena Care Homes (March) Limited

Aria Court

Inspection report

Coronation Close
March
Cambridgeshire
PE15 9PP

Tel: 01354661551

Date of inspection visit:
27 June 2018
20 July 2018

Date of publication:
24 August 2018

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

This inspection of Aria Court took place on 27 June and 20 July 2018 and was unannounced.

Aria Court provides, accommodation, nursing and personal care for up to 92 adults; some of whom have dementia. It is also registered to provide the regulated activity; treatment, disease, disorder and injury. At the time of this inspection there were 84 people living in four areas of the service, called communities, each of which had separate adapted facilities and communal areas for people and their visitors to use. The communities were Nene, Eastwood, Heron and Wendreda.

At the last inspection on 26 September 2017, the service was rated 'requires improvement' as three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. These breaches were, a lack of activities to promote people's social inclusion and stimulation. People's dignity was not always maintained by staff and there were insufficient suitably qualified and competent staff in place to meet people's needs. Following the last inspection, we asked the provider to complete an action plan to show what they would do by 31 January and 31 March 2018 to improve the key questions is the service safe, is the service caring, is the service responsive and is the service well-led? At this inspection, we found the service had made improvements under the questions is the service caring, responsive and well-led? However, the service needed to make further improvements for the questions of, is the service safe? The service is now rated as good.

Aria Court 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.

There was a registered manager in post at the time of this inspection. 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.

People's medication was not managed safely as accurate records documenting people's medication administration and medication stock tallies were not always correct due to poor record keeping by staff.

Since the last inspection improvements in activities were now in place to support people's interests and well-being. However, there were missed opportunities for two staff to engage with the people they were supporting.

Staff had been recruited safely prior to working at the service. Improvements since the last inspection showed that a sufficient number of staff were deployed in a way which met people's needs in a timely manner. People received an effective service that met their assessed needs by staff who had been trained to have the skills they needed. Actions were taken to learn any lessons when things did not always go as

planned.

Improvements had been made since the last inspection. People's privacy was promoted and maintained by staff and people's dignity was supported by staff assisting them. People received a caring service as their needs were met in a considerate manner and staff knew the people they cared for well. People were involved in their care and staff encouraged people's independence as far as practicable.

Equipment and technology was used to assist people to receive care and support. However, moving and handling techniques that could put a person and two staff at risk of harm were observed during this inspection. We have made recommendations in regard to further moving and handling training and competency checks for staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported by staff who were knowledgeable about safeguarding and its reporting processes. Risk assessments were in place as guidance for staff to support and monitor people's assessed risks. People's confidential records were held securely.

Systems were in place to promote and maintain good infection prevention and control.

People were supported with their eating and drinking to promote their well-being. Staff supported people to access healthcare professional services when this was required. The registered manager and staff team worked with other health and social care organisations to make sure that people's care was coordinated and person centred.

Compliments were received about the service and complaints investigated, responded to and resolved where possible to the complainants' satisfaction. The registered manager and their staff team worked together with other organisations to ensure people's well-being. Staff worked well with other external health professionals to make sure that peoples end-of-life care was well managed and this helped ensure people could have a dignified death.

The registered manager led by example and encouraged an open and honest culture within their staff team. Improvements had been made since the last inspection with the monitoring of the service using audit and governance systems to drive forward any improvements required.

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?

Requires Improvement

The service was not always safe.

People's prescribed medication was not always managed safely due to poor record keeping by staff.

There were enough staff to meet people's needs in a timely manner.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate action taken and communicated to staff to reduce the risk of recurrence.

Staff understood their roles and responsibilities in safeguarding people.

Is the service effective?

Good

The service was effective.

Mental capacity assessments and best interests' decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were being provided with a specialist diet if required.

People were supported to access the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People were supported by kind staff who met their individual needs.

There were some missed opportunities where two staff did not engage with the people they were supporting.

People and their relatives were involved in planning their care and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as practicable.

Is the service responsive?

Good

The service was responsive.

Activities were arranged and people benefitted from these by having regular social stimulation.

A complaints procedure was in place and complaints and concerns were investigated and resolved to the complainants' satisfaction where possible.

