

The Orders Of St. John Care Trust

OSJCT Bemerton Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 30 November and 2 December 2016 and was unannounced. The service was last inspected in January 2014. There were no breaches of the legal requirements at that time.

OSJCT Bemerton Lodge Care Home is registered to provide personal care for up to 56 people. On the day of the visit, there were 54 people at the home.

There was a registered manager for the service. 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.

There were constant friendly and caring interactions between staff and people. People received care that respected privacy and dignity and promoted their independence. There was a welcoming, homely atmosphere in the home. Links with family members were promoted and encouraged. Mealtimes were sociable and made into a very enjoyable experience where people could invite guests to join them. This meant that people were helped and encouraged to maintain relationships with those who mattered to them.

The staff understood how to keep people safe and knew their responsibilities to protect people from the risk of abuse. New staff were recruited only after a thorough safe recruitment process.

People were cared for in a way that was kind and compassionate. Staff had built strong and caring relationships with people, their families and friends. People were treated with dignity and the greatest respect at all times. Staff treated people as individuals and respected their lifestyle choices.

The home was run in an open and inclusive way for people who lived at the home. Their views and wishes were central to how it was run. For example, their opinions were actively sought about how the home was decorated and maintained. People told us they were regularly asked by the registered manager to give their opinions of the staff and whether they felt well supported by them.

People who lived at the home were very well supported to take part in activities of their choosing. People enjoyed the activities and the opportunities made available to them. There were active links with the local community and people were encouraged to be part of their own community. The management used research and learning. This was to improve and develop the care people received and their overall quality of life.

The service was very responsive to the needs, preferences and wishes of people who lived at the home. The care provided was very person centred and met people's individual and diverse needs. People and their families, continually review people's needs. When people's needs change, they take action to ensure they

provide the best care possible for the individual. The service was good at helping people to enjoy their lifestyle.

People were aware of how to complain and make their views known .The provider actively sought the views of people and their families. These views were acted upon and changes were made to the services when needed.

Feedback about the home from people and others involved in their care was very positive. Regular reviews were carried out of the care people received to see where improvements were needed and the service could be further developed. There were quality checking systems in place to monitor the service to ensure people received care that was personalised to their needs.

Staff and people who lived at the home spoke very positively about the management structure of the service. They said that the registered manager provided strong and very caring management and leadership. The staff team told us they were very well supported by the registered manager, who spoke very positively about their role. Staff and people at the home said they saw them daily and they were always there and helped them whenever they needed support and guidance.

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 who lived at the home and relatives told us they felt very safe.

Staff were aware of their responsibilities in responding to abuse. There were processes and guidance in place to protect people from harm.

The provider had a suitable recruitment procedure to employ staff suitable to work with vulnerable people.

Medicines were managed and given to people safely.

There were enough suitably qualified staff to meet the needs of people who at the home.

Is the service effective?

Good ●

The service was effective.

The staff knew how to provide people with effective support that met their needs.

Staff received training and support to ensure they were able to meet the needs of the people who lived at the home.

People were able to make choices to have a healthy diet.

People's healthcare needs were met. Support and guidance was obtained from other healthcare professionals when required.

Is the service caring?

Good ●

People and their relatives told us staff were very caring and sensitive to their needs.

Care planning and staff approaches helped ensure individuals were at the centre of their care.

People were very well supported by staff to maintain their

independence in the home and the community.

Is the service responsive?

Good ●

The service was very responsive.

People told us the service and care that they received provided was very good.

Care was planned and implemented based on research and guidance around best practice.

There was a wide range of social activities available for people who lived at the home. People were encouraged to develop and build links with outside agencies and groups.

People were involved in making decisions about what was important to them. People's care needs were kept under review and they were involved in this process.

The provider had a complaints system to ensure complaints and concerns were addressed and responded promptly

Is the service well-led?

Good ●

The service was well led

People who lived at the home and relatives spoke highly of management and their leadership style. The management team had very positive working relationships with their team.

