

Care UK Community Partnerships Ltd

Asterbury Place

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Asterbury Place is a care home providing nursing and personal care for up to 80 people. On the day of our visit there were 76 people resident in total. There were four separate units named, Lily, Goldcrest, Robin and Rose. Each unit could accommodate up to 20 people in bedrooms with en-suite shower rooms. Lily was for people who were more independent and required support with care. Goldcrest accommodated people living with dementia. Robin supported people with nursing needs and had nursing staff on duty at all times. Rose accommodated people living with more advanced dementia.

People's experience of using this service:

We found that people living here experienced extremely good levels of care, support and had positive outcomes. The management of the service had not only sustained good practice but had gone on to enhance the service on offer.

- People benefitted from an outstanding responsive and well-led service. Care and support was tailored to meet people's needs and to ensure flexibility, choice and continuity of care. People were involved in and consulted about all aspects of their care and support. People told us that staff had an excellent understanding of their social and cultural diversity, values and beliefs and how these might influence their decisions on how they wanted to receive care and support.
- The home promoted understanding and a positive attitude towards different types of disability and difference. Staff had opportunities for learning, development and reflective practice on equality and diversity, which influenced how the home was developed.
- Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. People were consulted about events before and after the event. Photographs throughout the home showed people taking part in a wide range of activities, events and celebrations throughout the year. The home had a key role in the local community and links with other community organisations which provided information and support to people.
- The culture in the home focused high-quality, person-centred care. Staff put people at the heart of the service and their views were at the core of home's quality monitoring and assurance arrangements. Staff were motivated by and proud of the home. Continuous learning was embedded in the home's culture.
- People felt safe at the home and there were the systems and processes in place to safeguard them. People had risk assessments so staff knew how to keep them safe. The premises were safe for people. Regular safety checks were carried out on the environment and on the equipment used. There were enough suitable staff on duty to meet people's needs. People were provided with their medicines in a safe way. All areas of the home were clean, fresh, and tidy. The provider and registered manager ensured lessons were learnt and improvements made when things went wrong.

- People's social care, healthcare and cultural needs were assessed prior to them moving into the home. They told us staff supported them to access health care services when they needed to. The staff team were well-trained and knew how to meet people's individual needs. People told us they liked the food served. The kitchen catered for a range of dietary and cultural needs including vegetarian, Caribbean, and diabetic. The home was purpose-built and provided people with spacious and accessible accommodation including a range of communal areas. Staff understood the importance of people consenting to their care and support.

- The atmosphere in the home was warm and friendly. People experienced positive caring relationships with the staff team. Staff assisted people in a kind and reassuring manner. People were encouraged to express their views and make decisions about their daily routines. They said staff helped them to maintain their independence. Staff treated people with dignity and respect. People were supported to maintain relationships with relatives and friends. Visitors were made welcome by staff and invited to events and celebrations.

For more details please see the full report which is on the CQC website www.cqc.org.uk

Rating at last inspection: We rated Asterbury Place as good and published our report on 2 July 2016.

Why we inspected: Previously we had rated this service as good and therefore have been back to check that it had remained a good quality service.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated outstanding.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Asterbury Place

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Membership of the team consisted of three inspectors. Also, an expert by experience who is a person that has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had a relative who used a similar service.

Service and service type:

Asterbury Place is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with 16 people and 14 relatives. We spent time observing staff interacting with people, especially at lunchtime.

We spoke with 11 care and nursing staff, the registered manager and other managers supporting on the day. We looked at documentation relating to five people who used the service and information relating to the management of the service. We reviewed 12 medicine administration records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People consistently told us they felt safe at the service. One person told us, "It's lovely here. Oh my, of course I feel safe. I've never felt unsafe because at night there is always someone there."