End-of-life care was planned and provided when required.

Is the service well-led?

Good

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

Aria Court

Detailed findings

Background to this inspection

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

This inspection took place on 27 June and 20 July 2018 and was unannounced. Four inspectors and an expert-by-experience undertook the inspection. 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.

The inspection was bought forward due to concerns received by the CQC about the service. The provider had been asked to complete a Provider Information Return (PIR) and this was returned on 03 May 2018. 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 other information we held about the service to aid with our inspection planning. This included past inspection 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 representatives from the local authority commissioning department, Joint Emergency Team (JET), Healthwatch and the local safeguarding authority. This was to ask their views about the service provided at Aria Court. We received feedback from the clinical commissioning team and continuing health care team. Their views helped us in the planning of our inspection and the judgements we made.

We spoke with seven people living at the service who could give us their views verbally about the care and support they received. We also spoke with five visiting relatives/friends. We spoke with the nominated individual (this is the person who has overall responsibility for supervising the management of the regulated activity); clinical governance director and registered manager. We also spoke with three nurses, a community leader, three team leaders, five care assistants, an activities co-ordinator, two house-keepers and a visiting hairdresser.

We looked at care documentation for six people living at Aria Court, medication records, three staff files, staff supervision and training planning records. We also looked at other records relating to the management of the service including audits and action plans, accident and incident monitoring records, surveys; staff dependency tools, the statement of purpose, meeting minutes and, complaint and compliment records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 26 September 2017 we found that the service was in breach of Regulation 18 of the Health and Social Care Act (Regulations) 2014; Staffing. This was because there was not enough suitably qualified, competent and skilled staff deployed to meet people's needs. The provider wrote and told us that they would make the necessary improvements by 31 January 2018.

Prior to this inspection on 27 June and 20 July 2018 we received concerns from a member of the public about staffing levels at the service. We found that improvements had been made since the previous inspection. During our visit the number of staff with the right skills mix were now in place to make sure that practice was safe. The registered manager used a dependency tool to establish staffing levels based on people's care and support needs. Most people we spoke with had positive opinions over the number of staff available and whether they met their needs. A relative told us, "There are more staff now, the [provider] have got the balance right now as most people need two staff [to support them]." Observations showed that during our visit there was enough staff to meet people's needs and care call bells were answered promptly.

Prior to this inspection on 27 June and 20 July 2018, concerns were received by CQC from a member of the public and the provider via a notification about some unsafe moving and handling practices used by a staff member at the service. These concerns were raised as a safeguarding concern with the local authority, by both the provider and the CQC. This is because the local authority safeguarding team take the lead on investigating safeguarding concerns. During this inspection we saw that the majority of moving and handling of people with limited or no mobility by staff was safe and in line with their training. However, we observed two staff move a person in a manner that could have caused the person and the staff harm. We raised this with the nominated individual and registered manager during this inspection, who told us that they would investigate the incident.

We recommend that further moving and handling training in line with current guidance is implemented and that moving and handling competency checks continue to be carried out on staff.

People and their visitors told us that they had no concerns with the way prescribed medicines were managed. A person told us, "[Staff] seem organised and give me my pills when I need them." Staff told us they had attended training and refresher training in the management of people's medicines. We saw that medicines were stored at the correct temperature and disposed of securely. Medicine administration records (MARs) showed that the majority of medicines had been administered as prescribed. However, we noted several record-keeping discrepancies within these records. These included incorrect medicines stock balances, and large gaps in the recording of a persons medicine administration. This meant staff had not followed the providers medicine policy and we could not be assured people had taken their medicines as prescribed. Action taken by the provider following our concerns included referring an agency staff member to their professional registration organisation, where no further action was taken.

Staff had written records about how to administer medicines to people who were unable to make decisions, such as by giving them crushed in food or drink (covertly). These records showed staff had consulted with

peoples' GPs/pharmacist and there were documents showing that assessments of people's mental capacity were carried out.

People and visitors confirmed to us that they, their family member/friend, felt safe living at the service. This, they said, was because of the care and support provided by the members of staff. One person said, "I feel safe here because there's always someone here to help me if I need it and they do everything for me." A relative told us, "[Family member] is safe here which means I don't have to worry. I know there's someone here 24/7 and they look after them really well."

