

Mannamead Care Centre Limited

# Thorn Park Care Home

## Inspection report

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23 April 2018

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Thorn Park Care Home ('Thorn Park') is a residential care home for 36 older people who may be living with dementia and have a range of needs. We inspected on the 19, 20 and 23 April 2018. On the days we inspected, 34 people were living at the service.

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

Why the service is rated Good.

People felt safe at the home and with the staff who supported them. There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner. People received their medicines as prescribed in a caring way.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs. People's food and drinks were monitored to ensure people were kept healthy. Falls were reduced by the service's focus on ensuring everyone's sodium levels were monitored.

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

People were supported by staff who were kind and caring. Where people found it difficult to express themselves, staff showed patience and understanding. Alternative methods of communication, family and advocates were utilised to help staff understand people's needs when verbal communication was not easy for them.

The service was responsive to people's needs and they were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. Staff worked well with other organisations to make sure high standards of care was provided and people received the support and treatment they wished for at the end of their lives.

People said they would feel comfortable making a complaint and were confident action would be taken to

address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Thorn Park Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection completed by one inspector and 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.

The inspection took place on the 19, 20 and 23 April 2018 and was unannounced.

In our planning for this inspection, we reviewed our records and those CQC is linked to. We also used the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This meant we knew the service's food hygiene rating, training details and any notifications they had sent us. Notifications are specific issues registered persons have to tell us.

We spoke with 15 people and three family members. We read the care records of four people and looked at them in detail to ensure they were receiving their care as planned and desired. We also observed how staff interacted with people at lunch and in the lounge areas.

We spoke with eight staff and read three staff personnel files. We reviewed how staff were being trained, supervised and assessed as competent.

We asked for questionnaires to be given to family and friends and received five of these back. We received written feedback from one professional and verbal feedback from another one.

We reviewed the records held by the registered manager and provider that showed how they were maintaining the quality of the service. This included a number of audits and feedback into the service. We also looked at equipment, fire safety and maintenance records.

# Is the service safe?

## Our findings

The service continued to be safe.

People felt safe at the home and with the staff who supported them. Some people were unable to fully share their views with us but all appeared very comfortable with staff. People greeted staff with a smile and one person walking with their dementia, was often seen walking with staff as they moved around the building. Staff were mindful of their safety; encouraging them to hold onto the handrails as they walked.

People told us, "Oh yes, I feel safe when they are moving me around"; "Yes, I feel safe living here" and, "Yes, it's safe here". Relatives said, "She is safe here" and, "Yes, I think he is safe here".

Staff understood the importance of respecting the uniqueness of everyone living at and visiting the service. Staff were accepting and embracing of meeting the needs of a diverse group of people. They also advised any discrimination would not be tolerated.

The provider and registered manager had systems and processes in place which minimised the risks of abuse and helped to keep people safe. These included a robust recruitment system which made sure all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. All new staff initially worked a probation period where their practice was closely monitored to make sure they had the skills and attitude required. Where new staff had fallen short of the expected standards they had not been employed beyond their probation period.

Risks of abuse to people were minimised because all staff received training in how to recognise and report abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. One staff member said, "Someone might tell me something of concern about another staff member or their family in confidence. I would have to tell them I have to speak to my manager. This would be taken seriously every time."

The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and allegations and used them to improve practice. Staff told us that outcomes were highlighted with them so everyone could learn from this.

Risks to people were identified and minimised. People were supported to be involved in their risk assessments. Where people were living with dementia and unable to communicate their views, family, their GP and other relevant professionals were encouraged to support the service to put protective measures in place.

There were adequate numbers of staff to keep people safe and we saw requests for help were responded to promptly. People who were being cared for in their rooms and the lounge had access to call bells to enable them to summon help when they required it. During the inspection we did not hear call bells ringing for

extended periods of time showing people's requests for support were answered promptly. Call bell response times were monitored and reviewed to ensure the correct number of staff were available.

The administration of medicines was governed by clear systems, policies and guidance to staff. The service had an electronic medicine system in place which maintained a close link with the prescribing pharmacist. The medicine administration, staff practice and stock was constantly being reviewed with multiple opportunities to pick up any issues or omissions. This reduced the likelihood of errors occurring or being missed. The only issue we found was the service was not accounting for the stock of insulin that was held for the community nursing team to administer; this has now been resolved with the service and the nurses keeping clear records. We also, reminded the registered manager of the importance not allowing the staff member administering medicines to be asked to complete any other task. During the inspection systems were put in place to address this.

