

Avery Homes Stafford Limited

Crispin Court Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Crispin Court Care Home is a residential care home providing personal or nursing care for up to 70 people aged 65 and over. At the time of the inspection there were 56 people living in the home.

People were supported across three floors. Stafford (ground floor) was for people requiring residential support, Walton (first floor) the memory suite for those living with dementia and Offley (third floor) which accommodated people who had the onset of dementia symptoms.

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

People were very well cared for by staff that were very kind, caring and compassionate. Staff demonstrated a high level of knowledge and understanding of the people they supported.

Comments about the service from people and their relatives were consistently positive. We saw that staff respected peoples' privacy and dignity and actively encouraged them to maintain or improve skills for independence.

People's care needs were thoroughly assessed and reviewed regularly. Staff supported people in ways that met and exceeded their needs.

People told us they felt very safe. Their relatives told us they had no concerns about their family members being in the home and recommended it to others in the area without hesitation as somewhere for their loved ones to be exceptionally well cared for.

People received prompt support from health professionals as staff were proactive in reporting any concerns about people's health in a timely manner.

Staff provided person-centred care and supported people to achieve their goals. There was a wide variety of activities available to prevent isolation and to help build or maintain relationships. Staff were pro-active in assessing people's previous hobbies and encouraged people to take these up again or to try new things that were meaningful to them.

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.

People and their relatives told us the service was well managed. Staff told us they felt the manager was very approachable and they felt valued as members of the team. People, relatives and staff were given opportunities to share their views about the service and to suggest ideas which may help improve it.

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 10 August 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?

Is the service safe?

The service was safe.

Good 

Is the service effective?

Is the service effective?

The service was effective.

Good 

Is the service caring?

Is the service caring?

The service was exceptionally caring.

Outstanding 

Is the service responsive?

Is the service responsive?

The service was exceptionally responsive.

Outstanding 

Is the service well-led?

Is the service well-led?

The service was exceptionally well-led.

Good 

Crispin Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector on the first day of the inspection and one inspector on the second day.

Service and service type

Crispin Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission at the time of the inspection.

Notice of inspection

The first day of inspection was unannounced, the second day was arranged with the manager.

What we did before the inspection

We looked at information about the service since we last inspected and sought feedback from the Local Authority and Healthwatch although none was received. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care

provided. We spoke with eight care staff, the manager, team leaders, the chef, the well-being and activity coordinator and the hairdresser.

We reviewed a range of records. This included viewing eight people's care records in detail and others to verify what we saw, and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who had been trained in safeguarding and knew how to report anything of concern.
- The manager had raised an alert with the local authority safeguarding team where there had been concerns for a person's safety, and had notified CQC which they are required to do by law.

Assessing risk, safety monitoring and management

- People and their relatives told us people were safe living in the home. One person said, "I feel safe, they [staff] are very observant here and you are looked after." A relative told us, "I don't have any concerns about safety here, everything always seems organised."
- Risks to people were assessed prior to them moving into the home to ensure their needs could be met and they could be kept safe. Care plans and risk assessments were developed from this information for staff to follow to help keep people safe and observed staff following the guidance in these plans when supporting people.

Staffing and recruitment

- Staffing levels were regularly monitored to ensure enough staff were available to keep people safe. One person told us, "You never have to wait long for someone to come, you just press your buzzer, but they come to check on me anyway." A relative said, "I visit regularly and I've never seen anyone having to wait long, there's always someone around to help."
- Staff had been recruited safely. Checks were in place to ensure staff were suitable to work with vulnerable people, which included Disclosure and Barring Service (DBS) and references from previous employers.

Using medicines safely

- Medicines were stored and administered safely. Staff had been trained in medication administration and we checked a range of medication files and found all stock levels were correct and all medication had been signed for by staff.
- Where people were prescribed 'as required' medicines, we saw staff offering these to people throughout the inspection. For example, we saw a staff member noting that a person seemed to be struggling walking and said, "Are you ok [name] you seem to be in a bit of pain, would you like some more paracetamol as you only wanted one this morning so you can have another one if you like." The person responded, "Oh yes please that would be good as I am a struggling a bit."

Preventing and controlling infection

- The service was clean and there was an appropriate standard of hygiene. The home had been awarded a

five-star rating by the Food Standards Agency, which is the highest rating possible.