The service had safeguarding systems, policies and procedures that were understood by staff. Staff had training on how to safeguard people from harm and poor care. A person confirmed to us, "Some of the other people living here shout, but not the people looking after us." Staff explained to us that they would report poor care and suspicions of harm both internally to management and to external agencies such as the local authority and CQC. Staff were also aware of how to whistle-blow. This is a process where staff are provided a safe arena to report any poor standards of care they may witness. A staff member confirmed to us, "I wouldn't hesitate in reporting any abuse – whoever it is." Information about how to report concerns was available for people, their visitors and staff, to refer to if needed.

People's care records and risk assessments were computerised records that were password protected and held securely. Information gave clear guidance for staff to follow to reduce risk to people's health and welfare and deliver safe care. Staff reviewed risk assessments following any deterioration in people's care and support needs and to find any new risks. Monitoring records were also carried out by staff to minimise risk and support people's health and wellbeing, for example repositioning to relieve pressure and prevent skin breakdown.

Prior to this inspection on 27 June and 20 July 2018, concerns were received by CQC from a member of the public around the safe management of people's health conditions such as diabetes. Records showed that staff followed guidance from an external diabetic nurse to manage people's diabetes and dietary needs and this was reflected in people's care records. We also noted clear information as guidance for staff on how and when to manage a person's diabetes with medication. During this inspection a person told us, "[Staff] keep a careful eye on my sugar levels, they regularly test me to make sure I'm okay and ask if I feel alright." This demonstrated to us that people specific health conditions were monitored to support people's well-being.

Records showed that people and their relatives were involved in their, their family members decisions about any risks they may take. We were told that communication was good and one relative said, "I get told once a month what's going on with [family member], but if anything changes suddenly or if something happens then [staff] call me or they let me know the next time I come in, communication is good."

A fire safety officer had visited the service in October 2016; they found that the service was satisfactory. People had emergency evacuation risk assessments in place to assist them to evacuate safely in the event of an emergency such as a fire. A nurse confirmed to us that, "We have a fire alarm test every Friday and then we reset the alarm." Training records showed that staff were trained in fire safety.

Records showed that incidents or accidents that occurred were recorded with outcomes documented to reflect any actions that were made or needed. These were then reviewed as part of the services governance systems to analyse if there were any emerging trends, for example people falling at certain times of the day. To make sure all staff were aware of any actions implemented, these were discussed at staff meetings and staff handovers meetings. People's care records were updated. During this inspection, we had noted that some people had been repositioned at a later time than specified within their care and risk assessments. A

nurse told us that this had been identified by the management and that actions recently included a reminder to staff about the importance of repositioning people at risk of poor skin integrity. These reminders were in place to help inform all staff of any learning from the incident/accidents and to reduce the potential for any further risk going forward.

Technology was used by staff to assist people to receive safe, care and support. We saw that there were care call bells and sensor mats in place for people to summon or alert staff when needed. A sensor mat is alarmed and alerts staff of movement; they are used where people are at risk of falls. Records of checks and servicing of this equipment were held on file.

Recruitment systems were in place and made sure that the right staff were recruited to the role. Required checks were carried out on new staff members by the registered manager to confirm that they were appropriate to work with people and of good character. Staff told us that these checks were in place before they could start work unsupervised at the service. This demonstrated to us that the provider made sure that staff were suitable to work with the people they supported.

Staff managed the control and prevention of infection well and we saw that the service was visibly clean. Soap, hot water and hand gel were available for staff, people and their visitors to use to clean their hands. Staff were knowledgeable about their role in preventing the spread of infection. A member of staff told us that they had enough cleaning equipment and personal protective equipment (PPE) available to use and that this equipment was for single use only. They talked us through how they cleaned different areas of each of the communities using different colour mops and buckets and cloths to control and prevent the spread of infection.

Good

Is the service effective?

Our findings

People's assessed requirements were met by staff who were trained and had been given the skills to support people to be as independent as practicable. Guidance from various social and healthcare organisations were used to support staff to provide people with care based upon current practice. For example, the Public Health England, 'Beat the heat; staying safe in hot weather' had been shared with staff and RESPECT guidance had been implemented. This guidance is a recommended summary plan for staff around the emergency care and treatment to support people at the end of their life. However, staff need to work more in line with best practice guidance around safe medicines management.

