

Milestones Trust

2a Court Road

Inspection report

Kingswood
Bristol
BS15 9QB

Tel: 01179618737

Website: www.milestonetrust.org.uk

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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 ●

Summary of findings

Overall summary

Care service description

The service is registered to provide accommodation for up to 15 people who predominantly have learning disabilities. The home is a large bungalow which has been split into three individual houses connected by a shared corridor. Staff worked across all three houses.

Rating at last inspection

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

At this inspection we found the service remained Good.

Why the service is rated Good.

Staff had an excellent understanding of people's needs and found imaginative ways to ensure people were supported in a person-centred way which put people at the centre of the service.

Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff worked together as a team and worked with healthcare professionals to provide an environment where people could recover from stressful situations and enjoy their lives. Staff were compassionate, kind and caring and had developed excellent relationships with people.

People had a variety of internal activities (such as art and craft) and external activities which they enjoyed on a regular basis.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Support plans were detailed and reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from health care professionals. People's health care needs were met.

Recruitment, staffing, medicine management, infection control and upkeep of the premises protected people from unsafe situations and harm.

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and showed competence when supporting people.

The premises provided people with a variety of spaces for their use with relevant facilities to meet their needs. Bedrooms were very individual and age and gender appropriate. Staff promoted people's dignity and privacy.

The registered manager ran a well organised service. Relatives' views were sought, and opportunities taken to improve the service. Staff were supervised, supported and clear about what was expected of them. Audits and checks were carried out in-house, so any problem could be identified and rectified.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

2a Court Road

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 comprehensive inspection took place on 21 January 2019 and was unannounced. The inspection was carried out by one adult social care inspector.

We were unable to speak with some people using the service due to their highly complex needs. We therefore spoke with one person, two relatives, staff and the registered manager to help form our judgements. We observed the care and support provided and the interaction between staff and people using the Short Observational Framework for Inspection (SOFI). This is a helpful tool to use if we are unable to find out people's experiences through talking to them, for example if they have dementia or other cognitive impairments.

We spoke with the registered manager, a team leader and two staff members. We looked at three people's care records and associated documents. We looked at four staff records, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from staff meetings and a selection of the provider's policies. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records.

Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

After the inspection, we contacted seven healthcare professionals for their views of the service, none of whom replied to us.

Is the service safe?

Our findings

The service continued to be safe.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. One relative told us, "Everyone is perfectly safe. Staff treat [name] like one of the family." Staff said, "We talk about it all the time in one to ones" and, "We work with such complex people we need to know how to keep them safe." Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. There were no on-going safeguarding concerns at the time of our inspection.

People's medicines were administered by staff who had their competency assessed on an annual basis to make sure their practice was safe.

Where people used creams that contained liquid paraffin, there were no risk assessments in place for these. We discussed this with the registered manager, who immediately addressed this and wrote a risk assessment. This information was used to update people's emergency evacuation plans, to make staff aware of the increased risks.

One person was receiving covertly administered medicines. Covert administration is when medicines are administered in a disguised format. The registered manager had held a best interest meeting for this and had completed a risk assessment. A pharmacist had been involved. No-one was self-medicating, though the providers medicines policy contained the process for staff to follow should this be necessary.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system for some people and dispensed medicines from the boxes they were provided in for others. Printed medication administration records were kept for everyone. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. Where people used rescue medicines for epilepsy, staff had been trained how to administer these.

Risks were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. One person told us they had been part of the interview process for a new member of staff. The registered manager had access to information in staff files electronically. These records showed that appropriate checks had been completed to ensure new staff were suitable to work with vulnerable people. Their personnel files contained copies of

their application form, documents proving their identity and eligibility to work in the UK, their terms and conditions of their employment, two satisfactory references and confirmation that a satisfactory Enhanced Disclosure (DBS) had been obtained. A health questionnaire and declaration were also obtained. Where volunteers worked with the service, they underwent exactly the same checks and training before starting their volunteer work.