Assessing risk, safety monitoring and management

- Staff were able to support people who may have distressed behaviour because they had appropriate training and positive behavioural plans were in place for people living with dementia.
- Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. People who were at risk of developing sore skin had measures in place to minimise this from happening.
- Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used and plans in place for those at risk. One person told us about what happened when they had a fall, "The staff came by not long after and saw the bruise. They notice everything. I told them what had happened and they checked me over. They are very kind and very thorough. We talked about everything in my room, about how to avoid it happening again."
- A positive development was the introduction of positive risk taking. This was linked with wishes of the person to regain or maintain independence and therefore people were supported to take risks such as going out alone, going to the shops or gardening.

Using medicines safely

- People were provided with their medicines in a safe way. Staff were trained and their competency assessed before they administered medicines.
- Staff knew how to administer medicines in the way people wanted them. They made sure people were ready, explained what the medicines were for, and asked for consent before giving medicines to people. One person told us, "They come round and bring my tablets. They come and find me to do it. It's the same time every day. It's regular and I like that." A different person told us, "I like that I can have my own tablets but they do check I have enough in stock."
- Medicines were stored securely and safely at the correct temperatures.

- Records showed people were given their medicines as prescribed.
- Protocols were in place and followed with regards to medicines prescribed 'as and when required'. One person told us that they could request pain killers and these were forthcoming when needed.

Staffing and recruitment

- Rosters clearly showed that sufficient staff were employed and allocated to meet people's needs. No agency staff were engaged and regular staff were used to support people that they knew.
- The provider had a recruitment policy which assisted them in the safe recruitment of staff. Staff could confirm that checks on their suitability were in place before they started work.
- All people and staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long to be attended to.
- Staff supervised the communal areas. One person told us, "Yes I do think there are enough staff. They help me to get dressed and get about sometimes. There is always someone around. I've never had to wait if I've needed something." A relative told us there were plenty of staff, "You can always find someone. I've never had to go searching. I know who is in charge of the unit at the time as they leave a picture on the door so we know. There is no sense that [my relative] doesn't get their calls when needed. If they need help to get to the toilet there's always someone to ask."

Preventing and controlling infection

- The service was clean throughout. Toilets and bathrooms were seen to be very clean. Cleaning staff were observed being very thorough when cleaning armchairs. Cleaning schedules were in place along with audits of infection/cleanliness.
- Staff practiced good hygiene and were provided with aprons and gloves. People had their own slings when being hoisted to prevent cross contamination.

Learning lessons when things go wrong

- Management were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by managers who monitored for any themes or patterns to take preventative actions.
- Where there had been errors made with medicines action had been taken to keep people safe. For example, matters had been investigated, staff had been held accountable and supported through completion of reflective accounts and if needed retraining.
- Lessons were shared amongst the team. This was through individual supervision sessions and through briefing notes completed by the registered manager. Staff were encouraged to learn from others in as supportive open culture of positive criticism. Staff spoke of a non-blame culture in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. One person told us, "They do know me. They know how to help me. They know what to look for."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff said that they had received a good induction that included training and shadow shifts.
- Nursing staff confirmed they had access to clinical updates to meet the medical needs of people resident e.g. Percutaneous endoscopic gastrostomy (PEG) feeding tube and had access to clinical supervision.
- Staff had received appropriate training to support people using the service and more specialist training in matters such as dementia and mental capacity. One person told us, "I'm sure they're well trained. They're very competent. I have no worries."
- Staff also told us they were supported by the management team and received one to one sessions to discuss any work-related issues. Staff welcomed team meetings and one staff member said, "I had all my training in health and safety. I know about fire procedures and how to use the evacuation mats. I have had my medicines training checked with my competency. We have team meetings and do supervisions and have debriefs of incidents if needed. I'm well supported."

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

- People received home cooked food that constituted a balanced diet. One person when asked about being given a choice said, "Oh yes. They have a menu every day. They ask us what we want. It's very good." People said variety and choice along with quality was good. One person said "I can have something at any time. I just have to ask. You don't have to wait for a tea trolley. You can have a drink any time you like."
- The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink. A variety of drinks were available throughout the day.
- Advice was sought from appropriate health professionals in relation to nutrition. The chef had updated information to hand on special diets required. The chef was knowledgeable about how to modify diets and was seeking feedback at the meal time. There were sufficient staff to support people to eat with dignity.

