Care Quality Commission

Grace and Compassion Benedictines

Montana Residential Home

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 24 July 2015 and was unannounced. The service was last inspected in October 2013.

The service provides accommodation for 19 older people some of whom may be living with dementia. At the time of our inspection 14 people were living at the service and two people were in hospital. The service provides ground floor accommodation for people of any faith or no faith. The staff team includes Catholic sisters who live onsite and care staff who do not.

A registered manager was in post. 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.

Everybody we spoke with in connection with the inspection of this service commended the caring and professional way care and support is provided. People

Summary of findings

who used the service and their relatives, were very keen to tell us how pleased they were to have found the service. All the staff we spoke with told us they would happily place a relative at the service.

Staff were trained in keeping people safe from abuse and understood their responsibilities should they suspect abuse had occurred. Staff were able to outline how they would report any concerns they had both within the organisation and externally.

There were sufficient numbers of staff on duty to meet people's needs. People were confident that their needs would be met quickly and this is what we noted during our inspection.

Risks to people's health and wellbeing were assessed and reduced as much as possible but there was a strong commitment to ensuring that people continued to take part in activities which were important to them and to try new things. Risks associated with this were assessed. The service maintained a good balance between keeping people safe and enabling them to maintain their independence and play a meaningful part in the life of the service.

Medicines were well managed and people received the medicines they needed safely. People were supported to take their medicines themselves and remain independent if this was their wish.

Staff received the induction and training they needed to carry out their roles effectively. Staff demonstrated a good knowledge of the people they were supporting and caring for and knew people's particular preferences and wishes with regard to their care.

We saw that staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards DoLS) and the service acted in accordance with them. The MCA ensures that, where people have been assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

People who used the service were very positive about the food and were able to exercise choice about their meals. Mealtimes were seen to be very sociable occasions which people greatly enjoyed. People identified as being at risk of not eating enough were promptly referred to the dietician and monitored to ensure no further unplanned weight loss. Support around people's nutrition was managed discretely and sensitively.

People were supported to access healthcare professionals when they needed them. Healthcare needs were met promptly and staff were encouraged to increase their knowledge of people's health conditions through training and a large library of DVDs and reading materials in the main office.

Staff were caring and committed and we saw that people were treated respectfully and their dignity was maintained. The main thing people who used the service, and their relatives, wished to stress to us was how very caring this service is. The atmosphere was of a friendly and happy place and the good relationships between staff, the people they were supporting and visiting relatives were observed throughout the service. The staff worked collaboratively and all were seen as playing an important part in providing the best possible service.

People were involved in assessing and planning all aspects of their care and we saw that care plans had been signed by them to reflect their involvement . People's care was regularly reviewed with their keyworker and the manager demonstrated that they had an in depth knowledge of people's care needs.

People were supported to follow a wide range of interests and hobbies and were involved with the local community. People who did not wish to take part in any structured activities had their wishes respected. People were given meaningful tasks to carry out related to the running of the service such as helping with recruitment and organising resident meetings. This meant a lot to people. The atmosphere was often described to us as being homely and like a family. There was no sense of hierarchy and staff and residents had formed meaningful friendships. People were not seen as simply being cared for but as being part of a small community.

There had been no formal complaints since our last inspection but we saw concerns raised informally were managed promptly and well and to people's satisfaction. People who used the service, and their relatives, felt they were actively involved in developing the service and were encouraged to give feedback in a number of ways.

Summary of findings

Staff understood their roles and were well supported by the management team and were encouraged to develop their skills further. People were very positive about the registered manager and praised the open culture of the service.

The service had received recognition in the form of awards and commendations for aspects of the service.

The manager was focussed on the continuous improvement of the service . They attended workshops and local groups to develop their skills and increase their knowledge of developments in the care sector which they then cascaded to staff. Staff were also keen to increase their knowledge and skills in order to provide the best service

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Procedures were in place to protect people from abuse and staff had been trained to recognise the signs of abuse and knew what action to take in response to concerns.