Relatives told us people were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Relatives said, "There's always enough staff and we see the same staff more or less all the time, staffing is consistent" and, "I've never walked in when there's been no-one around." Staff said, "We cover all three houses so people know the staff" and, "We make sure we have the right staff for each person so we can match staff skills to the person's needs."

Risks to people were identified using assessments. People's risk assessments included accessing the community and using the facilities in the home. One person had a risk assessment for choking, they had been assessed by a speech and language therapist for this. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly. Staff we spoke with were aware of the assessments and protocols in place to protect people. Staff said, "Risk assessments are reviewed every six weeks."

There was a clear process for reporting accidents and incidents; staff were aware of these. The registered manager reviewed all accidents and incidents to ensure appropriate actions had been taken to prevent recurrence.

The provider issued safety bulletins to share learning across the organisation when things went wrong. As a result, staff had ensured child safety locks were working on car doors and hoist slings had been checked following incidents in other services. This meant staff used the information available to keep people safe.

The premises were clean and odour free during our inspection. Staff said, "We're quite hot on infection control" and, "There are spot checks to check the cleaning has been done." Staff were observed washing their hands before handling food and wore appropriate gloves and aprons. Disinfectant hand gel was available. The COSHH cupboard was kept locked. There were regular audits of cleaning products and data sheets of products used were available. There was evidence that good laundry practice had been identified.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

A number of maintenance checks were carried out weekly and monthly. These include the water temperature, equipment such as wheelchairs as well as safety checks on the fire alarm system and emergency lighting. There were up to date certificates covering the gas and electrical installations and portable electrical appliances.

Is the service effective?

Our findings

The service continued to be effective.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete training which met the standards required by the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people. One member of staff said, "I did induction before the Care Certificate came in, but it was all relevant, brilliant stuff. Really helped us develop our skills."

Staff told us they had the training they needed to meet people's needs. Staff said, "We have personal development records and if there's something we want to learn about, we can do it" and, "We can say if we're interested in doing additional training." Other comments included, "100% staff have what training they need, it's very robust" and, "We have team days when we'll do training." Staff training records showed staff completed a range of training, which included infection control, fire safety, manual handling and first aid. Staff also confirmed the training they received enabled them to understand what was expected of them and how they should provide the care and support people required. Two members of staff worked in a volunteering capacity; the registered manager told us, "They have the same induction, whistleblowing and safeguarding training as other staff."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "The policy says we'll have supervision every eight weeks but we can have supervision any time." The registered manager confirmed this and said, "I have an open-door policy. I like to see managers every four weeks because I want to keep in touch." Staff told us they felt supported by the registered manager, and other staff. Staff also had regular appraisals. Appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

People or a relevant person were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People had information made available for them in an easy read format to help them understand the decisions to be made. Staff had information about how to help people make decisions in people's care plans. One person's care plan, for example, said, "I like pictures and objects of reference but not as soon as I wake up."

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. Staff told us, "We give people choices all the time, even if we think they make 'unwise decisions'." People had capacity assessments in place for individual situations, such as taking their medicines, using keypads and sound monitors and sharing information between professionals involved in their care. Staff

had information in people's care plans about how the person made decisions, such as how to present the information to the person and the best time to do this.

Families, where possible, were involved in person centred planning and best interests meetings. A best interests meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager understood their responsibilities to hold best interests meetings. Relatives told us, "I attend all meetings and they listen to what I say" and, "I attended best interest meetings to discuss hospital appointments."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. Thirteen people living in the home were subject to DoLS. Where people had conditions attached to their DoLS these had been met, with the exception of one condition which was for a social worker to complete a review. This meant the registered manager had followed the requirements of the DoLS.

