WCS Care Group Limited

Attleborough Grange

Inspection report

Attleborough Road
Nuneaton
Warwickshire
CV11 4JN

Tel: 02476383543
Website: www.wcs-care.co.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?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Summary of findings

Overall summary

We inspected this service on 19 September 2018 and the inspection was unannounced.

Attleborough Grange is a 'care home' and provides accommodation with personal care for up to 32 adults, some of whom are living with dementia. It is one of twelve homes operated by WCS Care; an independent not-for-profit care provider. The home has two floors, and is split into four 'households.' Each 'household' has a communal lounge, dining areas and some shared bathroom facilities. There are enclosed accessible gardens and balconies. At the time of this inspection, 30 people lived at the home.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A requirement of the services' registration with us is that they have a registered manager. 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. At the time of this inspection the home had a registered manager in post.

We last inspected this service on 3 and 4 March 2016 and gave an overall rating of 'Outstanding.' As part of this inspection, we looked to see whether the provider had sustained the outstanding services provided. We found the leadership and governance of the service continued to be excellent and gave a rating for this key area of 'Outstanding.' The other key areas looked at, we rated as 'Good' and therefore the overall rating is 'Good.'

People were truly respected and valued as individuals and empowered as partners in their care by an exceptional and distinctive service.

The provider had effective systems in place to monitor the quality of the service people received and made improvements when needed. Systems and processes were continually reviewed by the providers to ensure they remained robust and captured all the information needed in order to identify if any improvements to services were needed. The leadership, governance and culture were used to drive and improve high-quality, person centred care.

The provider was committed to an open and transparent approach with people, relatives, staff and external agencies to continually respond to any issues identified, act upon them and sustain improvements. Staff demonstrated the provider's philosophy, vision and values in the way they cared for people. People and relatives made very positive comments about how caring staff were, describing a very high level of kindness and compassion shown toward them.

The home had a distinctive positive culture amongst staff who were well supported by management. Feedback from people and their relatives was encouraged and acted upon to continue to make improvements to the service. Feedback and suggestions from staff was welcomed, listened to and acted upon.

Medicines were stored and handled safely. People had their prescribed medicines available to them. People were supported with their medicines by staff who had been trained to administer medicines safely.

There were sufficient trained staff on shift who had been recruited in a safe way to ensure people were not placed at risk of abuse, harm or injury.

Detailed risk management plans described what actions staff needed to take so that risks of harm or injury were mitigated.

The cleanliness of the home was maintained and internal décor refurbishment was underway at the time of our inspection visit.

Systems were in place to learn lessons when things went wrong.

People's needs were assessed in detail and, their care and support was delivered by trained staff who used their skills, knowledge and experience to provide safe, effective and responsive care to people.

Staff worked within the requirements of the Mental Capacity Act and understood the importance of respecting people's choices and decisions.

People had very detailed and personalised care plans which gave staff clear information about how to meet their individual needs. Activities took place and people could enjoy trips out and take part in new experiences.

People were encouraged and supported to live with meaning and purpose every day. Positive and new experiences were offered to people who wished to take part in these.

Concerns and complaints were welcomed, listened to and responded to.

People were supported with end of life care at the home in a way they and their relatives wished for.

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 continues to be Good.

Is the service effective?

Good

The service continues to be Good.

Is the service caring?

Good

The service is very Good.

People were treated with a high level of kindness from staff who respected them. People were involved in making decisions about their care and their views were sought. Staff took opportunities to promote people's independence whenever possible.

Is the service responsive?

Good

The service continues to be Good.

Is the service well-led?

Outstanding

The service continued to be Outstanding.

Attleborough Grange

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 19 September 2018 and was unannounced. Opportunity for people, relatives and staff to give us feedback following our visit, was given by us leaving a poster displayed in the home about our inspection. Two inspectors, an assistant inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

The provider sent us a completed Provider Information Collection (PIC), as requested by us, during March 2018. This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information within the PIC in the planning of our inspection visit.

