Care Quality Commission

Mrs J Williams

Two Cedars Residential Care Home

Inspection report

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Date of inspection visit:
21 September 2016
22 September 2016

Date of publication:
20 October 2016

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

This inspection took place on 21 and 22 September 2016 and was unannounced. It was carried out by a single inspector

Two Cedars Residential Care Home provides accommodation and personal care for up to 17 people. There was one vacancy at the time of inspection. The service is located in Broadstone and is a large detached building with bedrooms on both the ground and first floors. All rooms are en suite and there are bathing and wet rooms facilities available for people. The first floor can be accessed via a lift and the ground floor has a large lounge and dining area with access onto a patio and level garden. The home is wheelchair accessible and there are ramps at each of the entrances to the home.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing.

People had individual risk assessments giving staff the guidance and information they needed to support people safely. People were supported by staff who were familiar to them and we saw that staff had enough time with people to meet their assessed needs.

People were supported to receive their medicines by staff who had received appropriate training and medicines were stored safely.

People received care and support from staff who had the skills and training to meet their needs. Staff spoke highly about the training offered and as well as mandatory subjects, undertook training in specific topics including Dysphasia, Diabetes and catheter care.

Staff sought consent from people before providing support and they were aware of the principles of the Mental Capacity Act and had received training in this area.

People were supported to have enough to eat and drink by staff who understood what support they required. People had choices about what they ate and drank and mealtimes were a relaxed, social occasion.

People were supported to access healthcare services when required and a healthcare professional told us that referrals were prompt and appropriate.

People told us that staff knew what their preferences were and how they liked to be supported. Staff were kind and caring and we observed that they had a relaxed and comfortable rapport with people.

People had input into their care plans and these contained details about people's likes and dislikes. Staff offered people choices about how their received their support and knew what was important to them.

We observed staff treating people with dignity and respect and staff encouraged people to be as independent as possible.

People had individualised care plans which reflected what support they needed and how they wished to receive their support.

People and relatives were involved in regular reviews about their support and encouraged to feedback through surveys. Feedback was also sought from people in weekly informal meetings and information was used to develop and improve practice.

People, relatives and staff felt that the management of the service was good. There was a clear management structure and staff knew their roles and responsibilities.

People were aware of who to contact if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

Communication between staff and management was positive. Staff were encouraged to raise issues and discuss queries and felt valued in their role. There were staff handover meetings three times each day where practice and ideas were discussed.

Quality assurance systems at the service were in depth and information received was used to identify trends and areas for development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were supported by staff who understood their responsibilities in protecting people from harm.

People's individual risks were identified and there were clear plans indicating how to manage these.

People were supported by staff who were recruited safely and had undergone appropriate pre-employment checks.

People were assisted to manage their medicines and received them as prescribed.

Is the service effective?

Good

The service was effective

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to maintain a balanced diet and had choices about their meals and drinks.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

Staff respected people's privacy and dignity.

People's information was stored confidentially.

Is the service responsive?

Good

The service was responsive.

People had person centred care plans and were involved in regular reviews about their support.

People had a choice of a variety of activities and told us that they enjoyed these.

People knew how to complain and the service had a complaints policy

Is the service well-led?

Good

The service was well led.

Staff told us management were approachable and that they encouraged to raise ideas or suggestions.

Staff and management communicated well and staff felt valued in their role

People were regularly asked to feedback their views about the service.

Quality assurance measures were comprehensive and used to identify trends and areas for development.

Care Quality Commission

Two Cedars Residential 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 inspection took place on 21 and 22 September 2016 and was unannounced.

We had requested and received a Provider Information Return (PIR) from the service . The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also spoke with the local authority quality improvement team to obtain their views about the service.

During the inspection we spoke with five people using the service, five visitors or relatives and one health professional who had knowledge about the service. We also spoke with four members of staff and the deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care records of four people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

The service was safe. People told us that they felt safe with the support they were receiving. One person said "I feel safe because there is always someone here". Another told us "We are all well looked after here". A relative explained that they had peace of mind that their loved one was well supported. We observed a member of staff bringing a person a hot drink, it was in a particular type of cup which the person was able to use independently. The staff member warned the person that the drink was slightly hot and the person checked the temperature and said it was just how they liked it. We observed a staff member supporting someone to their seat for lunch. They gave them verbal prompts and reassurance to hold on while they moved and then sat down.