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

- The Home was purpose built and in good condition throughout. Corridors were wide and had handrails.

There was good signage to guide people.

- The whole premises used by people was accessible for those with a physical disability and supportive for those living with dementia.
- People particularly liked the design of the entrance reception and café area.
- People had access to outside space that was well planned, safe and met people's needs.

Supporting people to live healthier lives, access healthcare services and working with other agencies

- People were routinely registered with healthcare professionals. A GP visited regularly or when required to ensure access to treatment and medicine. There was a good relationship between the service and healthcare professionals and this confirmed by a healthcare professional who told us that the referrals they received were timely and that they observed good care and treatment based upon mutual respect.
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. A relative told us that their family member could access a GP, dentist or optician whenever they needed and anything brought to staff attention was acted upon immediately.

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

- 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.
- We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible. One person said, "I make my own decisions. I can still do that. They don't do anything unless it's been agreed with me."
- The registered manager understood their responsibilities in terms of making application for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted. On the day of our visit a social care professional was visiting to assess a person under DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People consistently told us that staff were kind and caring. One person told us of the special relationship they had with staff, "They give me a hug when they come in. They're like family. They ask about who the people are in my pictures [in their room]. It's nice to talk about family."
- We observed some lovely practice by staff who emotionally supported people with compassion. One person told us, "They're very caring and friendly. They never speak down to you. I'm simply a happy fellow. They stop and chat when they are passing. They never just ignore you."
- Our observations showed people displayed signs of well-being. One visitor had a partner at the service. They told us how staff recognised and supported their relationship. "[Partner] forgets when I'm going to come next. I leave a note for them to remind [partner]. It says exactly what day I'll be in. The staff use it to reassure and they show it to [partner], staff remind it's there. It's very caring and thoughtful. It recognises my partner's needs."
- Staff knew people very well. We were able to observe how staff interacted and how they supported people effectively. One staff member told us that they know people very well, but were, "Supported by the care plans that reflected people's choices and needs."

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

- People and their representatives were regularly asked for their views on their care and their plans. Regular meetings with relatives were in place. Future dates were displayed for the year.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were pleased to be at work. People were treated respectfully and were involved in every decision possible. One person told us, "I feel very confident to talk to them. They've taken the trouble to get to know me and I like that. It's a two-way relationship."

Respecting and promoting people's privacy, dignity and independence

- People and their families routinely completed life histories and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- People were enabled to be as independent as possible. Staff transferred people to dining chairs and arm chairs throughout the day to maintain their posture and dignity.
- Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. People consistently said staff ensured their privacy with knocking on doors, and closing doors before care. One person told us, "They put a towel ready to cover me when I wash."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received exceptionally personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. We heard and saw from people who were not born in the UK how they were enabled to speak their first language and influence the menu with traditional meals from their country of origin. One person living with dementia told us how they taught staff to speak their language. We saw staff doing just this and this enabled the person to communicate their needs. Staff were actively supporting her with her dementia journey. The person reacted with smiles and interacted with their own language. Menu consultation resulted in foods such as yams and green banana being available for people. This gave particular pleasure and comfort to a person that had enjoyed such food prior to moving to the service.
- Care plans accurately reflected people's health and social care needs and demonstrated the service worked seamlessly with health and social care professionals to get the best possible outcomes for people. For example, from a recent review of care plan records it was identified a small number of people were not meeting their daily fluid targets. They were, therefore, reviewed by a GP to ensure they were not dehydrated. This showed a personalised plan was in place for people who needed support with drinking to ensure they stayed healthy.
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. One person told us, "They're always very respectful of what we want. No one is forced to go to bed at certain times. I spend the day how I choose."
- The home used assistive technology and people were involved in decisions about how it was or could be used in keeping them safe and independent within their own rooms and whilst accessing outside spaces. One person told us about the non-intrusive technology, that they could control, in their room. They understood its use and really liked it as it kept them safe when they needed that additional support. Good documentation was seen of people's choice and control of the decisions.
- Each person's plan was regularly reviewed and updated to reflect their changing needs. A relative with lasting power of attorney told us, "We did help with the care planning. We can have access to it anytime we ask. [My relative] is involved too. We don't do anything without talking to [my relative]." We heard updates were made on a daily basis where needs were rapidly changing. For example, where a person had developed a urine infection and how that was currently presenting itself. This meant that staffing support was adapted to meet this person's needs and external healthcare professionals were contacted quickly in order to address the person's health needs promptly.
- Staff were particularly good at preplanning with people. For instance, a person was due to have a scan and staff were preparing them the day before about what this meant. This reduced their anxiety and increased the likelihood of their understanding the need for such tests. In another example a person had