The service had exceptional infection control practices operating with all staff trained and informed to the highest level on how to ensure people were not placed at risk in the home, laundry and kitchen. There was a key member of staff who adhered closely to the latest guidance, and completed regular audits. They also monitored staff behaviour, correcting any poor practice. Plenty of PPE (gloves and aprons) was available and the service had different coloured equipment in line with nationally recognised good practice. Wet and dry chemicals and goods were maintained separately in line with COSHH guidance.

## Is the service effective?

### Our findings

The service continued to be effective.

We rechecked whether the service was working within the principles of the Mental Capacity Act 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service was ensuring it was adhering to the principles of the MCA; ensuring people had their capacity considered, assessed and decisions were made as a best interests decision as required. People were supported to maintain their ability to consent for as long as they were able and staff encouraged people to be independent in making choices. Staff used alternative communication methods and advocates to ensure people's voice was heard. The service was also keen to ensure people and family members understood what having Lasting Power of Attorney (LPA) meant; and actively encouraged families to secure this for finance and care and welfare while the person could consent. Advice on the Court of Protection had also been given to some families as the person could no longer consent. The service had advised all families about the data protection changes in May 2018 to advise them of the importance of only sharing information with family that have LPA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People had DoLS applications in place; some were requiring authorisation but staff understood their responsibilities in line with their role. People with a DoLS in place were supported to be as free as possible with supervision from staff. This meant going into the garden or the local park.

One staff member said, "Certain people don't have the capacity to make a decisions; we are told what the best interests decision to make is. We use the least restrictive practice so they can have as normal a life as possible."

People only received care and support with their consent. We heard staff asking people if they required help and taking account of their responses.

People's needs were assessed before they moved to live at the service; whether that was on a short or longer term basis. People were assured staff had the details from referring professionals and/or visits from staff available to staff so they could meet their needs. Staff ensured they were informed about their needs and had the required equipment, training, food and initial plans in place. Staff handover sessions were in depth and available electronically to all staff. This meant staff could be updated easily if they had been on holiday



or day off. Also, staff could quickly refer back to these notes if they needed to.

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. Professionals outside the home were often asked to provide feedback about their experience to enable the registered manager to make any improvements. People were supported to see a range of medical professionals as needed; people could see their GP, a dietician, dentist, optician and podiatrist as required. People living with diabetes had regular health checks and diabetic eye and feet checks.

The service was proactive in recognising people in their care with low sodium levels. Sodium levels were checked, with consent, to ensure people received the right treatment, to prevent/minimise them from falling and causing serious injury to themselves, which would have a detrimental effect on their well-being. The registered manager advised, "We have seen a marked difference in falls; from the falls audit we can see a reduced level of falls."

People received care from staff who were well trained and competent. Staff embraced training, being competent and keeping up to date with new ways of thinking. The provider and registered manager made sure staff received the training required to effectively and safely care for people. Key staff had lead roles and informed other staff of changes in legislation and guidance. They also kept abreast of changes in the care of people with different conditions. This helped to make sure people received care and treatment from staff whose practice was up to date, in line with current legislation and best practice guidelines.

A family member said, "I am always consulted where there is a care and welfare matter. The level of conversation and advice gives me confidence I am dealing with a care professional."

A newer member of staff told us they had induction days, five shadow shifts and before they started they had essential training in manual handling, first aid and fire safety. They then had a review at one week and one month and their probationary period was 'signed off' by them and senior staff. They were completing the Care Certificate which is a national qualification to support all new to care to reach the same standard. They added, "There was and is always someone to ask and a support network for everyone which is good."

People were supported to have a good diet which met their needs and preferences. People had ready access to snacks, drinks and fruit in their rooms and main lounge. Kitchen staff told us that communication was very good between the care and kitchen staff. This ensured people's special dietary needs and wishes were passed on to catering staff. A person requiring a gluten free diet was provided for. However, we noted in the kitchen the service was not fully following current guidelines to prevent cross contamination in all areas of their food production. When advised, this was immediately put in place with support from their local Environmental Health inspector.

People who required their food prepared in a special way to keep them safe from choking, had this in place. People were supported to maintain a healthy weight and diet. Snacks were provided safely for those who need this so they could eat when they were hungry as others could do. People's eating habits, weight and mood in respect of eating were monitored and action taken if needed. The kitchen staff would look for ways to encourage people to eat if they were off their food.

The service had an exceptionally well informed way of understanding why hydration was important and how to support people to remain hydrated. Creative ways were put in place to support people to achieve and maintain sufficient fluid intake. The records showed most people achieved the recommended amount over a 24 hour period. The inspection also took place during a hot weather spell; staff immediately ensured

there was a focus on people's need to remain cool and drink plenty of fluids, so more drinks were offered.