Risks were assessed and reduced as much as possible.

There were enough staff to meet the needs of the people who used the service.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received the training and support they needed to carry out their roles.

The service operated according to the requirements of the MCA and DoLS.

People's dietary need were met and they were supported to access the healthcare support they required promptly

Good

Is the service caring?
The service was very caring.

People were treated with dignity, kindness and compassion. People who used the service, their relatives and volunteers were keen to point out the exceptionally caring ethos of the service.

People were encouraged to express their views and were consulted on all aspects of their care. People felt their voice mattered and their opinions were listened to and acted upon.

People of faith and those of no faith were welcomed as residents and their preferences and wishes respected.

Outstanding

Is the service responsive?
The service was responsive.

People were involved in assessing and planning their own care and were involved in the daily life of the service.

People were able to follow their own interests and hobbies.

Good

Summary of findings

The service was proactive in asking for feedback and responded to any informal concerns raised promptly and to people's satisfaction

Is the service well-led?

Good

The service was well led.

People, and their relatives, were actively involved in developing the service.

Staff understood their roles and were well supported by the management team. The staff team worked collaboratively and worked according to the values and ethos of the service.

The experienced manager constantly strived to improve the service in all aspects. They ensured they kept updated on aspects of care legislation and were proactive in seeking out opportunities for staff to develop and increase their skills and knowledge.

Montana Residential 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.

The inspection took place on 24 July and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who used the service, two relatives, two volunteers, three care staff, the person responsible for maintenance, the administrator, one member of kitchen staff, the deputy manager and the registered manager. We also spoke with the local district nursing team for feedback about the service.

We reviewed four care plans, three medication records, two staff recruitment files, three financial records, staffing rotas and records relating to quality assurance and the maintenance of the service and its equipment.

Good

Is the service safe?

Our findings

People told us they feel safe living at the service. One person described this to us saying, "It's such a relief to know that they are looking after us". We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies.

Safeguarding people from abuse was discussed at staff meetings and at staff supervision sessions. Staff had received training in safeguarding people from abuse and were aware of the service's whistle blowing policy. They told us they would know what to do if they had concerns about other members of staff.

The service had taken the responsibility for safeguarding some people's money for everyday expenses. We saw that processes were in place to safeguard these people from financial abuse. We checked the financial records for three people whose money was safeguarded by the service and found them to be fully completed and accurate.

We saw that risks were assessed and actions taken to reduce these risks as much as possible. We saw that people's risks associated with their daily activities such as eating and drinking, showering, mobility and their likelihood of having a fall had been assessed. Specific risks had also been assessed. One person's care plan had an assessment in place as they liked to put the service's wheelie bins out each week. This activity had been assessed as within this person's capabilities and their care plan signed by them to demonstrate their involvement.

People had been provided with equipment to reduce risks associated with pressure care and mobility. We observed staff providing support for one person to move from an armchair to their wheelchair and saw that this was carried out using safe moving and handling techniques as set out in the person's risk assessment.

General risks to the service had been assessed and an emergency folder was kept handy by the front door. This folder contained information to guide staff in the case of an unforeseen incident which stopped the service running safely, such as a power cut or a flood.

People who used the service, their relatives and staff told us that they felt the staffing levels were sufficient to meet people's needs. People told us that they did not have to wait a long time when they pressed their call bell. One person said, "They come quickly. Amazingly quickly really". Another person said, "We have a buzzer we can wear round our necks and another in the bedroom within easy reach". Throughout our inspection we observed people being supported and cared for in a timely manner and the call bell log showed that bells were responded to promptly by staff. An on call service was provided by the Catholic sisters who lived onsite and people told us that staff attended quickly if they were needed.

We examined rotas for the four weeks when the registered manager had been away from the service. The manager had submitted a notification to us and kept us informed of the staffing arrangements for their absence. We saw that the deputy manager had assumed responsibility for the service and, although staff numbers were reduced during this period, we could see that staff had been used flexibly and a consistent staff team had continued to provide care and support during this time. This had been achieved without using agency staff who would not be as familiar with the needs of the people who used the service.