- Staff received training in infection control and had access to gloves and aprons for use during personal care and food handling when required, which we observed being worn at appropriate times.

Learning lessons when things go wrong

- Systems were in place when things had gone wrong. All accident and incidents were analysed and used as learning to try to prevent these reoccurring.
- Daily meetings were organised with the manager and all the senior staff to discuss any incidents, significant changes to people's health or people coming into the service that may impact on staffing.

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.

Staff support: induction, training, skills and experience

- Staff were trained and had the skills and knowledge to support people effectively. Staff told us, and records confirmed, that they had received an induction prior to supporting people and had ongoing training. One staff member said, "I had a good induction, and felt confident afterwards. The training here is spot on and we get specific training to meet people's needs like diabetes and multiple sclerosis."
- Staff told us they felt supported. One staff member told us, "I feel I'm supported here, we get supervisions and regular catch up meetings so we are aware of any changes."

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

- People were supported to eat and drink enough to maintain a healthy diet. One person said, "This place is great, it's like a hotel as the food is great." And another person said, "The food is excellent, there's a good menu and plenty of choice and if you don't like what's on the menu you can ask for something else."
- We observed staff supporting people at mealtimes to eat and drink. Where people struggled to read the menus or had forgotten what the foods were, staff assisted them. One staff member told us, "A couple of people like 'show plates' to help them to choose and we also do this for people with poor appetite to stimulate it and encourage them to eat."

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

- People received care and support in a timely and effective way. One person told us, "They look after me, I had an infection and they helped me get better. They check on me a lot and try to improve my walking and health in general."
- Electronic care plans were in place to ensure staff had the most up to date information about people.
- Where people required support from health professionals this was arranged in a timely manner. Records of visits and any actions or follow up appointments were added to the electronic system to ensure staff were aware of any changes.

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

- The service had been well-designed to meet the needs of the people living there. The service was adapted, decorated and furnished to a high standard including spacious bedrooms, walk-in wet rooms, a cinema and various areas for people to socialise or be alone, a garden and outdoor seating areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People's capacity was assessed and reviewed following the principles of the MCA. People told us, and we saw that they were asked their consent prior to receiving care and support from staff.
- One person said, "The carers always ask us what we want, or where we want to sit and if we need our pain killers. Nothing is ever just done, we're always asked first."

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 improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well-treated and staff and management provided person centred support. Staff had knowledge of peoples support needs, but also knew what was important to them such as their families, interests and about their lives prior to moving in. One person said "I know the staff and they know me well because I've been here quite a long time. There is always someone to chat to, and there's a good atmosphere." And, "It's very good here, we get lots of help. I want to stay here as this place is ideal. The carers here are very good, they look after me and the others." And, "You couldn't ask for better care I don't think, nothing is too much trouble and I don't think you could ask for anymore really." A relative told us that staff had been pro-active in getting to know their family member, they said, "When [Name] first arrived they were a bit nervous and apprehensive, but the carers went out of their way to find out about them and make them feel included."
- People received support from staff who were very patient and sensitive to their needs. We received exceptionally positive comments about staff from people which included, "The carers here are wonderful, I can't fault them, they are ever so patient with you," "The carers are just so kind and lovely, they really do care about us and want us to be happy." We saw where people had become anxious staff responded quickly and knew ways in which to ease the person's anxiety. During the inspection one person was displaying visual signs that they would start to become became vocal towards others. Staff quickly noticed this, re-directed the person in a calm and patient way and sat talking with them until the episode passed. The staff member involved told us later, "This is the reason we get to know people, we can see the signs they are becoming agitated and can stop this escalating as we know exactly how the person responds when they are upset and what works to calm them down. It's not a one size fits all here, we do what works best for the person."
- Peoples' needs in relation to their sexual orientation, religion and other protected characteristics were discussed and recorded on their care plans. One person had discussed with staff that they wanted an amendment made to how they were addressed and this was changed by staff. Staff told us they had received training around the protected characteristics and records confirmed this.
- Some people were supported to visit their place of worship, and some preferred to practice their religion at the home. One person said, "I'm not very religious but I do like to hear hymns and someone plays them for us."
- People had an excellent quality of life at the home and staff encouraged people to lead a full and varied life. When speaking to staff we were given many examples of how far people's outlooks on life had improved since moving in. For example, staff had worked with a person living with anxiety to build their confidence up. This involved pet therapy animals and walking dogs around the home. This had enabled the person to act

as a 'buddy' to support new people when they first moved in. The persons family commented, "It is the most settled [name] has been in years."