The management sought continuous feedback from people about the home. Best practice guidelines were acted upon to improve the overall service.

OSJCT Bemerton Lodge

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.

Our inspection took place over three days. We made an unannounced visit on 30 November 2016. On 1 December 2016 we reviewed a range of inspection information emailed to us that we had requested from the service. We told the service about our visit on 02 December 2016. One inspector carried out this inspection.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the provider had sent to us. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider completed a 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 the improvements they plan to make.

We spoke with 24 people and two visitors. Staff we spoke with included the registered manager, the head of care, five care staff, two domestic and two catering staff. We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records of six people, staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

Is the service safe?

Our findings

At the start of our visit, we toured the home and we found that there was a strong odour in one area of the home. Later in the morning, there was a fresh smell throughout the home. The registered manager told us that one of the domestic staff was absent at short notice and this had led to the odour being present. On the second day of our visit we saw that action had been taken to ensure that there was enough domestic staff on duty to keep the home clean and fresh smelling. The home was found to be clean and free from odour on this day.

There were systems in place to try to minimise the risks to people from cross infection. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, different coloured cleaning equipment was used to clean toilets and was not used to clean bedrooms and communal areas. The staff wore protective plastic gloves and aprons when giving personal care. This was to minimise risks of cross infection.

The people we spoke with all told us they always felt safe at the home. One person told us, "Of course we are safe here." The premises was secure and entry could only be gained by an electronic entry system.

Staff understood the importance of keeping people safe. They told us their responsibilities included promoting people's safety. For example, staff discreetly monitored people who were at risk of falling. We saw staff prompt certain people to stay safe and assisted them with their mobility. This was done in a way that did not restrict their freedom.

Staff told us they received regular safeguarding training to keep up to date about how to respond to safeguarding matters. They were able to tell us about the different types of abuse that could occur. Staff were confident if they reported any concerns to management it would be dealt with immediately. The registered manager ensured that all allegations of potential abuse were reported to the local authority and they understood that certain matters should be reported to the Commission as well.

Staff had a good understanding about what whistleblowing at work was and how to do this. Staff understood they were protected by law if they reported possible wrongdoing at work. Staff had also been on training to help them understand this subject. The provider's whistleblowing procedure was on display in the home. The procedure had the contact details of the external organisations people could contact if they needed to raise a concern.

We saw that there was enough suitably trained and skilled staff to meet the needs of people living at the home and keep them safe. This was evident when we observed that staff were able to consistently provide prompt one to one support to people who needed extra assistance with eating and drinking. Staff were also readily available when people needed two staff to support them with their mobility needs. Staff also sat with people and spent time with them in social conversation.

The registered manager told us the numbers of staff that were needed to meet the needs of people at the

home were often adjusted and increased when this was needed. For example, staffing levels were increased when people were physically unwell and needed more care and support. The numbers of staff needed to meet the care needs of each person were calculated by taking into account each individual's needs. The staffing rotas showed the home had the number of staff needed to provide safe care. Where there was staff shortages, this had been planned for and cover was in place.

Medicines were managed safely and people were given them at the times that they were needed. Medicine records included people's photographs and the administration records we checked were complete and accurate. We saw that senior staff gave people their medicines and they did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.

Medicines were kept safely and the trolleys were locked away inside a locked cupboard with the rest of the medicines. There was guidance to support staff to give 'take as required' medicine, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication safely. Medicines that required extra security were regularly checked by staff and were stored safely. We saw accurate stock checks and remaining balances of medicines were calculated. There were daily checks of the fridge and room temperatures. This was to ensure medicines were stored at the correct temperature.

People's needs were assessed and risks highlighted in relation to health and wellbeing. These included risks associated with being confused, mobility, falls, nutrition and skin pressure care. Risk assessments were reviewed at least monthly. One person's risk assessment identified the need for closer observation and extra safety equipment. This had been acted upon and a sensory alarm was in place to alert staff if the person needed support in their room.