One person who used the service told us, "They all pitched in and they managed. We never felt they were short staffed. All the staff are lovely". We saw that the administrator had a nationally recognised qualification in care and they told us that they often help out with caring tasks if needed and had done so during this four week period. We saw that they had completed all the training that care staff had undertaken.

Staff employed at the service, and volunteers, had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff and volunteers started work at the service. DBS checks were also sent to be double checked by the Catholic Safeguarding Board.

We saw that there were arrangements in place for the safe administration of medicines, including controlled drugs. All care staff had been trained to administer medicines and one member of staff took overall responsibility for all matters related to medicines. Procedures were in place for the safe booking in, storage, administration, stock control

Good

Is the service safe?

and disposal of medicines. We viewed records of the administration of medicines and found them to be accurate and complete. Stocks of three medicines were checked and found to be accurately recorded.

There were protocols in place for PRN medicines, which are medicines taken as and when people require them and not consistently. There were also protocols for homely remedies such as cough syrup and paracetamol. These had been signed by a GP recently. This meant we were assured that the service had taken steps to ensure that homely remedies were safe for people to take alongside their other medicines.

Where people administered their own medicines this had been risk assessed and clear guidance was available for the person and for staff. Stocks of medicines people administered themselves were checked every 28 days and the assessment would be reviewed if this identified any problems. Some people administered some of their medicines, such as inhalers and creams, while staff supported them with the rest. This demonstrated a commitment to enabling people to remain as independent as they could be and have as much control over their care as they felt able to have. We saw that people had signed to give their consent to have their medicines administered by staff if this was the case.

Good

Is the service effective?

Our findings

Staff knew the people who used the service well and were able to tell us what people's care needs, including their end of life wishes, were. People who used the service told us they were happy with the way the staff team supported and cared for them. One person said, "I'm very happy here. They look after me very well. I would say we live very well". Another person told us, "I think you will find everything is very good here. The staff know what they're doing, certainly". Similarly a third person said, "The staff are so lovely. They all pitch in together. The handyman solves any problem!"

Staff undertook an induction when they joined the service and carried out training which covered core skills such as moving and handling, infection control, food safety and medication administration. Staff shadowed more experienced members of staff for a number of shifts to help them gain both competence and confidence before working as part of the permanent staff team.

Staff were positive about the training they received. One member of staff told us, "They make sure I am trained. I would ask for training if I needed it. I would never be asked to do something I don't know how to do". We saw that a person who used the service was due to have a percutaneous enteral gastronomy (PEG) tube fitted. This is where a person receives nutrition directly into their stomach. Staff, including night staff, were due to receive training in how to support them with this before the person was discharged from hospital back to the service.

We also saw that staff had received training from the local hospice service and worked with Marie Curie and district nurses when they had been supporting a person with their end of life care. Staff had undertaken training in caring for people living with dementia. This had included a session which aimed to replicate the sensory experience of someone living with dementia. Staff told us they had found this very revealing and that this had helped them understand further the difficulties people with this condition faced.

We saw that the eight volunteers who worked at the service had also received training which included fire safety, moving and handling, safeguarding people from abuse, health and safety and first aid. Volunteers supported people to take part in social outings as well as organising activities within the service. The additional training they received was designed to ensure that these activities were provided safely.

The manager had written a booklet of hypothetical care situations which they used with staff at induction, supervision and team meetings to promote discussion about how to provide safe, effective, caring, responsive and well led care. Staff received regular supervision and appraisal and all the staff told us they felt supported by the service.

The care staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were clear that people's capacity to consent could fluctuate and that each decision needed to be looked at individually. We observed throughout the day that people's consent was asked for before any care and treatment was provided. We observed one person being assisted to move from an armchair to a wheelchair and staff explained what they would be doing at each stage and asked the person if that was alright before they continued to the next stage.