Staff understood about the possible signs of abuse and how to report any concerns. One told us about how they would identify possible abuse. They explained that because they knew people well, they would be aware of more subtle changes in behaviour or mood and would report any concerns to the managers. Another staff member told us about some of the signs of abuse they were aware of and knew how to report any concerns. Staff received regular safeguarding training and we saw that the staff handbook contained a copy of the safeguarding policy which gave detail about the procedure for reporting. Staff were aware of how to report poor practice and told us that they would be confident to report and that this would be followed up. We saw that information about Whistleblowing was displayed on the staff noticeboard.

People had clear, individual risk assessments which explained what risks they faced and what support staff should provide to manage the risks. For example, one person had an assessment which identified that they were at risk of developing pressure areas. This had been reviewed each month and the care record gave clear details about what equipment was in place for the person to protect and manage the identified risk. Another person had a Malnutrition Universal Screening Tool(MUST)which identified that they were at risk of malnutrition. MUST is a five-step screening tool to identify adults, who are malnourished or at risk of malnutrition. We saw that the service had referred the person to a GP and were closely monitoring their weight. Staff told us about the risks people faced and understood their role in managing these. For example, one staff member told us about a person who was at risk of falls, they explained how they monitored their mobility and made sure that they used the right equipment to walk. This demonstrated that the service was identifying and managing the risks which people faced.

There were enough staff available to support people's needs. One person told us "I don't have to wait, they come quickly". The deputy manager explained that they tried to ensure that there were more staff than people required to ensure that staff had time to spend with people. The deputy manager explained that they had a pro-active approach to staffing and recognised that people who were now moving into residential support had increasing needs. In response to this they were currently working on increasing the staffing at night to provide increased support. We observed that it was easy to find and see staff on both floors of the home. The service had a call bell system which had been recently installed as an upgrade from the older system. We saw that the home had completed a risk assessment which considered the risks for people at the service while the system was being upgraded and while there were contractors working in the building. This had identified possible risks and actions to manage these. The new system displayed a timer when call

bells were pulled and we saw that these were answered within 30 seconds. This demonstrated that there were enough staff available to respond quickly to people.

Recruitment at the service was safe and processes robust. Staff files included references from previous employers, applications forms and interview and assessment records. If there were any gaps or areas of concern, these had been considered in clear risk assessments. Checks with the Disclosure and Barring Service(DBS) were in place before staff started in their role. The service had recruited three staff through apprenticeships and staff had then moved on into permanent roles within the service. The service had also recruited students from local secondary education who held junior assistant positions within the service which included supporting with meal times, drinks and cleaning duties. This demonstrated that the service was using a range of recruitment options to maintain a consistent staff team.

People were supported by staff who were familiar to them. One person told us "I know all the staff". Another said that there were not a lot of different staff and another said that they "know them really well". A visitor said that staff were consistent and familiar and they were on first name terms with them.

Fire evacuation procedures were easily accessible and each person had a person emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely. Emergency contact numbers for services and contractors in the local area were displayed for staff to find easily. There were regular checks of the fire alarms, fire doors and fire safety equipment. There were also daily checks of the fire exits and corridors as well as other daily safety checks which included windows being securely locked, and kitchen equipment turned off safely. The service used a maintenance person and we saw that any issues were logged and signed once they were completed. We saw that the local fire and rescue service had visited in February 2016 and found that there was a satisfactory standard of fire safety at the service. This demonstrated that the service maintained a safe environment for people.

Medicines were stored safely and given as prescribed. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines. Storage was safe and secure and there were checks in place for medicines when they arrived at the service and for disposal. We looked at the MAR (Medicine Administration Record) for four people and saw that the medicines correlated with the MAR. The service had robust checks in place for controlled drugs and daily checks of the MAR to ensure these were correct. One person had medicines prescribed 'as required'. We observed the staff member asking whether they wanted this medicine before administering this and they recorded this correctly in the MAR.