Staff were supported with supervisions to support them in their day-to-day role and to help identify and discuss any learning needs. Staff were also assisted to maintain their current skills with regular training on mandatory core subject areas relevant to their job role. This included training during staff induction, to help them understand how to support people living with dementia. A person when asked about whether staff had the necessary skills to support them said, "I should think so, they're always doing training of one sort or another." A staff member told us that they would be developing their skills and knowledge through the introduction of CHAP's (Care Home Advanced Practitioner) training in September 2018. They told us that this training would help develop their clinical and management skills to meet people's care and health needs.

Our observations showed that people were assisted or encouraged to eat and drink independently. Support from staff was carried out in a patient and unhurried manner. People had a choice of prepared food and drinks and during our visit people had cold drinks within easy reach. High calorie and fortified foods were given to people identified at risk of losing weight, these foods provided additional nourishment to people and helped to promote or maintain weight. A person with a food intolerance told us, "The kitchen staff are brilliant about it…tomorrow it's my birthday and they are making me a gluten free cake." Mealtimes were a positive experience which people enjoyed. This was evidenced by positive comments from people including one relative who told us, "When [family member] came here they were quite poorly and they didn't think they'd live very long. [Family member] has actually improved and put on a little weight."

Staff supported people to access external healthcare services such as a GP, dentist or chiropodist, whilst people were in their care and when this care was transferred between different services. The registered manager and staff team worked with external organisations such as speech and language therapist teams, community nurses and health practitioners. This was to promote people's well-being. A relative told us, "[Family member] had a problem with their gums. [Staff] arranged an appointment with a dentist in Wisbech. They organised a taxi and a [staff member] went with them. I think that is excellent."

Adaptations to the building such as hand rails and wheelchair access enabled people to mobilise more easily and access the gardens and other areas independently. Pictorial signage was used in the communities supporting people with dementia to provide an enabling environment. Signage was also used to help people with sensory needs with their orientation and recognition.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The service was continuing to work within the principles of the MCA. Principles of DoLS had been considered for people living in the service and applications to the relevant authority were made where required.

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. For example, we saw that people had free access to all areas of the service and choices of when they would like to get up, what they would like to wear and what they would like to eat/drink. A relative told us, "[Staff] know [family member] loves ice cream…not just one flavour, they got several different flavours so [family member] gets a choice." A staff member confirmed to us that you, "Always assume people have the mental capacity to make decisions about washing and dressing, eating and choosing their meals."

Good

Is the service caring?

Our findings

At the last inspection on 26 September 2017 we found that the service was in breach of Regulation 10 of the Health and Social Care Act (Regulations) 2014; Dignity and respect. This was because people's dignity was not always promoted and maintained by staff. The provider wrote and told us that they would make the necessary improvements by 31 March 2018.

At this visit our observations showed that improvements had been made since the last inspection and people's dignity was promoted and maintained by the staff supporting them. Staff knocked on the door of people's rooms before entering them and personal care was carried out behind closed doors, with a 'do not enter' sign to support people's privacy. A person said, "[Staff] always knock and ask if it is alright to come in." Another person told us, "If [staff] are helping someone in the lounge, they put a blanket over them to help keep them covered." This demonstrated to us that staff were aware that they needed to maintain and promote people's privacy and dignity always.

We found that people's care and support needs were met by staff who understood their role and responsibilities. People and their relatives spoken with were all complimentary about the care and support they, their family member received from staff. One relative told us, "[Family member] doesn't sleep very well, they are often awake at night. I come and go as I please and there's been a few times I've arrived quite late to find a [staff member] with them, just talking to them and keeping them company." A person said, "[Staff] are kind to me, they help me get washed and dressed and they're gentle." Observations showed that staff knew the people they supported well. For example, we saw how staff members dealt with people's increased anxiety that could result in behaviour that challenged themselves and others. Staff took time to reassure people and offer distractions, such as activities, that helped reduce the person's anxiety. However, we saw an occasion where two staff members were in a communal lounge but did not engage or interact with the people sat around them. This was a missed opportunity for these staff to engage with people with the people they were supporting.