- The home had a dementia champion responsible for ensuring all staff were involved in developing relationships with people and their families and having the right level of knowledge around dementia to be able to support people and their relatives. Staff told us learning about dementia had given them a better understanding of people living with the disease. One staff member said, "Even though I knew a little about dementia, it wasn't until I started working here and got the training that I realised how complex dementia is and how different each person will show signs and how little things can make a difference."

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

- Staff interacted with people and fully involved them in decisions about their care. People were consulted about how they wanted to spend their time, what food and drink they wanted and their medications. Staff were observed spending quality time with people just chatting and staff went out of their way to make people feel valued and special. Many comments were heard from staff such as "Oh, well don't you look lovely this morning" and "You're looking very smart today" and "Your nails look lovely, what a pretty colour." This encouraged people to chat and engage with staff. One person told us, "The staff really do go above and beyond to make sure we're looked after, they always check in on us and make sure we're happy, which I always am here." A relative said, "The staff are amazing here, they always make sure they involve [relative's name] in everything. I've seen them asking people if they are ok or would prefer to sit in a quieter area when entertainment is on, they're always making sure people have a choice."

- People were routinely asked if they wanted to sit in another area of the home or want to go back to their rooms. We spoke to one person who was sat in a chair outside one of the main lounges, they told us, "Sometimes I don't always want to be with everyone in there, but staff will help me to come and sit here so I can still join in but be a bit away. This is what I like doing and staff know me so will always come and ask me."

- There was a 'resident's forum' where people could discuss any issues in the home, any improvements, provide feedback about staff and what qualities they looked for in potential new staff. We saw that people had asked for different menu choices and this had been actioned.

- The manager was proactive in ensuring people were supported to express their views and be involved in decisions about their care. The manager told us there were plans to have a resident and relative ambassador to relay information to the management team and people were involved in staff interviews if they wished to be. One person told us, "I've done interviews with some people that want jobs here, we can ask questions if we want and we got involved with taking on the new chef. We got them to cook us a meal and we rated them and chose the best one." Another person told us they had been involved in an interview during the inspection and had, "Made sure they were ok to work here" and had "asked questions about how to look after us."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us how staff respected them. One person said, "The carers always speak to me kindly, they do help me when I need it but also let me do things for myself when I can." And a relative said, "I've only ever seen the staff speak to the residents here with respect, you can tell they really care and have a genuine affection for people."

- People told us they were able to choose if they preferred male or female carers to support them with personal care. One person said, "They asked me if I'd prefer a man or woman but to be honest they're all lovely so I don't really mind but I know some other people do so it's good we get the choice."

- Throughout the inspection we saw examples of staff promoting peoples' independence and dignity. These included staff encouraging people to do as much for themselves as they could during mealtimes but

stepping in to assist when needed. Staff were attentive where people may have dropped food on their clothes and discreetly asked if the person wanted this wiped away.

- Staff told us the importance of people maintaining as much independence as possible with one carer saying, "We assess what people can do before they move in, and we try to at least maintain that level by encouraging them. Ideally, we try and work with the person to try to improve things, such as their mobility, as sometimes it's just a lack of confidence. If we are there with them to encourage we often see an improvement."

- The prompting of peoples' dignity and independence was embedded at the service and central to staff members approach to people. There was a dignity champion in place who was responsible for ensuring staff were promoting peoples' dignity.