refused their medicines. There was a plan in place if this were to happen again which meant there would be no delays in this person receiving appropriate support. This showed that staff were able to respond to changing need as potential responses had been thought through ahead of time and people had their ongoing needs met in a timely way.

- People were enabled to follow a variety of interests and activities that they had chosen. These also catered for those people living with dementia and those people who chose to remain in their rooms. For instance, there was a music trolley that staff took to people. The activities coordinator said that they played music of people's choice and this was accompanied by a bubble machine or chatting with the person. This had a positive impact on people's wellbeing and those living with dementia. One person said, "It's very nice. I enjoy music."
- There was a positive benefit to people with the regular involvement of animals. There was a resident dog called Martha as well as a visiting therapy dog. These animals visited people regularly [and those in their rooms]. A staff member said, 'One of the dogs is called "Hope" and she has a wonderful way of lifting the spirits of residents, she has been particularly beneficial in enhancing the lives of those who are limited in their mobility, as they can stroke and interact with her from their beds.'
- There was a published plan of events as well as people being reminded on the day. Varied formats, including pictures and symbols ensured that the service complied with accessible information standards so people could understand and access information being published. There were photographs displayed of events that had taken place throughout the year. Events throughout the year included involvement in charity events that had been chosen by people using the service; Macmillan Coffee Morning, Children in Need, Children's Christmas Shoe Box Appeal and Red Nose Day.
- People told us that they were very happy with the wide variety of activities that was consistently on offer. One person demonstrated how they liked to dance and that they had helped bake cakes. Another said they liked the trips to a country pub and to Felixstowe. One person told us, "We have karaoke and carpet bowls. Families can join in too. Mine do when they're here and it's fun."
- The hairdresser visited regularly and was keen to tell us what an excellent service this was and they visited others to compare. A manicurist also visited regularly. Both these visitors and the provision of a modern salon space enabled people to enhance their self-image and promote dignity.
- We saw clear evidence that people were truly consulted in deciding events and activities. People living at the home decided activities that took place over Christmas, we saw the evidence of those activities in photographs and then at the next meeting we saw feedback about how well these were received and what they would like differently next year. People had true influence on the quality and what activities were on offer.
- People were enabled to be actively part of their community. There was regular involvement of the local community with visits and talks arranged from groups and people such as a local bird enthusiast, with a slide show about birds, participation in the RSPB winter bird watch and regular feeding of the birds. There were plans set for a gardening club and a 'shed club' to introduce woodworking. This catered for those choices more traditionally seen as male choices of activities.
- There was positive and mutually beneficial community involvement from a local children's nursery that visited once a month. Children spent time with people and read poetry or made arts and crafts. People told us they were genuinely pleased to see the children.
- People were enabled to express their beliefs and regularly seek guidance and support from spiritual leaders. Some people were supported to attend their church in the community if this was their wish. Following discussion with a person at the service, a whole host of local churches were offered a room within the care home in which to hold their church services. This enabled people who could not go out to attend a service of their choice. This met the religious needs of people at the service and churches currently involved were Catholic, Methodist and Jehovah Witness. Each visit was advertised within the service for people to attend if they desired.