People's capacity to consent had been assessed and written records of people's consent to have their medicines administered by staff or to have photographs taken were recorded in their care plans. People gave their written consent for staff to enter their bedrooms in an emergency or for the registered manager to safeguard their money for everyday expenses.

We saw that the registered manager had applied for one DoLS authorisation and understood the criteria for considering depriving someone of their liberty in order to keep them safe.. People were seen to have free movement about the service and external doors were not locked. People had been offered the chance of having their own front door key and people's decision to have or refuse a key was recorded in their care plan.

Everyone was very positive about the food and people enjoyed their lunch in a relaxed and sociable atmosphere. One person told us, "The chef is very good. I don't like beef and they always remember and they do me stuffed mushrooms". Another person said, "We have homemade soup every night – it really is very good". Dining room staff told us that staff knew people's preferences regarding their diets and meals were chosen in advance and the choice

Good

Is the service effective?

was checked in the morning. People told us they could change their minds about their choices and alternatives would be provided. Most people ate in the dining room but were given the option to eat in their rooms if they preferred. Some people told us they sometimes liked to have breakfast in their rooms.

Any support people needed with their meal was given in a sensitive manner with the staff working at the person's pace and not rushing them. People's particular dietary requirements and preferences were catered for and people were all served at the same time so those having different options were not singled out.

People told us they could ask for drinks and snacks whenever they wanted them. One person explained, "We all have a plastic card saying what we can order 24 hours a day. Tea and coffee or sandwiches if we want them". There were water coolers throughout the service and we saw that people were encouraged to drink plenty of water in addition to cups of tea and coffee which were brought round. Some people told us they liked to an occasional sherry or a glass or beer and this was provided for them.

People's weights were appropriately monitored. We saw that the service responded promptly if a person began to lose weight and show signs of malnutrition. Food record charts were quickly put in place as soon as a concern was identified and, if necessary, a referral was made to the dietician. We saw that food record charts were fully completed and were stopped if the person gained weight and the risk decreased. One person told us they had lost weight through attending an exercise class and going for more walks. They told us they had previously felt quite unwell but felt much better now. They told us, "I go for a walk most days. I often walk some of the other residents round the garden".

Records showed that people had access to a variety of healthcare services including GPs, district nurses, opticians, occupational therapists, dentists and chiropodists. People were accompanied to hospital clinic appointments if this was their wish. We saw that the service worked with five different local GP surgeries as the manager wanted people to remain with the GP they had before moving to the service as this was felt likely to be beneficial to them in terms of continuity of care.

Outstanding ☆

Is the service caring?

Our findings

Throughout our inspection people who used the service, relatives, volunteers and staff wanted to stress to us what a caring service this was. One person who used the service said, "The sisters hold us in the palm of their hand". A relative explained, "It's like a family here .My [other relative] was in a care home and it was good but this is a home. It's very special here. People feel cherished".

Comments on the most recent resident and family surveys contained comments such as' "This is the home from home" and, "It was a Godsend when He guided my footsteps to the excellent care given by the sisters and staff". The most recent staff surveys asked staff what they were proud of and one person had answered, 'My job - I care with my whole heart for everyone'.

We observed that people were treated with warmth, kindness and compassion and staff had time to sit with people and chat to them. One person said, "If I press my buzzer they come. They're very nice and they've got time for you". Throughout the inspection the atmosphere was calm and relaxed and people told us this was how things usually were. A member of staff described the service as 'calm and organised' and this was our impression.

One person described to us that they had previously been unwell before they came to live at the service. They had not been able to take care of themselves as they wished and their quality of life had been quite poor. They said that they had come for a respite stay and had decided to move in permanently because of the quality of the support they had received. They were positive about the caring and supportive ethos of the home and felt it had contributed to them making a full recovery and regaining their independence and confidence. They told us, "It's so homely. Relatives and friends pop in. I love every minute of it. It's my home. I talk about my home".