Good

Is the service effective?

Our findings

The service was effective. People felt that staff had the necessary skills and training to support them. One relative told us they felt that staff had the skills to support their loved one and another explained that staff knew that when their loved one wasn't well, their risk of falls increased and understood how to respond to this appropriately. A visitor said that the "care and support has assisted them to maintain their health and wellbeing". They felt that the training offered to staff was of a good standard.

Staff spoke highly about the training they received at the service. One staff member described the training as "excellent" and explained that they had mandatory topics and regular updates as well as other training opportunities in different subjects. Another told us that the training was good and they had asked about training in other areas which had been arranged. Training was completed in a range of topics including fire safety, infection control and safeguarding. The deputy manager said "we try to show staff and use visual training wherever possible". We saw that other training had been arranged in response to people's particular needs. For example, one person had dysphasia and staff had completed training in this subject. Other specific training had included dementia, diabetes, catheter care and training had been booked for care planning, which had been requested by staff. One staff member had been supported to attend a course on moving and assisting and had now taken on the role as trainer for the service. They explained that they worked with staff to ensure that they supported people appropriately; they said that they also ensured that staff used correct methods for moving objects safely. For example, they spoke with staff in the kitchen about moving heavy items safely and protecting their backs.

Staff told us that they were encouraged to develop and improve their knowledge and skills. Staff were working through levels two and three of the Qualifications and Credit Framework(QCF). The QCF replaced the previous NVQ qualifications and staff were encouraged to work through levels with some staff completing level 5 in leadership and management. A staff member told us that if they found any training which was of benefit to the service and people, they were supported to attend these. The deputy manager explained that they offered training in "whatever enhances the needs of the people here and to ensure staff are well trained and confident". This demonstrated that people were supported by staff who were encouraged and supported to develop their skills and understanding in areas which were relevant to peoples individual needs.

Staff received a comprehensive induction at the service and we saw that new staff were completing the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. We saw that staff completed care certificate training which was arranged by the local authority, they also shadowed other staff , were observed in practice and completed workbooks. The deputy manager explained that when a member of staff completed a workbook for a particular topic, a supervision meeting was arranged to discuss their progress. Staff undertaking the Care Certificate were supported to complete it in work time so they had support from other staff, they were also not counted in staffing numbers until they had completed this. New staff members received weekly supervision and support. Staff felt that they had received a comprehensive induction at the service. One staff member said that they had shadowed "as long as I needed, the seniors were very good and supportive".

Staff received supervisions bi-monthly and had annual appraisals. Supervisions were face to face and included discussions about staff wellbeing and learning and development opportunities. A staff member said that supervisions were focussed on a particular standard for discussion. For example, infection control. The deputy manager explained that they had introduced "themed" supervisions which encouraged discussion about a particular area of practice and enabled staff to look at recent best practice changes and relevant information. They said that recent supervisions had focussed on identifying staff strengths and they were using the information to inform the training plans for the service and to guide staff on what areas of support they might need. One staff member told us that they had recently had their appraisal where they had discussed their progress and further development. This meant that staff were supported and encouraged to learn and develop their knowledge and the service had clear oversight about staff progress and used the information to identify training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

For one person, we saw that they had a MCA and best interests decision and the service had made an appropriate application to Deprivation of Liberty safeguards (DoLS) and that this had been granted. The deputy manager was aware of when the DoLS was due for renewal. The service used a checklist which showed when the DoLS application had been made, the date it was granted and the date of expiry. It also indicated the dates of the last MCA and best interests for the person and we saw that copies of all these assessments were in the persons care record. Staff were aware of the Mental Capacity Act and worked within the principles of this. They told us they had received Mental Capacity Act training and the deputy manager told us that the In- Reach Nurse from the Mental Health services had also supported staff to understand MCA and DoLS in relation to a person at the service. A staff member told us about this support and said that it had had helped them to relate it to a person at the home and had been helpful.