End of life care and support

- People were supported at the end of their lives to have a comfortable, extremely dignified and pain-free death. Staff were highly skilled at helping people and their relatives explore and record their wishes about care at the end of their lives, and to plan how they would be met so that they felt very consulted, empowered, listened to, and valued when their end of life care plans had been written and reviewed.
- People's needs regarding language, communication, ability to understand and capacity were acknowledged and met when decisions were made about their end of life care. One person told us, "I'm here to die and they [staff] know it too. They go out of their way to make it as comfortable as they can for me. They discuss everything."
- The home was responsive in enabling people to engage with their religious beliefs and/or preferences at the end of their lives. For example, a person had requested fresh flowers and soft music and these were seen in their room during our visit.
- The home worked closely with a local hospice and GP surgery to help ensure people experienced a comfortable, dignified and pain-free death. The end of life care provided was personalised and based on best practice. One professional told us, "It passes your 'mums test'. I would put my relative here because it's so very good."
- A monthly end of life forum was held within the home for people, families and staff to explore the subject with support. Information was available in the family room along with a bereavement basket that contained items to use for comfort and care at the end of a person's life. A relative told us, "They were excellent at every stage of our journey. They would sit and talk and support us and explained."
- Staff were trained in end of life care and understood and met the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Staff engaged in end of life care were supported by the managers and each other with empathy and understanding.

Improving care quality in response to complaints or concerns

- People and their relatives were encouraged to raise concerns or complaints. There were systems in place to respond to and learn from any complaints received. Staff were aware of complaints made and what was in place to ensure no similar occurrence. This showed us that learning was cascaded with a true desire to improve people's experiences.
- People told us that there were regular resident meetings with the registered manager to resolve issues. Displayed around the service were notices such as 'You said; We did.' This showed that feedback was taken seriously and acted upon.
- People and relatives said that they felt able to speak to the registered manager privately at any time. Staff were aware of resolving concerns at a lower level if possible.
- We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions were in place. There was a written response in place to complainants and offers to meet to resolve concerns were routine.
- When serious, formal complaints were received the registered manager and provider carried out thorough investigations and, where necessary, involved the local authority, CQC and other agencies to ensure an independent and objective approach.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People benefitted from an outstanding responsive and well-led service. Care and support was tailored to meet people's needs and to ensure flexibility, choice and continuity of care. People and their families were keen to tell us of the quality of care provided. One relative told us, "This is an exceptionally well-run care home that is well managed and I would recommend to others." A different relative told us, "The nurses here are amazing. I know they have extended my relatives life and ensure a better quality of life than we thought possible."
- We found a registered manager that had integrity and a person that was open and wanted to share best practice and developments at the service. All staff we met were equally keen and we felt a vibrancy within the service. Staff wanted to share with inspectors the service they provided and actively sought out inspectors to speak with, some came in on their day off. One staff member said, "I love my job. This is an amazing place to work. The manager is brilliant. She is open to ideas and will always listen. She starts with safety first and then enables things to happen. It's great."
- When we spoke and interviewed staff we found a staff group that was very knowledgeable. They were able not to just answer questions put to them but expand the conversation and bring in best practice and competently refer to legislation that guided how they worked. An example being one staff member, when asked about people they supported, was able to succinctly tell us how a person's needs were met. They referred to external professionals involved, how legislation protected their rights and how best practice clinical tools were used to best effect. This level of knowledge of staff enabled them to act and give high quality support consistently to people.
- People at the service and their relatives had faith in the registered manager. One person told us, "It is brilliant here from the top to the bottom. Such a good ambience from the minute you arrive at reception." A relative told us, "I know the manager. She's easy to talk to. Very efficient. I always feel confident in her." The atmosphere in the home was warm and friendly with a sense of community and belonging. We observed that people had formed friendships with each other and were enjoying social opportunities within the home.
- The registered manager and staff understood the importance of working openly and transparently with CQC and other agencies and reported incidents and accidents without delay. We saw evidence that the registered manager understood their duty of candour and apologies made along with explanations given if needed.