We saw in one person's care plan that they liked to spend a lot of their time in their room. Their relative told us, "[My relative] likes [their] own space.[They] are offered activities and sometime dip in and out but [their] wishes are respected. [They] feel at home". We spoke with the person and they told us they enjoyed spending time in their room and sitting room and liked to go for a walk but did not take part in any structured activities. They told us, "This suits me. I like to be independent".

We carried out an observation over lunchtime and noted that the atmosphere was relaxed and very sociable. People sat together around small tables or on their own if this was their choice and it was clear to us that relationships between staff, both care staff and dining room staff, and the people who used the service were good. Staff were respectful and people told us that they were always treated respectfully. Some people enjoyed light hearted chats and jokes with the staff while they were eating their lunch.

We saw that, although this was a service run by sisters from a Catholic order, people from other faiths and no faith were welcomed as residents and staff. We spoke to people who both had and did not have a faith and found that their wishes and choices were respected. Those who did have a Catholic faith told us they found it very comforting to have an onsite chapel where mass was celebrated.

The service had also thought to provide an area next door to the chapel which contained a large television and a variety of comfortable armchairs. The mass was then streamed through to the television so that people could take part but were more comfortable than on the wooden seats in the chapel. We spoke with three people who told us that they always sit together in the armchairs to take part in the services. One of them said, "We like to sit in the comfy chairs!" As well as the regular Catholic services the manager told us that they also hold an Anglican service every three weeks.

People were involved in planning their own care and were meaningfully involved in making decisions about their care. They told us that they felt that their opinions mattered and that they felt they would be listened to. For example although staff checked to make sure people were safe and comfortable during the night we saw that those who had asked for this not to be done had their wishes respected. One person told us that they did not like to have their sleep disturbed. They said, "I don't like it as I can't get back to sleep so I told them and it stopped". We saw that this information had been recorded in their care plan and signed by them. Staff knew they should leave the person undisturbed unless they called for help.

The service had appropriate plans and procedures in place to support and care for people at the end of their life. Staff had received training in supporting people with their end of life needs and worked with local hospice and district nursing services to help people have a dignified, pain free

Outstanding ☆

Is the service caring?

death. Care plans contained detailed information about people's wishes in the event of their death and these were reviewed to ensure that people's current wishes were reflected.

It was clear to us that staff knew people well and we observed staff anticipating people's needs and responding to them quickly. Support was offered discretely in order to preserve people's dignity. People told us that staff respected their dignity and privacy when they were providing any personal care. We saw that staff noticed when one person was in need of some support and they responded quickly and discretely to take the person to their room to provide this.

People's personal histories and life stories were well known by the staff and documented in people's care plans. One member of staff said, "These people are like walking history books!". People's former lives, as well as their choices and preferences, were documented in detail in their care plans and as additional information was identified it was added to the record. We saw that one person's care plan indicated that staff had noticed that they sometimes found it a little overwhelming when a lot of visitors came to see them at the same time. The staff had spoken to the family of this person and now visits were staggered. This information was added to this person's care plan.

Good

Is the service responsive?

Our findings

People who used the service and, if appropriate, their relatives, had been involved in developing their care plans. Care plans set out people's choices and preferences and built up a picture of exactly how each person wished to receive their care. One person told us, "I had heard bad things about care homes but I'm not sorry I came here. I can maintain my independence which is very important to me. I go for walks and do what I want. There are structured activities if you want them but I don't. They're very good though".

We saw that people's needs were assessed before they moved into the service and that they visited the service before making any decision about their future care. One person told us that they had wanted to move into another care home but after visiting Montana they had changed their mind. They said, "I like this number of people – a smaller place". Once people's care and support needs had been assessed a care plan was drawn up. A comprehensive record of people's likes and dislikes was made as soon as a person started to use the service. This record identified things like people's most and least favourite foods, books, films, music and colours, among other things. Staff used this knowledge to help ensure that people would be happy with the options given to them. We saw that there was a weekly film club in the main lounge and people's likes and dislikes with regard to films had helped staff choose which films to show. On the day of our inspection a film was being shown and one person told us afterwards that it was their favourite film.