There was a system for reporting accidents and incidents. The records we saw were detailed and up to date. The registered manager told us how they reviewed incidents to check for themes and trends so improvements could be made to the overall care and service. For example, they had recently looked at suitable ways to assist people who were assessed as not having full mental capacity and wanted to leave the home. The person concerned needed to be supported to stay safe. We saw how their care plan was updated after a number of incidents had occurred.

The provider's recruitment procedures helped to ensure people were supported by suitably qualified and experienced staff. There were full employment checks carried out before new staff started work. Records were kept of the interview process for each person employed. Two references had been sought and one of which was the last employer. Gaps in employment history had been explored with each potential new employee. There was also a Disclosure and Barring Service (DBS) certificate completed for each member of staff before they commenced work. A valid DBS check is a legal requirement. It is carried out to prevent unsuitable staff being recruited to work with vulnerable people.

Health and safety checks were in place to keep the home and equipment safe. There was an up to date fire risk assessment in place. On arrival, the registered manager told us what actions to take in the event of a fire at the home. The home had contracts with external companies to check firefighting equipment and fire detection systems. Moving and handling equipment including hoists were regularly checked and maintained in good condition. This meant suitable actions were taken to minimise risks to people in the home.

Is the service effective?

Our findings

Every person we met was very positive about how the staff were supporting them with their care. Examples of comments made included, "They can't do enough for you they are marvellous," "They seem to know exactly what I need before I do," and, "Although I don't want to be here the staff are very good and they have made it bearable."

People received effective and skilled support with their care needs. This was evident in a number of ways. Staff used mobility equipment safely and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them. The staff assisted people to have a shower or a bath and to get up in a discrete way. We saw that staff sat people in a comfortable position before they had meals and drinks and when they were sat in comfortable 'soft' chairs. We also saw staff encouraged people and supported them to eat and drink enough. Staff checked on people regularly and helped certain people who needed support to move to be comfortable so that their skin did not break down. We saw that staff were following what was written in each individuals care plan.

We observed daily life for people in the communal part of the home. We observed the atmosphere was calm and relaxed. When some people living with dementia showed certain behaviours that may challenge, staff were immediately attentive to them. The staff used different responses such as gentle distraction to help to make people feel calm. We saw that people responded to the staff positively at all times.

Staff told us they were allocated a small number of people to support with their care needs. Staff explained this helped them get to know individuals well and how they liked to be cared for. They also told us caring for people in small teams was a good way of ensuring they received an individualised service.

A GP came to the home on the first day of our visit. They had been called because staff were concerned about the health of a person. A GP also visited the home on a weekly basis to respond to people who needed to see them and review the health of other people at the home. We saw in the care records that people's health care needs were closely monitored. Staff took action when needed to ensure each person's health was maintained. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments when needed. There were detailed health needs assessments in place to identify what people's safety, mental and physical health needs were. Assessments were regularly reviewed and updated when required. These actions helped to show how staff provided care that was effective for people.

People and their relatives praised the choice and quality of food on offer. Comments included, "The food is excellent," "The food is good" and, "The food is home cooked and we can have what we want." We observed breakfast and lunch being served. The dining rooms were bright and welcoming with a cheerful atmosphere. People were served tea and coffee with small jugs of milk and individual tea and coffee pots. This helped people to make choices at meal times. We heard staff talk with people and tell them what the food was at meal times. The staff were organised and they communicated among themselves to ensure everyone had

their meal in a timely way.

There were menus available to help people make a choice from the meals to be served. People were also shown a small serving of each meal option to help inform their choice. We observed a choice of wines, water or other soft drinks were being served with lunch. People told us they were offered wine with their meal every day and they enjoyed it. People were also offered tea, coffee, and other drinks throughout the day. Snacks such as fruit and biscuits were also freely available for people in small dishes in communal areas of the home. We saw people helped themselves to snacks between meals.