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was a wide variety of activities for people to get involved with to keep them stimulated and engaged and the service had an ethos of ensuring people had fulfilled lives.
- People told us they enjoyed activities that were offered, one person told us "There's plenty to do and carers to talk to as well if you don't feel like doing much. The carers always ask us if we want to join in or if we want to do something with them, it means the world to have people looking after us like this."
- People, relatives and staff gave us examples of how people were supported to avoid social isolation and develop and maintain relationships. Two people were able to tell us about a day trip that they had organised with the help of staff. They told us, "We've both worked in the military you see, and the carers were asking us about it for our care plans and said would we like to go to a museum to see some tanks and other stuff so we said yes. The carers found somewhere that we both wanted to go and let me tell you it meant the world to us, it was amazing!"
- The activity coordinator told us about one person who used to play a musical instrument, but since the onset of dementia did not remember doing so. Staff decided to see if the person would like to sit with the instrument and reminisce. Staff persevered with the person and encouraged them to use the instrument until they began playing. After a short time, the person started to read music and played several songs for everyone who sang along. This was repeated a few times and the person played hymns and was enjoyed by people not able to regularly attend church. Staff informed the person's relative who was amazed. Staff have since written to the place where the person use to play the instrument to arrange for them to play it there. The person has been given an instrument and headphones so that they can play in their room and not disturb others. This has proved to have a positive effect on the persons' wellbeing and for other people who enjoy listening to them playing.
- A staff member told us about how they had supported people to access and use technology to help them stay in touch with family and friends and to engage in activities online. They told us, "A lot of the residents have phones but not always aware of how to use video calling so we help them do that and help them if they run into any issues. We've also got people who have iPads or they use the ones we have in the home to keep in touch with their families. We sit with them and show them how to use the equipment and make sure they're able to do what they want and it means the world to them if they can see and speak to their grandchildren online."
- One person told us, "I didn't really know how to use computers before I came here but I have ordered some presents [on the internet] with the carers help which was something I didn't think I'd ever do." By enabling people to access the internet and use their mobile phones, this has had a positive impact on their quality of life and helped in preventing loneliness and isolation.
- The provider was keen to maintain and promote relationships within the home. The staff team were able

to help couples maintain their relationships and stay together. Staff worked with a couple who had not slept apart for many years by converting two adjoining rooms so that they had a living area and a shared bedroom. The couple celebrated a significant wedding anniversary and were able to celebrate with their friends and family in their own 'apartment.' Due to the success of this 'companion suite' another set of rooms has been converted so that another couple could enjoy these facilities.

- One person who had stated they wanted to do something within the home to keep them busy was supported to run the memory café. Staff spoke with the person and their family about this and arranged for the person to receive training. Specialist equipment was purchased for easy use and, along with an official name badge and uniform, this person was empowered to manage the café, with support from staff. This had a profound impact on the person; one staff member told us, "Since [name] has been running the café they are a lot happier, [name] used to get quite low at times as they'd always been an active person and worked and felt lost and now their confidence has come back."

End of life care and support

- At the time of the inspection there was no one receiving end of life support, although we spoke to the manager and staff about the care and support that was available.
- Relatives were supported to be with people who were nearing the end of their life, to ensure this was a dignified and supportive experience for them both. Support was available for relatives to enable them to stay with their loved ones such as providing toiletries, meals and drinks and laundry services as well as the opportunity to use a vacant room to stay in the service.
- The manager and staff were also developing a 'dignity unit' which was a trolley of useful items to be made available to anyone during end of life care. This contained items to bring comfort to the person and their family such as an essential oil diffuser and battery-operated candles to create a relaxing atmosphere, hand creams to use for hand massages and a Bluetooth player to play music.
- People's future wishes and end of life care plans were in place and detailed how they wished to spend their final days. These plans included any religious or cultural wishes and any music they would like playing.
- An end of life champion was available to offer extra support and guidance to staff and to support people and their families.

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

- People received care and support that was personalised to their needs. People told us staff were responsive, respected their decisions and encouraged them to have control of their lives. One person told us, "I have nothing but good things to say about the staff and living here, they know me very well and what is important to me."
- Staff were extremely knowledgeable about people's preferences, support needs and what was important to them. For example, they were able to describe small personal details about people and how they supported them with these preferences. One staff member told us, "The initial induction when you start is really good to help you get to know the basics, but then we use the care plans and life histories and spend time with people to help us to really get to know them so we know how they like things and can suggest their usual preferences to them if they have forgotten."
- The manager had a very strong focus on person-centred and responsive care for everyone living at Crispin Court Care Home. Staff were encouraged to concentrate on what people could do rather than what they couldn't. There was a culture of people being at the heart of the care they received and this alongside a consistent staff team ensured people achieved an excellent standard of care.
- We saw that people's needs and preferences were regularly reviewed. Information from these reviews was used to update care plans so staff had the most current information about people to ensure consistent and person-centred care.