Care plans documented the support people needed and how they wished it to be provided, including their wishes as to the gender of the member of staff providing their personal care. Small details, such as one person liked to have their tablets with water put in a glass on a table in front of them, were noted and we saw staff working in accordance with people's wishes. We noted that plans were reviewed monthly and we saw the first care plan review for a person who had recently moved into the service. We saw that this review had covered all aspects of this person's care. They had been asked if they were happy with the level and standard of care provided and been asked if staff were gentle when supporting them with their mobility needs.

Care plans were promptly updated if people's needs changed in any way, large or small. For example we saw that significant changes to people's health were communicated quickly to staff and the care plan altered to reflect this. We also saw that small issues, such as one person who wished to be known by a particular name or another person deciding that they liked a particular food they had previously disliked, were included. We saw that the list of foods this person disliked had been updated and a note placed on it stating, '[Service user] likes this now!'

People who used the service were supported to follow their own interests and hobbies. The local Women's Institute had recently been invited to come along to the service to see if people might be interested in learning more about it. Volunteers supported people to do their shopping in the local town and to take part in various in house activities such as art and craft, singing, exercises and board games. One volunteer told us that they pop in to the service very regularly to help out with the library and to run a small book group reading a variety of novels to people. The volunteer was supporting two people to read The Diary of Anne Frank and one of them told us they really enjoyed this. Pets as Therapy (PAT) dogs visited the service regularly and outings were arranged to local places of interest on a regular basis.

People were meaningfully involved in the running of the service and the manager had sought to use the skills and abilities people had for the benefit of the service. For example one person, whose background was administrative, was responsible for organising and taking the minutes of the resident meetings which were held four times a year. This person also assisted at staff interviews, minuting the responses that candidates gave during their interviews. We also saw that some people had particular roles such as putting the bins out, watering the plants, changing the water in the bird bath and taking the mail to the post office. These were simple things in themselves but contributed to raising self-esteem and were typical of the inclusive ethos of the service.

We also saw that the service had introduced a system of identifying which people had a Do Not Attempt Resuscitation order in place by putting a discrete heart shaped sticker on their door. Two people told us that they had told staff that they did not like this. They had raised their concerns and the stickers had been removed from everyone's door immediately. A different way of identifying those people who did not want to be resuscitated had

Good

Is the service responsive?

been put in place. Staff were aware of the new method and told us that it was very important to them that people were happy with the way the service supported and cared for them and that their dignity was protected.

Although the service had received no formal complaints since their last inspection we saw that policies and procedures were in place. Informal issues were dealt with promptly and people told us they knew how to make a complaint if they needed to. We saw that resident surveys were carried out every three months and any issues previously raised by a person were revisited to make sure the person was happy that any concern they had raised had been dealt with to their satisfaction. For example one person had stated that they did not want to get up before 8am. This had been duly noted in writing by the manager and their care plan updated to reflect this. The person confirmed to us that they could get up when they wanted. Similarly any concerns raised in the resident meetings were addressed promptly by the manager.

As well as the resident surveys we saw that surveys were sent to family and friends and professionals connected to the home. We saw that these gave the chance for people to provide feedback to the service on a regular basis. The surveys we viewed were positive and praised the service.

Good

Is the service well-led?

Our findings

A person-centred and open culture was promoted at the service. People were very positive about the manager and told us they were consulted about all aspects of the service and felt their opinions were listened to. One person said, "There's plenty of opportunity to tell them what you want – more than enough! And they listen". Relatives told us that they found the manager very approachable and could not praise her, and her management team, highly enough. One person, whose relative had moved to another service due to declining health, came in and asked to speak to us as they wanted to share their positive experiences of the service. They said, "We can't fault anything here. Everything is tip top".