People who required support to eat and drink enough had detailed and clear guidance set out in their care records. This information helped staff to deliver effective care and promote physical health and well-being. For example, one person required a modified consistency diet so that they did not choke on their food. Their care record plan clearly detailed how to ensure meals were suitable for the person. This ensured the person's preferences and health needs were met.

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 decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as legally required to make sure any restrictions on people were lawful. There were two completed DoLS applications in place for two people at the home.

People's care records made clear reference to their mental state and ability to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Staff told us they had received training about the MCA and were aware of the need to consider capacity and what to do when people lacked capacity. Care records demonstrated that capacity was assessed and considered when needed. When a person lacked capacity, there were clear instructions within care records as to how to support the person. For people who were being restricted of their liberty, correct procedures had been applied to ensure it was lawfully carried out.

Staff confirmed they received regular supervision. Supervisions are meetings between a member of staff and a more senior staff member. They are aimed to address any concerns either may have and also to discuss other matters such as performance and training. The staff team told us that managers were approachable and they were not afraid to discuss any concerns they may have outside of formal supervisions.

Staff were provided with an induction programme when they first started working at the home. The induction programme included learning about different health and safety practices and procedures, the care of people with dementia, the health needs of older people, safeguarding people from abuse, and correct moving and handling practice. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside more experienced staff learning how to provide good care.

People were cared for by staff that were suitably qualified and experienced to meet their needs. Training records confirmed there was regular training provided for staff. Recent training sessions staff had attended included nutrition, wound care, and medicines management. This was to make sure staff had the skills and knowledge necessary to effectively meet people's needs. Further courses staff had been on included understanding behaviours that challenge, and working with people with dementia.

Is the service caring?

Our findings

People and their relatives that we spoke with explained to us how caring the staff were towards them at all times. We observed kind and respectful interactions on both days of our visit from all of the staff. People were given plenty of time to express themselves and staff were always patient and attentive towards people. Staff encouraged people to speak with them throughout both days of our visit. We saw staff giving people hand massages and painted their nails. Staff used this time to talk with people about how they were feeling and other matters that were important to them. One person was leaving the home in the near future. A number of staff repeatedly told the person how much they were going to be missed. The person responded very warmly to these comments. Some people teased staff and the staff gently teased them back. We saw how much pleasure people got from these interactions.

At mealtimes, we saw staff showed people the two meal options and asked them which they preferred. The staff were patient and kind in manner, and did not hurry people when they made their choice. The staff told us and records confirmed that menus changed on special occasions. Special meals were served to celebrate events such as St Andrews day, bonfire Night and St. George's day. On the first day of our visit, one person had their birthday. A special birthday meal and cake was arranged for them.

People's visitors told us that staff were also very supportive and kind towards them. We saw visitors greeted the registered manager with a hug. The registered manager responded in an equally warm way. The registered manager told us their role and the role of staff included offering emotional support for relatives at difficult times.

There was a strong person centred culture within the home. The staff had an extremely good knowledge of the people they supported. Staff were able to tell us about people and their life history. Staff could tell us people's likes, dislikes and preferences. On both days of our visit, we heard staff apply this knowledge of people. Staff engaged people in conversation about their family, their life and memories of when they were younger. Spontaneous conversation took place between staff and people throughout both days. A TV programme about the second World War was on during our visit. A staff member used this topic to sensitively discuss the war and reminisce with the person.

People were supported to be as independent as possible, and throughout the day we saw staff supported people to carry out daily tasks and activities independently. For example, some people had been supported so that their health had improved and they were now able to go home. Another person was being supported to visit the grave of a loved one on the day of our visit. Someone else needed support to be safe when smoking. Staff spent time with them and sat outside with them when they wanted to smoke.