During our inspection visit we spoke with 10 people living at the home and five people's relatives. We spoke with seven care staff, a life-style coach, two duty managers, the registered manager and the provider's project consultant.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

We reviewed nine people's care plans, risk management plans, daily records and six medicine administration records. This was so we could see how their care and support was planned and delivered. We also looked at other records, these included three staff recruitment files, and the provider's quality assurance audits. This was so we could see how the registered manager and provider assured themselves people received a safe and well led, quality service.

Good

Is the service safe?

Our findings

At this inspection, we found people continued to receive a safe service from the provider. The rating continues to be Good.

People told us they felt safe from the risks of abuse while living at the home. One person told us, "I feel nice and safe and secure here." Relatives felt their family members were protected from the risks of abuse, one relative said, "They are safe and comfortable, well-looked after. It gives me peace of mind."

Staff were safely recruited by the provider, who undertook checks to ensure staff were suitable to work at the home. Staff understood the importance of reporting any concerns they had about people's safety and wellbeing. They could describe the provider's safeguarding policy to us, telling us what actions they would take if needed. The registered manager knew what information they had to escalate to us, and the local authority.

There continued to be sufficient staff on shift to meet people's needs in a safe way. The registered manager told us they were currently trialling a new 'staffing allocation' to each 'household,' which would be reviewed during the autumn months to ensure people's safety and wellbeing continued to be met.

Risks of harm or injury to people were comprehensively assessed, using nationally recognised tools. For example, all care plans looked at contained people's dependency assessment, falls assessment, mental capacity assessment and pain assessment. Clear guidance was provided to staff on how identified risks should be mitigated.

Some people had been identified as being 'resistive to personal care' because, due to living with dementia, they did not understand what was happening and became very anxious. Staff could tell us how they should support people whose behaviour became challenging at times. One staff member told us, "We never force people. If someone needs support to be washed because they have been incontinent but gets agitated and upset, we leave them for five minutes and go back. Or a different staff member might try, sometimes a different face lessens the initial anxiety."

Some people were identified as being at 'high risk' of developing sore skin. We found equipment was in place, such as airflow overlay mattresses and special cushions for people to sit on. Staff told us if they saw a person's skin had become 'red or sore' they would tell the registered manager and the visiting district nurse would check the person's skin. The registered manager and duty managers told us they checked for electronic alerts; on the provider's care plan system, to ensure people were re-positioned when needed to prevent them from developing skin damage. At the time of our inspection visit, no one at the home had any skin damage caused by pressure.

Most people who required special airflow mattresses had a laminated information sheet at the end of their bed. This gave staff information about what setting the person's airflow pump should be on, so daily checks could be made. However, we saw one person did not have this information sheet and their pump was set for

110kg and should have been at 43kg. When we pointed this out, the registered manager took immediate action to re-set the pump correctly, and ensure a new information sheet was provided for staff to refer to. The registered manager assured us this person's skin had not become damaged from this setting error.

During our inspection visit, the provider's project consultant told us further action had been taken to ensure lessons were learned from this error. They explained airflow pump setting checks had now been added to their daily 'must do' list and electronic alerts would trigger if individual checks had not been completed.

There was a fire alarm system in place and people had Personal Emergency Evacuation Plans (PEEPS) which informed staff, and emergency services, of the level of support people would need in the event of an emergency. Staff knew where special equipment, such as evacuation mats, were located and how these should be used in the event of a fire.

Medicines were stored, managed and given to people safely and in accordance with best practice. Staff had received training in administering and handling medicines. Daily 'count checks' were completed and could be matched against electronic medicine administration records (MARs). People's medicines we checked against electronic records showed no discrepancies.

Overall, people were protected by the prevention and control of infection. The home was clean and tidy and cleaning schedules for housekeeping staff ensured the home was regularly cleaned. Staff used personal protective equipment (PPE) such as gloves and aprons. We found a few people's open pack of new incontinence pads were stored, for example, next to their toilet or commode, which potentially posed risks of cross infection. The registered manager took immediate action to dispose of these and replace them, reminding staff of safe storage to prevent risks of cross infection.

We found the designated cupboard where some medicines were stored had become dusty and cluttered at the bottom which meant effective cleaning could not take place. The registered manager assured us this would be addressed and clutter items removed so cleaning could take place.