People were encouraged to personalise their rooms to help them feel more individual and more at home. A person told us, "They let you put up as many pictures as you want, my [relative] puts them in frames and [staff] put them up for me. I like my room because I am surrounded by my own things."

People and their relatives told us that they were encouraged to express their views and were involved in the decisions about their and their family members care. One person told us, "It's not in a formal way as such, but we talk about what I like and don't like."

Meetings were held to engage people and their relatives with updates about the service provided. These meetings were also a place where people could make any suggestions or raise any concerns they may have had. A relative said, "I've been asked my opinion though I've not filled in a questionnaire. There are residents/relatives' meetings once every two months. I go because they are helpful to understand what's happening at the home. I know [named registered manager] has plans to change quite a lot and has laid down the law to the people who will be carrying out the work. She said, 'residents and staff are not to fit in

around the workmen, they will have to work around us'."

Information about advocacy services were available and used for people to help them make decisions about their care needs such as with health and welfare. This was as well as the provider having policies and procedures and information available around advocacy services should people or relatives need this information and advice. Advocates are independent and support people to make and communicate their views and wishes.

Our observations showed that although very busy, staff supported people in a patient manner and at the person's preferred pace. Staff explained to people what they were going to do before helping them. For example, when supporting a person with their moving and handling needs or guiding a person to a seat. We saw that people could be independent, such as with going out into the garden or mobilising around the service using walking aids. This was as well as support from staff to promote people's independence including with eating, drinking and daily activities. During our inspection, people's visitors were seen coming and going from the service. Relatives we spoke with told us that they were welcomed by the staff at any time of the day.

Good

Is the service responsive?

Our findings

At the last inspection on 26 September 2017 we found that the service was in breach of Regulation 9 of the Health and Social Care Act (Regulations) 2014; Person centred care. This was because people's care and treatment did not include sufficient emotional and social well-being through activities, social inclusion and stimulation. The provider wrote and told us that they would make the necessary improvements by 31 March 2018.

Improvements had been made since the last inspection about the number and variety of activities provided at the service for people to take part in should they wish. The majority of people and their relatives, had positive opinions about the activities provided. One person told us, "I like playing darts and dominos…it's magnetic darts, it's quite safe." During our inspection we saw a fruit jelly making class, and a pool party activity. We noted that these activities were attended by people from all areas of the service including people living with dementia. We observed that the activity stimulated and engaged people who chose to take part. This was because these activities helped support people with interests they had prior to them moving into the service or to develop new interests.

There was information in each of the communities that advertised a daily activity programme. These included trips out into the local community. An activities co-ordinator said, "We offer people on the day of the trip because things change and we don't want people to be disappointed (if they are ill for instance). We offer different people on different days as not everyone is able or wants to go out." Trips out included going to a garden centre, shopping and trips to the seaside. People told us of links with the local community. One person told us, "The other day, we had some children come in to visit. There were about twelve I think, about four or five years old." Another person then joined in the conversation and said, "Ah yes, the little children, they were lovely full of energy." We saw the paintings and drawing that the children had created with the people living at the service proudly on display within the communal areas for people to admire.

Peoples needs were assessed prior to them moving into the service, this was to ensure the staff could meet people's nursing care, care and support requirements. Records showed that people and their families were involved in the development of care records. They told us that this was because communication with staff was good. Care records provided information so that staff could get to know the people they supported and meet people's needs. This included what people liked to eat and what time they wished to get up and or go to bed. A person told us, "I'm more comfortable in bed. Sometimes I get up, if I want to, but I am quite happy here in bed."
A relative talked us through the care their family member needed how staff had arranged input from a physio in responsive to this. They said, "They're really good here…[staff] do the exercises with [family member] to get their knees working…I am happy with the set-up here. [Family member] wouldn't be here if I wasn't…I come in and they all tell me how [family member] is, they know their patients and that's reassuring." Observations demonstrated to us that staff knew people well. Daily notes, were completed by staff who were providing people's care each day as a record of how people had spent their day. These records as well as the handover meeting at the start of each shift, provided staff with an overview of any changes in people's needs and general well-being.