A staff member said, "We document food and fluid and meals are staffed; we document the juice in the lounge". Adding, this meant they had up to date details of how much people were drinking and eating at the service so they could spot any issues quickly.

We observed lunch being served in all areas of the home. People could choose where they wanted to eat. Lunch was a sociable time with people and staff talking freely together. People who required support to eat were assisted in an unhurried and discreet manner which helped to preserve their dignity. People were offered a variety of drinks to accompany their meal.

People told us, "Generally speaking the food is good"; "I am fussy where food is concerned, I do enjoy it"; "The food is good"; "The food is okay" and, "The food is very good".

The service used dementia friendly signage to help people living with dementia find important places to them. For example, toilets, dining rooms and the lounge were clearly signed using photos people could identify. This helped maintain people's independence. All corridors and stairs had bars on both sides to enable people to support themselves to walk and staff were observed reminding people of their presence. There was one concern in respect of two sets of stairs behind doors you could not see through. These could potentially lead to a risk for people who cannot understand the risk this could pose. Warning signs were on the doors but these would not be understood by people with cognitive impairment. Following the inspection the registered manager advised that key pads had been fitted, that would release in the event of a fire, and those who are able would be supported to access these.

## Is the service caring?

### Our findings

The service continued to be caring.

People were treated with kindness and compassion. Everyone we spoke with told us staff were kind and polite. People told us they felt the staff were caring. Comments we received included, "They look after me very well"; "The carers are lovely"; "I can't complain, we are well looked after"; "They help me to have a bath, they're very caring"; "It's nice here, you can't have anything else better" and, "We are very well looked after". A relative told us, "He is well looked after". Another relative said, "She is well fed and looked after with care and kindness. Rather like being part of a large family".

People received care which was kind and respected them as individuals. The registered manager and senior team led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect. Where people had raised concerns about the attitude of any member of staff the registered manager had taken immediate action. For example, two relatives told us about issues with hearing aids not being fitted properly or staff checking the batteries were working. We fed this back to the registered manager who immediately made this part the personal care plan "check list" for all people with hearing aids. This would alert senior staff if it had not been checked by the staff supporting the person.

A staff member said, "This is a homely home and this is their home; we work in their home. Their care is tailored to them; they can have breakfast in their bed if they want, meals later and make decisions."

People's privacy and dignity was promoted. Where people were unable to promote their own dignity staff discreetly helped people. For example, staff supported one person to change their top which had food spilt on it. Also, people were routinely and discreetly supported to go to the toilet through the day. This prevented the possibility of accidents which would have been embarrassing. A person said, "They wash me, yes they are respectful of my dignity".

A staff member said, "We are very person centred here; the care is centred on the person. We respect choice; everything is about the individual. Care is never public. Everyone here is treated with respect."

A relative said, "Staff use the first name of residents and appear to have a good understanding of their personalities and particular vulnerabilities. I have seen staff asking residents and not telling them."

People were able to spend time in communal areas or in the privacy of their own room. The activity coordinator and staff made sure people were involved in what was going on in the home. This was regardless of people's physical and cognitive ability. For example, the weather was nice during the inspection and the garden areas was quickly made available with tables, chairs and sun shades. Everyone was involved in this and ice creams were distributed to celebrate the sun coming out. Sun cream, sun hats and shade was provided. Staff sat with people to enjoy the time and a hum of excitement and talking about it could be heard.

People were offered comfort and support when they found it hard to express themselves. People living with dementia were noted to become confused; staff supported them in their own time and responded to their questions with patience. Another person was observed to be moved from their chair to a wheelchair by a hoist; this was achieved carefully with staff reassuring and talking to the person throughout.

People were supported to make choices about how and where they received support. For example, one person wanted to eat in their room for a change which was arranged quickly by staff. Another person wanted to go to the bank and get some money out; a staff member went to do this with them and both were heard readily talking about this 'little trip' out to the centre of this city. On the build up to this trip the person expressed their nervousness about going out for the first time since they had become better; staff reassured them and everyone made a fuss of them when they returned with new shoes as well as a successful trip to the bank. The PIR stated, "On a daily basis care staff assist residents to go out and about in the wider community doing positive meaningful things they enjoy, including a walk in the park, going shopping, having a pub lunch or going for a walk on Plymouth Hoe to see the war memorials".