Staff sought consent to support people. One person told us that staff asked them about whether they wanted support and respected their decision. We saw that one person had a visitor, a staff member went and sought consent from the person to see the visitor before accompanying the visitor to see the person. We observed another staff member seeking consent from a person sitting in one of the communal areas. They asked if they could go into their room and turn their heating on so that it was warm when the person returned to their room. People's records included consent forms and we saw that these were completed by people or their relatives. Records had clear consent forms which were signed by the people receiving care. In some cases people had nominated someone to sign on their behalf. The deputy manager said that they would ensure it was clear if a person had requested for someone to sign on their behalf.

People at the service told us that the food was good. We saw that the menu had one main meal at lunchtime, but the chef explained that people were able to ask for something different if they wanted to. One person said "the food is very good and they will make me something different if I don't like it". Another

person said that if they didn't like something, staff got them something different. Another person told us "the food is always good, they have good cooks here". One person had a softer diet and told us that "staff encourage me to eat". We observed that one person had a relative with them for lunch and they sat in the main dining room chatting with other people.

The chef told us that people had input into the menu and that at tea time, although there were cold food options, only a few people had these while most "prefer a hot supper". We saw that people had a range of options for tea time meals and that people's likes and dislikes were clearly recorded and respected. The chef knew which people had special dietary requirements and prepared appropriate meals to meet these. Some people used special cutlery and we observed that this meant they were able to manage their meals independently. People had choices about where they had their meals and we saw that lunch time was a social occasion with most people choosing to eat in the dining room. There were sufficient staff over the lunch time period to ensure that meals were served hot both to people in the dining room, and also to people who wished to eat in their own rooms. Staff were attentive and offered people choices of drinks and condiments with their meals. The deputy manager told us that they used the British Nutrition Foundation (nutrition for older people) and Better Food for Better Health for guidance with their menus and that people had input into the choices as part of their weekly residents meetings. This demonstrated that the service provided meals that were nutritionally balanced and respected people's choices.

People were supported to access healthcare services when needed. We saw that one person had been feeling unwell and staff had requested that the GP visit. This referral had had been made promptly and the GP had prescribed medicine which staff were supporting the person to take. One person told us "If I'm not well, they call the GP for me". Other people had visits from GP and community nurses as needed and the service also had regular visits form chiropody services. We saw that the service was speaking with people about the flu vaccination, gaining consent from people and planning for this to be arranged. A health professional told us that the service called them promptly and that when they visited, staff knew everything they needed to know about the person and stayed with them during the visit. This showed us that people were effectively supported to access a range of health care services.

Good

Is the service caring?

Our findings

Staff were kind and caring and had a good rapport with the people they supported. One person told us "If I ask them to do anything they are very helpful". Another said "they are a nice bunch, we get on well". Another explained "They'll do anything for you and are always cheerful". We observed a staff member checking on a person, asking whether they were comfortable and offering to get them another pillow and support them to put their feet up. A visitor told us that "staff do care, they have compassion and it's not just their job". We observed another member of staff sitting with a person while they took part in an activity, they engaged the person and chatted with them, giving support where needed so that the person was able to participate.

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. One person told us "I choose when I get up and what I have for breakfast". Another said "if I want to stay in bed, they come back later on". Another person explained that they chose to eat their meals in their room rather than in the dining room. A member of staff said "we ask what people want to do, we ask what they would like to do today and offer choices". Another explained that one person had not wanted to get up until later on one morning and said that every day was different. Another explained that they provided people with enough information for them to be able to make an informed choice and respected the decisions that people made.

People told us that staff knew what their preferences were and how they liked to be supported. One person said "they know me and that I'm a bit outspoken sometimes". Another explained that staff knew what time they liked to go to bed and what drink they preferred before bedtime. Another explained that the atmosphere was friendly and staff were always willing to help. A member of staff told us that one person enjoyed humour and banter and we saw that staff interacted with the person in the way described. Another staff member told us about some foods which a person didn't like and that they had found alternatives for them instead. A relative told us that staff knew their loved one well and what they liked and disliked. A health professional told us that staff had a "really good rapport with people and know them really well".