Provisions were made within the home to meet people's diverse cultural needs. The staff told us they had just had a local school visit and they were also going to celebrate St Andrews day for people from Scotland and others at the home.

The registered manager told us how people who lived at the home had access to weekly communion if they

wished to practise their faith. They said they also had formed good links with a local church. They said volunteer's visited people in between services.

Care plans recorded if there were preferences for a person to receive personal care from a person of their own gender .We saw that this was respected and acted upon by staff. The staff we spoke with understood the importance of respecting this wish around people's care so that their dignity and privacy were maintained.

Is the service responsive?

Our findings

The feedback from people about their care was extremely complimentary from every person we met. Comments included, "It's wonderful here, it's my home" and, "I couldn't think of anything they could do better." In addition one person told us, "They look after us all so well and will do anything for you."

With the involvement and consultation of people at the home, the services had built community links in a variety of ways. They had established links with a local sixth form college. Students in health and social care had built up links with people at the home as part of their learning. This was very beneficial way for people to have contact with younger people in the community. People were also taking part in an online social project whereby they would send a postcard to people in other parts of the world .People then sent postcards back to the home from their part of the world. Young people from the Princes Trust had also been involved in activities at the home including developing the garden area. This was another good example of how people were able to develop links with the community.

The home worked proactively with other organisations involved in the care of people at the home. This was to ensure they were implementing and following best practice guidelines. Information was shared with other providers to assist improvements in the care people received. For example, the home had worked closely with mental health staff to support someone who was very disturbed in mood. With guidance from the mental health team the person had become far more settled. Before this, the person had repeatedly wanted to leave and been very upset to be at the home. Using positive interventions had helped to make the person feel more safe and happier to be at the home. The registered manager also told us and that they had worked with the mental health team to reduce the medicines some people were taking. They said this had been successful and had reduced the number of falls at the service.

The home had carried out its own research. This was to improve the overall quality of life for people. People were asked if they wanted to be a part of this study and there was a positive response from a number of people who lived at the home. The research was based on the theory that some people can become more restless and agitated in mood if they drank too much coffee. The registered manager and people at the home told us of a recent research project that had happened .Staff and people at the home had tasted different decaffeinated coffees together. A decision was then made to choose a decaffeinated coffee for those who wanted to try it. The registered manager said that the staff team had observed that overall many people who chose to now drink decaffeinated coffee were less restless in mood in the evenings. This information was also reflected on those people care plans.

Care plans guided staff and set out what care people required and how they preferred staff to meet their needs. People told us staff sat with them and they had been fully involved in writing their care plans .People also said they were regularly asked to say how they wanted to be supported with their needs . Care plans showed how independence was promoted and they included how people communicated and mobilised. Some care plans referred to the person telling the staff the level of support they may need according to how they were on each day. Some care plans also included information from research articles which described specific medical conditions, and how these might affect people's daily lives. This showed

how staff had access to information to support them to care for people in a responsive and individual way.

On both days of our visit we saw that call bells were being answered by staff promptly. The call bell answering times were monitored and any call bells ringing for an excessive amount of time would be alerted to a senior member of staff on duty. This helped to show how the staff were responding when people needed support.

People were very well supported to follow their personal interests or hobbies. The activities organiser and staff team organised and helped run a varied programme of activities in the home. These were planned in collaboration with people, taking into account individual needs and what they enjoyed. This included music, exercise, painting, film evenings and a hot chocolate social get together. The day after our visit the annual Christmas fair was taking place. There were posters on walls telling people about the event. People from the community were invited with the agreement of those at the home to attend as well. Another recent event was a fireworks party. One person living with dementia told us about the event. A staff member sensitively discussed it with them and we saw that the person had enjoyed it by their animated response.

The home had an open policy that visitors could have a free meal with their relatives at the home. One person told us this was a "lifeline" for them. We saw people having lunch together with their relatives and looking very relaxed together on both days of the visit. Relatives were also invited to the parties and social events that were held regularly at the home. One person told us their relative had joined them at the recent fireworks party.