People's birthdays were special occasions and the service looked for ways for people to be recognised. For example, they had recently applied to the French Embassy to nominate one person for France's highest honour for D-day veterans; "The L'egion d'honneur" award. The PIR stated, "It was a wonderful day when our resident received a letter from the President of the Republic whom had appointed our resident to the rank of 'Chevalier in the Ordre national de la Legion d'honneur'. It was a wonderful day and we made it a big celebration for our resident and all of the other residents and staff. The (local paper) did an article and video of the big event of our resident receiving his award (medal) from the French Consul General and Honorary Consul of Plymouth".

A relative said, "My sister celebrated her birthday a few weeks ago and the staff made a cake and everyone came to her room to sing happy birthday to her."

Visiting relatives told us they were kept informed about any changes and were involved in decisions where people were unable to fully express their views. Visitors we spoke with said they thought the staff cared about them as well as the person who lived at the home.

## Is the service responsive?

### Our findings

The service continued to be responsive.

Each person had an electronic care plan which set out their needs and how their needs would be met. Care plans could be discussed with people or their relative (with LPA). The registered manager was looking at utilising the facility within the electronic care plans for those relatives who live away to have access and communicate with staff through this in respect of their loved ones care. The documents gave a pen picture of the person and what was important to them. It also clearly set out their likes and dislikes and could be added to as staff found out more about each person. Staff had personalised care tasks to achieve for each person to ensure their individual needs were met. There was a simple format through which staff, using hand held devices, could quickly access personal information about each person. This helped to make sure people received care that not only met their needs but took account of their preferences, values and lifestyle choices.

A family member said, "I feel involved in mum's care; I live a distance away. I feel they know more about her than I do as she has dementia and there is a difference each time I see her."

We spoke with the registered manager in respect of people's care plans for those staying at the home for a short stay, as it was not always clear what the goal for the person was. Staff were achieving care for people that supported them to return home, for example, but this was not being recorded. This meant good practice examples were being missed.

Staff responded to people's changing needs and supported them to maintain their independence. Staff we met, and observed, knew people well and were able to provide care that was personalised to their individual needs and wishes. Staff were allocated specific people to look after on each shift and, although they also looked after others too, they were responsible for that person having their needs met. This meant staff and people were having times when they could 'check in' on each other to ensure all was good.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. Staff had been specially trained and the service accredited by the local hospice. People who were nearing the end of their lives had care plans in place to show the care and support they would like to receive. The staff worked with other organisations to make sure a high standard of care was provided and people received the support and treatment they wished for at the end of their lives. People's wishes regarding what treatment they wished to receive was fully recorded because the staff worked with people's GP and district nurses. This made sure there were plans in place to state under what circumstances they wished not to be admitted to hospital or if they wished to be resuscitated. This all helped to make sure people received high quality care in accordance with their wishes.

The service had received compliments in respect of how staff had looked after people at the end of their life. These included, "Thank you, for looking after our mother for the last few years and thank you again for the care and attention during her last days with you" and, "Mum's decline into dementia was very hard for us

but we have been comforted by the obvious care and attention she received from you, your obvious patience and kindness and her end of life care that met mum's wishes".

Staff helped people to stay in touch with friends and family to promote their emotional well-being. People were able to follow their religious and spiritual beliefs at the home or visit their own places of worship.

People were able to take part in a range of activities according to their interests and hobbies. The service employed an activity co-ordinator five days a week (which included every other weekend). The activity co-ordinator was passionate about their role; was very experienced and kept up to date with meeting the stimulation needs for people with a range of needs. They were knowledgeable about people living with dementia and ensured they met their needs. They had volunteers working with them to ensure people could be involved and have support if required. Visiting entertainers also came to the service regularly. People who were being cared for in their rooms were also visited. "A good chat" was recognised as being as important for people as taking part in a structured activity. We witnessed a volunteer having such a time with one person that started off slowly but as the volunteer engaged with the person, and asked questions at a level the person could respond, a nice time was had by both.

People told us they enjoyed the activities at the home and said there was a good range of things on offer. Outings were arranged to take account of people's interests. One person said, "The activities coordinator is fantastic". And another, "It's lovely, we have good trips out". There were photographs around the home showing parties and trips that had occurred. A knitting club was active and people were making items to sell at their summer fair.

The home's complaints procedure was displayed throughout the home and all complaints were fully investigated and responded to. Where complaints highlighted areas that could be improved, action was taken. The registered manager, staff and provider reflected on any issues brought to their notice to see why it had happened. The provider's other homes were then included in any learning to ensure all services addressed this.

People said they would be comfortable to make a complaint if they were not happy with any aspect of their care. People commented, "I've nothing to complain about" and, "If I had any concerns I would ring the call bell or ask to speak to somebody in the office".