Staff were aware of peoples communication needs and we observed that they changed their approach to speak with people differently in response to their individual needs. For example, one staff member explained that one person struggled with both sight and hearing loss. We observed a member of staff supporting them by sitting closely so verbal communication was easier and offering visual prompts to the person. Staff also told us about a person who had reduced sight and we observed that when they gave them their meal, they explained where each food was on the plate to enable the person to manage their meal independently.

People were supported to maintain their privacy and dignity. We observed that staff were respectful and knocked on people's door before entering. They ensured that doors were closed when intimate care was being provided and used a system to alert other staff not to enter a person's room during this time. One person told us that staff were "very respectful and helpful". A staff member explained how they respected people's dignity when they supported them with intimate care and we observed staff using the agreed system when they were supporting people in their rooms. A visitor told us that staff always knocked on the

person's door and introduced them before they entered the person's room. This demonstrated that staff treated people with dignity and respected their privacy.

People's information was stored confidentiality and we observed that when staff updated information in people's records, they were securely locked away again and not left out in any communal areas. Other confidential information was stored in the office and again, this was kept secure.

Good

Is the service responsive?

Our findings

The service was responsive. People had individualised care plans which reflected what support they needed and how they wished to receive their support. For example, one care plan gave details about a persons preferred name and information about where they would prefer to have their meals and whether they preferred a bath or a shower. Each person's care plan included a social history which provided some background about the person and included their most memorable event, things they were concerned or worried about and important people in their lives. Care plans were reviewed monthly and we saw evidence of changes that were made as a result of the reviews.

Visitors and relatives told us that they were welcomed at the service and visited whenever they chose. We observed that there were several visitors during the inspection and that the door was always answered promptly by staff who welcomed people and ensured that they signed in the visitors book before entering the service. One visitor explained that they held a coffee morning at the service regularly with other members from a local church. This meant that people at the service were able to keep their links with their congregation. The service welcomed this and ensured that people who attended had drinks and biscuits provided. A relative explained that they visited regularly and they were always welcomed and got on well with the staff. We saw that staff supported one person to get ready earlier on certain days as they had a regular visitor who came and wanted to be ready before they arrived.

People enjoyed the activities at the home and there were enough staff to support people with a range of interests. The service had an activities co-ordinator and we saw that activities were planned monthly and displayed in the communal areas so people could access the information. A relative told us that they were "very impressed by the entertainment programme, it includes entertainers and amateur dramatics and some outings". They said that their loved one enjoyed being involved and staff always encouraged them to take part. Another relative told us that they were invited to events and also when people at the service had a birthday, they had a party and relatives were invited also. The chef explained that people chose what they wanted to eat on their birthday and everyone had a party where people came in to celebrate with the person. People had breakfast in bed and staff sung to them, the home and tables were decorated and people had drinks and a toast. Staff told us that there were some annual events including an open house on Boxing day where visitors and relatives were invited. The deputy manager also told us they held themed events including Halloween, Chinese new year and St Davids day where they decorated the home and themed activities and meals around the particular event. They also told us about an event they held when the manager went on leave each year. This involved a party with buffet food and people engaging in a range of party games. The service completed an audit of peoples experiences of this event which showed that they enjoyed the event and the activities offered.

The activities plan for September included weekly visits by a hairdresser, crossword, quizzes and other table top games. There were also outside musicians, singers and other visitors planned as well as a communion service. The deputy manager explained that the activities co-ordinators attended bi-annual forums and also received publications from the National Association for Providers of Activities for Older People(NAPA) and used this to consider activity options for people. We observed seven people taking part in a picture bingo

activity with two staff members. People were engaged and staff provided appropriate support if people needed this. We saw that staff used the activity to open discussions and conversations with people. For example, when a picture of a ship came up, staff asked people whether they had ever been on a cruise. When the picture changed to a car, staff engaged people in discussing whether they had ever driven. Some people preferred not to engage with the activities on offer and staff instead spent time with people in their rooms. One staff member told us there were plenty of staff working so they had time to spend with people in this way if this was their preference. One staff member explained that they played cards with one person in their room and we saw that peoples care records showed that they regularly received time with staff in their rooms.