Two people expressed an interest in developing their cooking skills and learning more about healthy eating and where food comes from. Two members of staff provided monthly cookery sessions and incorporated games and activities to recognise different fruits. People were able to use herbs and vegetables from their own garden for some meals and enjoyed sharing some of their meals with others. Staff created recipes in easy read formats and supported people to visit a farm shop. The activity leader provided information about the benefits to the people concerned and said, "The sessions have really evolved and developed over the year. [The people involved in these sessions] have developed their cooking skills and knowledge. They can now complete some tasks completely independently. They are using their numeracy knowledge to measure ingredients. We use different games and activities which have helped them to develop a better understanding of where food comes from (i.e. cheese from a cow). People have also worked positively together supporting each other and giving praise and encouragement, which has helped build their friendship and has had a positive impact on their wellbeing. They are both very proud of what they have achieved and especially enjoy showing others what they have made.

Staff were very proud of having achieved the Gold Award from the Soil Association. This award recognised staff commitment to using ethically sourced foods, menus which provided for all dietary and cultural needs and staff training. Staff said, "All our meals are done from scratch, we don't use jars.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing. We saw that people's weights and body mass indexes were recorded monthly unless otherwise stipulated. The registered manager explained that should anyone be observed losing weight, they would be referred to a G.P. and a dietician. Other reasons for weight loss would also be investigated if necessary. Some people who used the service required textured foods; we saw that these were provided as required. Records showed all the necessary kitchen checks had been done.

People's changing needs were monitored to make sure their health needs were responded to promptly. Some people living in the home had complex needs and required support from specialist health services.

Care records showed people received support from a range of specialist services, such as Speech and Language Therapists, Physiotherapists and dentists.

People's diverse needs were being met through the way the premises were used. The house was a purpose built property split into three individual houses. Where people benefitted from individual or small groups, their living arrangements supported this. People had a variety of spaces in which they could spend their time, including a sitting room and dining room in the each of the houses. One relative said, "The premises are always clean and modern." People's bedrooms were decorated according to their choice, one person was very proud of their bedroom and was happy to show us. One person didn't like using a wet-room, so the registered manager had a shower cubicle built for them. The gardens provided a safe outdoor space with patio furniture for people to enjoy time outside.

Is the service caring?

Our findings

The service was extremely caring.

The service had a strong, visible person-centred culture. Both staff and management were committed to ensuring people received the best possible care in a loving and caring environment. Staff were highly motivated and passionate about the care they provided to people. Most people using the service were not able to give us feedback directly about the care that they received. One person was able to talk with us, but chose not to. Observations during the inspection showed people were very comfortable around the staff and had positive interactions. People were observed laughing and joking with staff. Relatives told us, "They're outstanding; they really care for everyone" and, "They're happy. I know [name] is looked after." Everyone we spoke with said staff were 'family'. One relative said, "It's a family. They do everything a family does. Anything they can do, they do." Other comments included, "I was very apprehensive about [name] moving in, but it's worked out extremely well", "Staff do their very, very best. They're doing an excellent job" and, "They really, really do care and understand." Staff said, "We're such a person-centred service" and, "It's such an individual service for everyone. All staff know how to support someone if they're upset."

The registered manager shared several examples where staff had gone the extra mile to support people. People had very rewarding experiences because of the rapport between them and the staff who supported them. For example, one person who previously needed two staff to support them when they left home because they became very anxious had been enabled to take part in a steam train trip. The registered manager said, "This day trip was a huge achievement for [name], enjoying having just one to one support which is also less restrictive and more person centred for them. The key worker had built a very positive, reciprocal relationship with the person which meant she was more confident in supporting [name]" and added, "The keyworker is very person centred and has great values which shines through when she is working with the people she supports."

Another person was unwell for around a year, became underweight, declined to go out in the community, was very anxious and found life very difficult. Staff supported each other to understand the person's anxieties and what may upset them. Staff worked for a year with the psychiatrists and behavioural team to understand techniques to support and communicate with the person to minimise their anxieties. Staff worked with social workers and the Speech and Language Team (SALT) to create a plan of support for the person to support their wellbeing in the least restrictive way during a time of crisis. The support this person received meant they could continue living in the home and is once again able to lead a fulfilling life. The person can visit the hairdresser, enjoys meals out, singing groups, discos, walks, basketball and even cinema trips. The person is now eating food again without feeling stressed and is enjoying food. The person has become happier living with the other individuals they live with and began to form friendships with them. The registered manager said, "It's an amazing achievement."