One person told us the district nurse visited them each day to give them their injections as prescribed. We saw a special container for needle disposal was in this person's bedroom on a high shelf. However, there was no risk assessment about this insecure storage and potential risks of used needles being tampered with. The registered manager took immediate action to remove this and store it securely.

The provider had a process for ensuring lessons were learned when things went wrong. Staff understood their responsibility to report and record any accidents and incidents. The registered manager reviewed reported accidents and incidents and recorded actions taken to reduce risks of reoccurrence. These were also reported by the registered manager on the provider's electronic 'dashboard' so the provider had access to daily oversight of the home.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

Staff had the knowledge and skills they needed, and were confident in their job role. Staff told us they received 'lots of training' and were offered further developmental opportunities to complete nationally recognised diplomas in health and social care.

All new care staff completed the provider's induction training, and worked alongside more experienced staff (shadowing). Staff also completed the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff must demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support. Most care staff had worked at the home for numerous years and had completed a nationally recognised vocational qualification in health and social care.

Staff had the information they needed to provide care and support to people in line with best practices. People's care plans, monitoring charts, daily progress notes and monthly evaluations were electronic and staff were confident in using the provider's system to ensure people's individual needs were effectively met.

People's nutritional and hydration needs were met. People told us the food was 'very good.' One person said, "I love the food, can't get enough of it! Today, I even had seconds."

People had choices about what they ate. Written menu sheets with pictures were displayed for people to refer to. Staff told us people, where possible, were encouraged to make a choice prior to the meal being served so the cook had an idea on what quantities to have on offer. However, people were given the opportunity at mealtimes to change their mind if they wished to. For example, one person chose a drink, but when it was poured by staff, they changed their mind. Staff quickly poured the person their preferred drink.

We observed the support people were given at lunchtime in three 'households.' On the day of our inspection visit, staff were undertaking a greater role in heating and preparing meals in kitchenettes because the main kitchen was temporarily not being used due to the refurbishment. The planned re-arrangement went smoothly. When a few people complained to staff their soup was not hot enough, staff took immediate action to heat it.

People's weights were monitored by staff, who knew which people required additional high-calorie and / or protein snacks. Staff gave examples to us of how they 'fortified' (increased calorific value) people's food, by adding, 'cheese, butter or cream to food and using full fat milk for people'. On one person's admission to the home, staff were made aware of them being malnourished and under-weight. This person continued to be 'at risk' of malnourishment and staff supported them to achieve daily food and fluid 'targets.' If the target was not met, an alert was sent to the duty home manager so they could act and give staff guidance on how

to encourage the person to eat and drink more.

Throughout their shift, staff checked people's fluid intake by looking at their individual electronic record. Each person had a target fluid intake and this was discussed at staff shift handover so staff knew which people needed encouragement to drink. One staff member told us, "We only log people's fluid intake when they have actually drunk their drink and not before. It's important we check their records so people don't get dehydrated."

People were supported to access healthcare services and staff worked in collaboration with care professionals. This included GPs, optician, podiatrist, and dental services. People with specific health needs received daily visits, or more often, from district nurses. Staff were supported through guidance given to them by specialist health care teams, these included mental health care and palliative care professionals. Electronic care records had a 'diary' section where appointments were recorded and alerts made to ensure arrangements, such as transport if needed, were arranged for people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider and registered manager understood their responsibilities under the MCA. Capacity assessments had been completed and where people had capacity to make specific decisions these were listed in their care records. The provider had ensured there was an emphasis on people giving consent and making choices about their day to day care. For example, one person's capacity assessment told staff, '[Name] could make decisions that related to choices about what they ate and drank, and when they wanted to get up and go to bed. But, [Name] could not make decisions that related to their finances, oral care or medicines.'

Staff worked within the principles of the MCA and knew where they could find information about people's capacity to make choices. The registered manager had a very good knowledge about when referrals should be made for a 'best interests' meeting and we saw examples of when these had been made. The registered manager told us six people had an approved DoLS and a further twenty applications had been made to restrict people's liberty.