Compliments had been received about the service provided since our last inspection. Compliments included, "I am really grateful for the love and support we as a family receive from everyone we came into contact with at Aria."

The service had a complaints process in place that was easy and accessible for people to use. Information on how to raise a complaint was provided in the residents' guide booklet. People and their relatives spoken with told us that they had not needed to raise a complaint but would be confident to do so. One person said, "If I was worried about something I am sure I could speak to the [registered] manager…or anyone here and I am sure it would be sorted out." The service had received complaints since the last inspection. Records showed these were handled effectively, in line with the providers complaints policy and resolved in most cases to the complainants' satisfaction. They included a timely response, explanation of outcome, action taken to make the necessary improvement and an apology. Actions for improvement because of learning from a complaint received included a staff improvement in prioritising people and their relatives' telephone calls to improve communication. This was communicated to staff at a daily meeting.

People who had been prepared to discuss their future wishes in the event of deteriorating health, had these wishes clearly identified in their care records within their end-of-life care plan. The information included how and where they wished to be cared for and any arrangements to be made following their death. We saw that Do Not Attempt Resuscitation (DNAR) forms were in place for people who had chosen not to be resuscitated. This helped to make sure staff knew about people's wishes in advance. Although not all staff had not received specific end-of-life training, a nurse told us that they worked with external health care professionals' guidance and advice when it became clear that people's health conditions had changed or deteriorated. They said, "We make sure we speak with their family, we are very careful about people's choices." This demonstrated that staff could support people to have the most comfortable, dignified, and pain-free a death as possible.

Good

Is the service well-led?

Our findings

Since the last inspection the registered manager, who had been registered with the CQC for this service since 30 October 2017, had made improvements to the quality of the service provided at Aria Court.

The registered manager was supported at the service from monthly visits from the providers senior management team and checks were made to monitor the quality and safety of the service provided. Governance of the service also included the regular monitoring of the quality of the service delivered. For any areas of improvement found, actions were taken to reduce the risk of recurrence. For example, a recent improvement action included reinforcing to staff the importance of good record keeping particularly repositioning records.

The registered manager and staff demonstrated a good understanding and knowledge of people's care and support needs. A person told us, "I see [registered manager] go past most days and they smile and say hello." Staff were clear about the expectation and values of the service. This they said was to provide good quality service that met and supported people's individual needs. One staff member told us that the services values were, "It is our family looking after your family, and it feels like that."

Staff spoken with told us that they felt supported by the management of the service. One staff member said, "[My line manager] always made time to listen." There was an opportunity for staff, who had been recognised as going above and beyond at work, to be rewarded for their efforts by being nominated for 'star performer' at the providers celebration awards ball. One staff member nominated for this award told us how proud this had made them feel and that this had made them feel valued. They said, "I was nominated for Nurse of the year, I felt recognised and that I didn't work for nothing, somebody saw I was doing alright."

The organisation promoted equality and inclusion within its service, including providing alternative menu options that catered for a person's cultural heritage. The registered manager also told us how they supported people and staff as some people living with dementia may lose their inhibitions and use inappropriate language. They told us, "This may form part of their dementia and they can't help this. Staff have dementia awareness training and during their induction have equality and diversity training to support their understanding of this."

People and their relatives spoken with were complimentary about the service provided, and how the service was run. When asked what was best about the service a relative told us, "The carers [staff] and the senior members of staff, the management." A person said, "Everything I can't fault them." Records showed that a 'resident and relatives' meetings had been held since the last inspection to gain feedback on the quality of the service provided. At the meeting people and their relatives were updated about the planned refurbishment and redecoration of the service and improvements to be made to the communal gardens.

Records the CQC held about the service and reviewed during the inspection, confirmed that the provider had sent notifications to the CQC as legally required. A notification is information about important events that the provider is required by law to notify us about such as safeguarding concerns, deaths at the service

and serious incidents. In addition, the provider was correctly displaying their previous inspection rating conspicuously.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care to people who used the service. This included working with a variety of health and social care providers such as representatives from the local authority contracts and quality team to review contract compliance and to monitor the level of care provided in line with the local authority contract.