During our inspection we saw that relatives, volunteers and the people who used the service popped in to the office to chat to the manager throughout the day. The manager worked regular shifts and felt this was important in terms of role modelling for staff and to have an overview of the way the service was running. The staff team worked collaboratively and each staff member we spoke with felt a valued member of the team and very well supported. One member of the care staff said, "It's wonderful here. I wouldn't be anywhere else. They make sure I am trained and I am never asked to do something I don't know how to do. If I have a problem I go to [the manager] and she sorts it. She is a very good manager. It is a wonderful place to work and to live"

Staff told us that they were actively encouraged to question practice and make suggestions for improvements. One person told us that they had suggested the service bought a net so that one person could have their window open without being troubled by flies. They said this was a simple idea but was a typical example of the way everybody in the staff team felt free to make suggestions for improvement. Another member of staff had recently fed back in their staff survey that they valued the homely atmosphere of the service and the fact that staff could be 'free' when communicating with the management.

People who used the service, family and friends, staff and visiting professionals were given the opportunity to help develop the service and give positive or negative feedback. Regular meetings were held with people who used the service, their relatives and the staff. In addition the Catholic sisters on the staff team met together each month.

Regular surveys were sent out to all these groups and the responses were analysed. We saw that in a recent staff survey where some staff had not been clear about a particular issue this had been followed up in staff meetings or supervision sessions. Comments from visiting professionals were all positive with one person commenting, 'Well run home' and another stating, 'It is a great residential home. All staff are very caring and hard workers. The home is very flexible and tries to accommodate individual customers' needs'. The local district nursing team also had positive feedback about the way the service was run and had no concerns about the service.

All the staff were clear about the values and ethos of the service. The Catholic sisters who worked at the service spoke of their vocation but also called their work a pleasure and all the staff we spoke with said they would be happy for a relative of theirs to be placed at the service. Care plans stated that 'all requirements must be met through positive, individualised support' and we saw that this guided staff interactions. One staff member had described this in their recent staff survey as 'Each [person] is a priority'.

There were systems to monitor the training and supervision of staff. A training matrix identified when staff had completed training and we saw that all appropriate training was in place and plans had been made for additional training to help staff to support people with people's potential healthcare needs. An audit system was in place to assess and monitor the quality of the service provided. Audits and spot checks were carried out by the manager and senior staff and action promptly taken where issues were highlighted. Health and safety, infection control, cleaning and medication procedures were regularly audited to monitor the quality and safety of the service and establish if any improvements could be made. We saw that the maintenance log was monitored as part of this process and issues, such as leaking taps, were dealt with very quickly. Care plans were audited by the manager regularly and all the plans we saw were fully completed with all records up to date.

The registered manager understood their responsibilities and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. The service was part of a small group of services and we saw that the group worked

Good

Is the service well-led?

collaboratively and provided support for the manager. A new accessible vehicle was being given to the service by another and would be used to take people out more frequently. Occasionally when services were going to be short staffed for a period of time, staff were moved around to help. This meant that agency staff were not used and staff who came to help were already familiar with the ethos and values of the organisation.

Staff were give particular responsibilities to develop their skills and to help to ensure continuity. For example we saw that one member of staff had particular responsibility for all matters relating to medication. This was intended to reduce the likelihood of errors occurring and we saw that this had been the case according to the medication audits which were carried out each month.

The manager demonstrated a strong commitment to the continuous improvement of the service. The manager and deputy manager had attended workshops about the new regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) which had come into force in April 2015. In addition we saw that they had passed this knowledge on to staff at staff meetings. They had written a booklet of hypothetical situations related to the new regulations and new way that CQC reports are structured to help staff understand the changes.

The service had recently been awarded a Top 20 award from a national care home website. This was for being in the top 20 services in the East of England and related to 16 reviews which people who used the service or their relatives had submitted. We spoke with some of the people who had submitted reviews and their reviews include comments such as, 'The support, care and professionalism of all mean that, as a family, we are confident that our [relative] is safe, happy and well looked after'.

Since our last inspection the service had also been commended in the GEM awards (Going the Extra Mile) by the Suffolk Adult Safeguarding Board for promoting the use of SKYPE. We noted during our inspection that IT facilities were available for people and one person had their own laptop and staff told us they used this regularly to keep in touch with their family.