Relatives told us that the home kept them updated and communicated effectively regarding the care of their loved one. One told us they were "kept informed about changes" and that when their loved one had been unwell, staff had contacted them promptly and kept them up to date with what was happening. Another relative explained that the service kept them up to date with phone calls and let them know if there were any changes.

People and relatives knew how to raise any concerns and told us that they would feel confident to do so. One person told us that if they were not happy with anything they would speak to the manager or deputy manager. Another said "I'd speak with staff if I wasn't happy, but I've had no reason to". A relative also told us that they had not needed to raise any issues, but would be confident to do so If they needed to. The service had not received any complaints in the previous 12 months, however we saw that there was a clear process for responding to formal and informal complaints and that the complaints procedure was clearly displayed on the resident's notice board.

Good

Is the service well-led?

Our findings

The service was well led. A staff member told us "the manager has high standards of how people would like to live in their own homes". People, staff and relatives told us that the manager and deputy manager were approachable and easy to speak with. One person told us "generally the deputy manager or manager are around, they are very friendly and know me well". Another told us that they "see the deputy manager quite often, they pop around". There was a relaxed and informal atmosphere at the service. Staff did not appear rushed and people were supported in their own time. The deputy manager was available throughout the inspection and knew the people who lived there very well.

The deputy manager spoke with pride about the service and explained that they had a strong focus on supporting staff to develop and increase their understanding and knowledge. They had implemented key responsibilities for staff and there was a clear management team in place which included a head of care and senior health care assistants as well as the deputy manager and manager. The deputy manager showed us different checklists staff used to ensure that all areas of the service were monitored and staff had clear guidelines to follow. For example, one member of staff would be responsible each day for the morning routines at the home which included changing the water jugs for people and checking the condiments were refilled for people to use in the dining room. For the evenings, checks include making sure all the windows were securely closed and additional lighting turned off. This system meant that all areas of the home were monitored and that staff were clear about what additional checks they needed to do during their shifts. We saw that staff used these prompts daily and they demonstrated a clear focus on providing a high quality service for people living at the home.

The service had a clear mission statement which focussed on providing people with "unsurpassed value to our clients with the quality of services we offer". The vision of the service also included the aim to "create a working environment which will enhance staff motivation and retention". The service valued staff in a number of ways. Staff received bonuses for assisting at short notice and for demonstrating "exceptional working practice". They also received a bonus at Christmas and the manager paid for staff to have a meal at a local restaurant. In addition to this, staff were able to request interest free loans if needed and enhancements to pay were offered in line with qualifications staff achieved. The deputy manager explained that they encouraged all staff to progress by undertaking relevant qualifications and staff we spoke with echoed that they were supported to learn and develop at the service. One staff member explained that management had been very supportive and also offered practical help and flexibility for their shifts when they were in need and that they had found this to be very helpful. Another staff member said that they had discussed their shift pattern when they had needed some more flexibility and management had been helpful and supportive.

The service had been awarded a silver Investors in People (IIP) award in July 2015. IIP is Investors in People is the standard for people management. The standard defines what it takes to lead, support and manage people for sustained success. The service was also signed up to the Social Care Commitment(SCC). This is a promise made by people who work in social care to give the best care and support they can. The deputy manager explained that they were in the process of rolling this out to staff and encouraging them to make

their own individual SCC, they ensured that all new staff received a copy of the SCC and were incorporating this into supervisions with staff.