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 had assessments carried out prior to moving in and plans were put in place to ensure staff understood how to support them correctly.
- Staff were aware of the different ways people communicated and used these to ensure people could relay information and be involved in the support they received. We saw staff using various methods to ensure people understood them, repeated the information if necessary and used non-verbal signs people demonstrated to determine choices and decisions. A staff member said, "We use communication cards to show people things to choose from or sometimes you can tell from their body language or facial gestures if they are happy, sad or may need pain relief. We bring items to them to prompt their memory and sometimes you can see just by their eyes that they have understood or remember things and that's why it's so important we spend time getting to know people as individuals."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint, although told us they had never needed to as they had been happy with being able to speak to the manager or staff to sort out any issues. One person said, "You never have to worry here. If you have a problem or are worried about something then the carers sort it for you. They can usually tell if something isn't quite right anyway before you even have to say." A relative said, "There's always going to be a few teething problems when someone new moves in, but because the manager and staff are so nice and approachable you can sort anything out without needing it to go to a complaint as it's sorted out straight away."
- A robust complaints policy and system was in place to learn from these when things went wrong.
- At the time of the inspection no formal complaints had been received, however all low-level concerns were recorded, investigated and analysed to try to prevent further instances.

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 manager promoted an open culture and people and their relatives told us they felt confident in the management team and the service being provided. One relative said, "From day one I've felt able to approach the staff and manager with anything I've needed to discuss and they truly do want the best for everyone here."
- Staff told us they felt supported by the manager and enjoyed working as a team. Staff told us they felt fully involved in the service which led to them all contributing to a person-centred service. One staff member said, "We are all involved in decisions about the service, we're not told to do something different without being asked for our opinions first. I think that means we feel valued and feel this is a place we want to come to work every day and do what's best for the residents."

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 registered manager understood their responsibilities under the duty of candour. They ensured when things went wrong the reasons behind this were analysed to identify any trends to try to prevent them occurring again in the future.
- When incidents had occurred, records showed that communication with relatives had been open and transparent.

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

- The manager had an extensive system of audits in place to check the quality of the service people received. Checks were carried out on all areas of the service which included care plans, complaints, accidents and incidents and medication to identify any inconsistencies, then if any were found these were analysed for any trends to prevent them happening again.
- We spoke to a regional manager who told us how they used the managers audits to gain an overview of the service in terms of quality. They said, "Once the manager has compiled all the data from their audits, we then analyse this and any anomalies are looked into. I hold a monthly meeting with the director of quality to discuss the service and make sure, as a management team, we have a good understanding of any quality issues and we are continually monitoring performance to ensure people who live here get the best possible care."
- The registered manager understood their responsibilities. The rating from the last CQC inspection was on

display and, where needed, notifications had been sent to CQC.

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

- People and their relatives told us they were asked for their feedback about the service and felt able to share their opinions. People were able to meet to have discussions about the service and were given the opportunity to share any concerns or ideas with the manager.
- The manager was very keen on people and their families being involved in giving feedback about the service and acting on any suggestions or comments received. They told us, "I know 'open door policy' is used a lot, but ever since my first day here I've truly meant that. I'm a big believer in anyone being able to feel comfortable enough to approach me about anything. When I first started, I introduced myself personally and spent time individually with the residents to give them and their relatives an opportunity to raise any issues with me directly when they may have not felt able to do so in a group or if they had to wait for a meeting."
- Staff told us they felt supported and were given opportunities to feedback about the service and received supervisions to enable them to talk through their role and discuss any concerns or training needs.

Continuous learning and improving care; Working in partnership with others

- The provider promoted continual improvement within the service. The manager had a passion for encouraging and supporting the staff to develop and progress in their roles. One staff member said, "It doesn't matter what role you have here, you're seen as important and encouraged to learn and work towards more qualifications if that's what you want and because we are always up to date with our training it makes sure people here are getting the best care."
- Strong community links were in place. For example, there were links with a local primary school to assist with the curriculum in regard to changing societies and building community links. There were placements for students from a local college studying health and social care, giving them an insight into how it feels to work in a care home, sponsorship of a disability stand at a local football team and fundraising for a local guide dogs for the blind charity.