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

- □ Staff were aware of the values and purpose of the service. One staff told us, "I go home really feeling like I've done my job 100% and the residents have come first."
- □ There was a known values statement that was visible throughout the service. It was a pictorial flower with words: "Comfort, Love, Attachment, Occupation, Inclusion and Identity." The registered manager told us, "It focuses and aligns efforts so everyone is working towards the same understood goal."
- □ Staff were exceptionally well supported in their roles and enabled to perform as well as they could do. There were systems in place such as regular team meetings for every department within the service, regular supervision, appraisal and training. There had been the development of champions. These are staff members who take a lead in a given subject and are given additional training. Staff and people knew who these people were and said the systems worked well. People benefitted from staff who had very good up to date knowledge based upon current best practice.
- □ There were known and effective systems in place relating to effective communication that occurred each day known as the 11 meeting. Each department attended and presented the updates and challenges for that day. Therefore, everyone knew all plans for the day. This included who was resident of the day. This was a focus on one person in terms of reviewing their care, support, room and made them special for that day. This meant that there was a systematic review of each person.
- □ Governance systems were embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a sustained quality service maintained over time.
- □ Care UK had quality management systems in place. Audits and action plans were shared as required. This included regular visits from Care UK representatives who had oversight of the quality of care being provided and provided a positive mentor role and support from similar service in the area. Resources and support was readily available to the service as identified to meet the needs of those resident at the given time.

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

- □ People were at the heart of what the service did. People were involved and consulted on an ongoing basis. There were two resident representatives. Their role was to inform management and be part of decision making on behalf of the resident population. They regularly took part in interviews for new staff.
- □ In the main entrance there was the bright ideas box. This enabled anyone to contribute to the running of the service. An example of a change made was; in relation to a relative and a person at the service requesting clips for the call bell to ensure they remained at hand but out of the way. These were used to clip the call bell onto bedding. Other people benefitted from this development too as the idea was offered to them. In the main foyer were colourful posters, pictures and displays to show changes made and developments underway that kept people informed.
- □ People were regularly formally asked about the service in the form of surveys. People confirmed that their views were sought in this way and said they felt listened to. Regular resident and relative meetings were held throughout the year with dates published. Minutes were kept that showed how people's input was valued and acted upon.
- □ Staff were motivated by and proud of the service. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. There were high levels of satisfaction across all staff. The staff team were multicultural and multilingual. This in turn added value and benefit to the resident group.

Continuous learning and improving care

- □ The registered manager was dedicated to continuous learning. They were open to new ways of working and included others in plans, along with feedback from CQC. They were aware of recent developments, for

example the new international descriptors for food and drink for people with swallowing difficulties.

- We saw continuous learning about subjects such as sexuality in older people. This was informed by good practice source material such as 'A guide to dementia, sexuality, intimacy and sexual behaviour in care homes.' This demonstrated that the value of acceptance in the service. People's care plans had sections on how they expressed their sexuality – a subject often shied away from with older people.
- We saw that staff members had achieved awards and the trophies and photographs were on display. These included 'Going the extra mile' awards and a specific trophy for the maintenance staff member within the Care UK group.

Working in partnership with others

- The registered manager and staff had developed good links with the community, local churches, other healthcare professionals and the local GP service. Feedback from others involved at the service was highly positive.
- People had access to a variety of local initiatives that met their diverse needs. A local nursery has been visiting the service. Children sitting with and singing with people. A local sculptor has visited and was working with the service. The local church held regular services for people to attend. The local library delivered books and talking and sensory books are obtained for those who needed them.
- Staff had worked alongside more specialist teams such as the tissue viability team to take advice and also the mental health team when they need additional input. A whole host of professionals were known about and accessed to ensure a best quality service for people.