Staff felt valued and motivated in their roles. One staff member explained "if we provide extra cover, the manager will be proactive and give you the time back or swap things around. If I ring up with any problems, they are understanding". Another explained that the manager "shares relevant magazine articles, emails or reports and we pass to people and other staff". The deputy manager explained that the management team used CQC and skills for Care websites to guide best practice and also used local hubs to discuss with other local managers and develop practice. They also linked with NHS training and received some training from the local practice nurses, for example the Parkinsons Nurse visited and provided learning in this area. The deputy manager explained that they attended partners in care and providers market place events and kept up to date with employment law changes. They also received updated drug alerts and ensured that these were shared with staff. The deputy manager said that most information was shared in handovers, but if there was something that everyone needed to know, they alerted staff in their wage slips to speak with the manager or deputy manager and ensured that they spoke to staff individually in this way. This showed us that the management of the home was focussed on developing the service and sharing learning with staff.

Staff had handover meetings three times each day and used these as small team meetings to discuss issues and develop practice. We observed a handover which demonstrated that people had a very good knowledge about the people they supported and ensured that all staff on the shift knew how people were that day. For example, one person had been very tearful that morning and staff explained how they had reassured and supported them. Another had felt unwell and staff shared that they would monitor and provide reassurance. A staff member explained that handovers were also used to discuss practice and that they set up some meetings also within handover if there were other areas that needed to be discussed. They described the team as a "lovely staff group, we all work together". Another told us "the handovers work to share information" and said that "we are like a little family, if I'm ever stuck the other staff help me". The service also held weekly meetings for senior staff and they told us that these were helpful. One said "they are informal but we discuss any updates about people and talk about recruitment and new staff". The deputy manager explained that they held meetings for senior carers and team leaders and also housekeeping to ensure that all staff were included in practice discussions. This demonstrated that the service had processes in place to ensure that staff were encouraged and involved in sharing best practice and developing the service.

Feedback was gathered in a number of ways. Residents had an informal meeting every week on a Sunday morning. People gathered in the lounge and had a sherry and a chat about the week. Staff attended these also and we saw summaries of areas discussed which included menu choices, staffing updates and monitoring about people's contact with their GP's. One person said that used the meetings to "discuss what's happened in the week". Another told us that they congregated every Sunday together and chatted about what was happening. The meetings were seen as a social occasion and gave people the opportunity to get together and talk about the home and whether there were things they wanted to change or improve. The deputy manager told us that they had offered to chat with residents in smaller groups of individually but they received feedback that they preferred the larger weekly meetings. The service sent out annual surveys to people, staff and visitors and audited this information. The deputy manager explained that this was used as a basis for discussion and planning for the service. A survey had been completed around activities for people and as a result of this had implemented weekly outings for people where staff would accompany them to their chosen venue. The deputy manager told us that 14 of the 17 people had been on an outing and this was planned to continue. This demonstrated that the service listened to people, encouraged feedback in a way people preferred and acted on the information they received.

Quality assurance measures at the service were in depth and covered peoples holistic needs. For example, the service audited some of the larger events people attended to ensure that they listened and learned from what people had enjoyed or what people wanted to change. We saw audits which looked at the previous Christmas at the home and also a previous party at the service. The information gathered was used to focus on further developing the positive experiences for people. Audits were also completed in a range of practice areas including hand hygiene, medicines competencies and the home environment. We saw that information from each of the areas audited was used to identify good practice and areas for further development. The deputy manager explained that they also completed lifestyle audits with people which looked at the experience of people living at the home. It covered areas including privacy, dignity and fulfilment and identified 'yardsticks' which measured performance. For example, the audit for dignity included whether practice was led by people's needs rather than those of the staff or service and whether people were involved in making decisions including where there were risks involved. This demonstrated that the service was person centred and monitored whether there were any improvements or changes that needed to be made for individuals as well as the service as a whole.

The service had a clear development plan for the forthcoming year which included changes highlighted from the quality assurance audits and service feedback. The deputy manager explained that following the dignity audit, they had identified a dignity champion. The service planned to use this role to raise ideas and awareness and implement any changes in relation to dignity for people. One survey had highlighted that they would like staff to wear name badges. This idea was discussed and the service planned to add staff photos to the staff qualification certificates which were displayed in the hallway. The deputy manager advised that it was hoped that this would assist visitors with identifying staff. This told us that the service used the feedback and audit information to improve and develop the service for the people who lived there.