A family member said, "I can approach anyone in the home depending on the concern. They deal with it personally."

# Is the service well-led?

## Our findings

The service continued to be well led.

There was a registered manager in place to oversee the day to day running of the service. 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. They were supported in this role by a care manager, duty leads and an active staff team who were all clear about their roles and responsibilities. All presented as passionate and open feedback from the inspection they needed to take action on. The PIR stated, "We appreciate all of the feedback we receive whether positive or constructive as this is what allows us to improve the services we deliver"

People were central to how the service reviewed its quality. People's wishes and needs were met because the management had a commitment to getting to know people as individuals and listening to suggestions from staff and people. A committee of people living at the service supported the running of the home in making key decisions. The registered manager advised, "We aim to continue to increase the number of committee members and we will continue to send out letters to families and friends of our residents inviting them to come in to find out what our committee is all about and how valuable the committee is to our residents including, providing valuable feedback, new ideas, representing residents and their families and friends, assisting with the planning and implementation of activities and events". The Registered Manager had recently implemented two weekly afternoon chats with her to allow people's voices to be heard regularly and their views and comments not to be missed. Action could then be taken at the earliest opportunity.

A family member said, "If I have any issues they will listen to what I have to say; my father seems happy here. I have had a good experience with every [staff member] I have met. They do seem to be very good with everyone living in the home."

A number of questionnaires were also available for people, family, staff and professionals to feedback into the service. These were not time limited and encouraged concerns, compliments and complaints. These were reviewed with the key member of staff if needed. For example, if it was feedback about the food, these were discussed with the chef. Efforts were then made to put this right.

A Thorn Park Facebook account had been set up, which (with consent) allowed residents, their relatives, friends and the wider community to see forthcoming events, photographs and descriptions of events. The registered manager and provider were planning to expand on this and in collaboration with the residents and their relatives, set up individual Facebook accounts for residents.

The provider had a clear vision for the home which was to maintain a service where people received good quality personalised care. The registered manager was fully supported by the provider and an area manager who visited the home frequently to make sure high standards of care were maintained. This made sure

people received appropriate care and support of a good standard. The registered managers of each of the provider's homes completed checks on each other home and these managers met often. This ensured a good level of communication and co working and support between managers. Spot checks were also completed at different times of the day and night by the area manager with feedback provided. Any issues were actioned and reviewed to ensure this was put right.

The provider ensured standards of care were maintained and constantly looked at ways to improve practice. A range of audits were in place which were checked by the area manager. These were reflected on and checked to see if anything could improve this area of care further. This had led to the development of "the cloud" where all audits were available to all their services and the electronic medicine system.

The management team had excellent knowledge of the people who lived at the service and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described the management team as approachable. The provider and management team had clear values in respect of how people should expect and experience living at Thorn Park; the vision and values were communicated to staff through meetings, reflective practice sessions and training.

The provider used complaints and incidents to continually improve the service. Following one complaint, a specific audit had been put in place to improve standards. In response to some concerns regarding the timing of night checks they had implemented a system which enabled staff to record the exact time of checks on an electronic tablet computer.

Staff were supported to give their view about the service and through regular support, supervision and meetings, encouraged to reflect on their work and what could be done better. Staff had Key Performance Indicators (KPIs) in place to help them gauge "success".

Staff told us they received support from the senior management team as need. They also could suggest changes in how the service was being run or how to make people's care better. One staff member said, "[The registered manager] is fantastic and I got go to her with; she listens and will address or put new systems in place." Another staff member said, "I have no concerns; it's a nice place to work and we are supported by the whole staff team."

The service ensured they were up to date with good practice models of care. They were part of the Health and Well-being Champions, set up through Plymouth City Council's Quality and Assurance Team, to enable them to share our good practice ideas with other care homes in order to improve dementia care. The PIR added, "We also strive to make improvements each year within the home and value ideas from the residents, their relatives, the staff and other health professionals." The registered manager also attended the local Dignity in Care Homes Forum on a three monthly basis. With the aim to "deliver better and higher care standards in care homes across Plymouth, to increase quality in care homes as rated by the Care Quality Commission and to improve dignity standards in care home settings". Staff also attended the St Luke's End of Life Care link forum (local hospice), which was also held every three months where best practice issues, new legislation, changes and other issues relating to end of life care are discussed. In addition the service was part of the National Association for Providers of Activities for Older People (NAPA) adding in the PIR, "We believe that activities are a crucial part of the care we provide. We also compete in the national challenge for care settings, which is held each year by NAPA".

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought



advice and shared information with the CQC and the commissioners of the service.