A sensory and stimulation garden had been designed in consultation with people. A local charity that supported young people had been directly involved in working on the garden. They had done this with the involvement of people at the home. We were told that people really valued meeting young people when they came to the home. There were chimes, a scarecrow and plants and flowers that had been planted to stimulate people's sense of smell. Two people at the home had been able to bring their pet cats in with them. We saw how they and others benefited from being able to do this. The home had also recently adopted two kittens. We saw many people responded in a very positive way to them. Another person had been able to buy their own budgie and they really appreciated this.

Staff understood that part of their role was to help people make their views and concerns known. The registered manager told us they made themselves available in the evenings on a regular basis. They said they held an open surgery so relatives could come and see them at a time that suited them. This showed that people were well supported to make complaints about the service. The provider's complaints procedure was available to people in the entrance hall to the home. We asked people if they knew how to make a complaint. Everyone we met said that they had not needed to make a complaint but knew what to do if they needed to make one.

People who lived at the home told us how a residents committee had been set up to help people to be able to make their views known to management. Committee meetings were held regularly and people told the management their views on a number of matters to do with how the home was run. One recent example of how the residents committee raised a matter with management related to the menus. A lunch time meal was served that was not what people were told was on the menu. This was raised with the registered manager by the secretary of the committee and an apology was given to them.

The provider had put information about the home onto an independent website that rated care homes based on experiences of them. We noted that people who knew it and had used the service had rated the home exceptionally highly in the areas. A particularly strong theme that many people commented on was

the very skilled approach of all of the staff who worked at the home. Information was also available in the home about the website so that people could make their views known online at any time.

Is the service well-led?

Our findings

People at the home and the staff team told us the registered manager was open and extremely caring in their manner and approach. The registered manager demonstrated throughout our visit that they knew the people who lived at the home very well. They told us they regularly worked alongside staff and supported people with their care. The registered manager was supported in their role by a full time head of care. Both managers told us they had a very close and positive working relationship that benefited the way the home was managed. They said they shared new ideas with each other and were supportive of each other at all times. The registered manager said that they had an open door policy at all times. This was apparent throughout our visit. We saw people go to the office when the registered manager was there. People were very relaxed with them and evidently knew them well.

The registered manager told us how they had been working for the provider in a different role. They had decided to do mental health nurse training. They said that once they had completed this training they had returned in their role of registered manager. They told us they used the knowledge and experiences they gained as a mental health nurse with people at the home. For example, they were able to suggest different approaches that staff could use when people were very anxious or disturbed in mood.

The service had a range of quality assurance systems. These included health and safety, medication and documentation audits. When shortfalls had been picked up, we saw the registered manager had devised an action plan to address them. For example, the registered manager and head of care had identified that improvements could be beneficial to how medicines were being managed. We saw that the improvements needed had been put in place and the system for managing medicines was safe.

The staff team understood and acted upon the culture, vision and values of the service. They told us the management team had developed a positive culture. This was evidenced in the ways that we saw how people were at the centre of the home in the way it was run. The staff showed that they understood and put into practice the provider's visions and values. They explained that these included being person centred with people, as well as supporting independence and respecting diversity. We observed staff on both days of our visit supported people in ways that showed they followed these values with people. For example, staff always spoke with people in an extremely respectful tone of voice, and they offered people choices such as what meals they wanted, where they wanted to spend their day and who they wanted to assist them.

The staff told us that the communication and teamwork among them was, "Really good". Staff also told us regular team meetings took place to discuss concerns and improvements. Staff said they were easily able to contribute to making suggestions to the management to improve service delivery and felt their opinions were always valued. The staff told us there was an open and transparent culture among management at the home. They said they could make suggestions and were listened to by management. They told us they were able to contribute to team meetings and make suggestions for improvement. This showed the service was committed to listening to relevant parties to make improvements in the way the home was run.