One person was very happy to tell us about personal space the staff had created for them; he called it his 'man-cave'. Staff said, "We try lots of different things to see what works for the person."

Relatives told us they valued their relationships with staff and were happy to share people's successes. Feedback from one relative included, "[Name's] skills have developed since being at Court Road and they are able to do things for themselves I would never have thought possible. I'm always extremely happy with the quality of care. Staff are always friendly and approachable and I can tell from [name's] demeanour they are very happy. All our family are very grateful for the high quality of care [name] receives."

Staff knew people's individual communication skills, abilities and preferences. One relative said, "They know [name] and [name] knows them." One person could keep in touch with family abroad using Skype. People could use a laptop during their reviews if they wished.

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through monthly reviews with their key workers.

We saw in each care file there was a comprehensive profile of the individual including their likes and dislikes. All staff spoken with demonstrated they knew people's preferences. For example, one relative told us that whenever their loved one became anxious, staff arranged for the person to speak with their relative on the phone, which calmed the person.

The service had a proactive approach to respecting people's human rights and diversity and this prevented discrimination that may lead to psychological harm. There was an equalities and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, they included people in decision making where this was possible. Staff pointed out posters about human rights and said, "We talk about human rights" and, "We support everyone as an individual. We would put a complaint in on someone's behalf if we felt they were being discriminated against."

The culture of ensuring people's needs were understood and they were made to feel they mattered was evident in the way staff interacted with people. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Throughout people's support plans, we saw evidence that people's right to consent was recognised. When people did not have capacity to make decisions, we saw that their rights were protected because the principles of the Mental Capacity Act 2005 were followed. This is legislation that protects the rights of people who may not be able to make decisions independently. In one person's support plan, we saw that the ways in which a person could be supported to make decisions was described. For example, this person was able to make a choice when given 2-3 items to choose from. Staff confirmed how they supported people to make choices and said, "Some people are non-verbal so we show them two choices and allow them to choose. Some people can be overwhelmed if we give them too many choices."

Staff were aware of issues of confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. Staff told us how they promoted people's privacy and dignity when assisting them with personal care. Staff explained how they asked people before assisting them and kept people covered and ensured curtains and doors were closed.

Is the service responsive?

Our findings

The service was responsive.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations.

Care plans were person centred and clearly identified the particular ways of providing support that were unique to that person. Information was also included about who the important people in their life were, how they communicated, what medicines they took and what daily routines they had. One plan, for example described the particular behaviours that may indicate the person was upset and seeking reassurance. Monthly reviews were written for each person by their key worker. These were used to review how effective each person's plan of care had been and to note any significant events. Relatives told us they were involved in reviews and said, "Staff let us know everything" and, "They always listen if I make suggestions. We talk frequently." Staff said, "We review people often so we can add or remove information as necessary" and, "The care plans are always changing." Health Action Plans were in place describing the support the person needed to maintain their health.

People had been assisted to complete key information documents about "how I communicate"; "what is essential" and described what made a good day and bad day. "how best to support me"; and "what else you need to know". The information in these documents was held together with a summary of health needs and were sent with an individual when they attended hospital. This meant that full and necessary information was shared with other professionals at key times to ensure all care needs were appropriately met. One relative told us, "I know what's in the care plans and I attend all the meetings. I know what's going on."

The care staff we observed supporting people clearly knew them well and understood their needs. Staff told us they read and contributed to care plans and risk assessments. They were told immediately of any changes to a person's plan. One relative told us, "Staff know people's families as well as they know the residents. I can't say anything but good."

People's concerns and complaints were encouraged, investigated and responded to in good time. Relatives told us, "Any concerns and they're on the phone straight away. They're on the ball, they're good" and, "I know how to make a complaint but never needed to." People were asked during their monthly meetings with their keyworkers if there was anything that could be improved. Where people were not able to verbalise their feelings, staff recorded if the person appeared upset and would discuss how they could improve things for the person.

The service had received several compliments from relatives. Comments included, "[Name] continues to receive excellent care. The staff are very friendly and keep me informed about [name's] health and all the activities they do" and, "Comfort within the home, diet etc are all a good standard."

People were supported to maintain their independence and access the community. One person was able to go out for a cup of tea and cake where previously they found this very difficult. Another person was a volunteer at a local animal rescue. A third person was employed at a local farm. The provider celebrated people's achievements in a magazine which was published quarterly and shared across the organisation.

People could take part in a range of activities according to their interests. The provider had awarded staff an 'Extra Mile Award' for the activities they provided for people. The award stated, "[Staff] support people to do activities that were dismissed for them in the past – all with really positive outcomes." Relatives told us, "They're always out, they take [name] out everywhere so I'm pleased with that", "[Name] gets a lot of outdoor activities" and, "We sit and talk and staff ask what I think; [name] has had boat trips, train rides, horse riding, lots of things." The registered manager said, "We pride ourselves on being as person-centred as possible. There's always something going on." People were supported to enjoy annual holidays where possible.

At the time of our inspection, no-one was at the end of their lives. However, the provider had appropriate policies and procedures in place should this become necessary.

Is the service well-led?

Our findings

The service was well-led.

There was a registered manager 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.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. For example, no-one living at Court Road had ever voted and people had limited knowledge of politics and why people voted in elections. Staff recognised that as part of their Human Rights everyone had a right to vote. Staff supported people to register to vote and people were sent poll cards for the 2017 general election. Two people expressed an interest in the upcoming elections and they were supported to attend an event organised by Milestones Trust, where they met local prospective MP's who presented their manifestos. Staff explained how to vote and showed information in pictorial/ easy read format. People were also able to practise on a practise ballot paper. Some people decided not to vote. Another person wanted to vote and was supported to walk to the local polling station to cast their vote. The registered manager said, "This was a really positive and empowering experience for the person and it was the first time they had ever voted. He had never been given the opportunity to do this before."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. People were asked during their monthly meetings with their keyworkers if there were any changes they would like to see. The registered manager reviewed these together with any celebrations or complaints and said, "I look at everything to see if there is anything we need to look into in more detail." Results of surveys were posted on the walls for everyone to see.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. The registered manager completed monthly audits which were based on the Care Quality Commission (CQC) key lines of enquiry. They told us, "We're constantly auditing and checking." Where shortfalls in the service had been identified action had been taken to improve practice. This resulted in the registered manager being awarded a Certificate of Achievement for 2017/2018 for 100% compliance. Area managers and the provider's quality team also looked at the audits and action plans. This meant there was support in place for the registered manager to ensure appropriate actions were taken when necessary.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff told us they felt supported in their roles and everyone was approachable. Staff said, "I wouldn't be where I am without the support I've had" and, "We work well as a team to help each other." One relative said, "The registered manager is excellent." Staff had access to regular formal meetings. Staff and relatives also had a quarterly newsletter to keep everyone informed about activities.

Staff who have shown specific interests areas, such as infection control were designated 'Champions'. These Champions played an essential role in developing best practice, sharing learning and acting as role models for other staff.

The registered manager had a clear vision for the home and said, "I'm passionate about moving the service forward and keeping everyone fresh." People and staff were all involved in developing the service. The registered manager said, "It's the staff who run the place on a day to day basis. We are a team and I value every single person. They've all got such valuable roles; there's lots of teamworking." Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

The registered manager was a trained nurse and kept up to date with current practices and national guidance by keeping their registration up to date. They told us, "I've got links with the University of the West of England, links with other nurses and I have early warning training."

According to the records we inspected, the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.