Some key-coded doors were used within the home to maintain people's safety and security. The registered manager told us those people with capacity had been informed of the code and staff were available to remind them of this if they needed it. None of the people, with capacity, spoken with told us of being restricted in any way.

The home was not purpose-built, though adaptations made to the building meant people's needs were met. The home had 32 individual bedrooms which people and their relatives had personalised. The home was split into four (units) 'households' and each had a newly refurbished kitchenette, communal lounge and dining area. The registered manager told us people and their relatives had given feedback about the décor being 'worn and tired' in the home, and this had been listened to. A refurbishment of the home had commenced and, at the time of our inspection visit, the main kitchen was being refurbished and a communal bathroom refitted as a spa bath.

Good

Is the service caring?

Our findings

The provider had a strong track record of ensuring staff embraced their vision for people to receive high quality care. At our last inspection, we rated this key question as Outstanding. At this inspection people continued to receive very good care, however, we did not see the same level of 'outstanding' impact on people as we had done previously. People continued to receive kindness, compassionate care and support from staff, which had a positive impact on their quality of life. The rating is now Good.

Care staff and managers consistently worked to their philosophy in making Attleborough Grange a real 'home' for people. The provider's project consultant told us the vision was for each 'household' to operate as a small home; with staff working to create a homely atmosphere where people were supported with compassion and made to feel valued.

People and their relatives made extremely positive comments to us when we asked if staff were caring toward them / or their family member. People told us they had developed caring relationships with staff who always had time for them. One person told us, "The staff are excellent, I can't fault them, they always check on me and make time for a natter." Another person said, "It's the staff that make this place, they are first class; so caring and friendly." A further person told us, "I love living here, staff are so kind, nice and chatty with me, we have a laugh together."

Relatives praised the positive attitude of staff and commented, 'They are brilliant.' One relative told us, "The staff here are exceptionally polite, friendly and caring and take time to be with my family member." Another relative described the staff as 'the best' and said, "Look how happy my relative is here. The staff are polite, cheerful and attentive to them all of the time."

Staff shared the provider's caring ethos and focused care on the individual. The home and 'households' had a routine of when things happened, however, staff were not led by this. We saw positive interactions and staff took opportunities throughout the day to 'have fun' with people, which was one of the provider's key values. One staff member spoke enthusiastically about their role and told us, "Whatever I am doing, I always take time to make my residents happy and smile." During our inspection visit we saw people and staff chatting and laughing together.

One staff member told us, "I feel so rewarded working with these fabulous residents every day." Another staff member described the care they gave to people living at the home as being 'loving' as if they were "my own family, like my grandparents."

People were supported to express their views and were involved in planning their care and support as far as possible. People's individual care plans showed they had and their relatives had been encouraged to express their views. Preferences and choices were recorded, which staff could tell us about. For example, one staff member told us, "[Name] prefers a more mature staff member to support them." The registered manager told us people's requests could be met because shifts had a mix of staff scheduled.

People's care plans continued to be written from the person's perspective, so staff understood their needs and abilities from the individual's point of view.

People's views were sought at regular 'resident and relative' meetings because the provider wanted to create an inclusive environment where everyone's opinions mattered.

People were supported to maintain important relationships to them. An annual 'family and friends' open day took place, which gave people the opportunity to invite people to their home for a special day. The provider's electronic care record system had a facility called 'family hub' which enabled live interactions with families and friends through emails. There was also a 'shared gallery,' within individual 'family hubs,' which we observed one person using and they described this to us as 'fabulous.' People felt they could invite family and friends to visit them whenever they chose to. One person told us, "My sister comes to see me every day, she can come and go as she wishes." Relatives told us they felt warmly welcomed by staff whenever they visited their family member at the home. One relative told us, "They are truly brilliant here, they had a lovely party for my family member's 100th birthday. Another relative smiled and told us, "Staff go the extra mile here." The registered manager told us extra attention was given to people celebrating a special anniversary or birthday and they were supported to organise a special event.

Staff took opportunities to promote people's independence whenever possible. Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. They gave people choices and ensured their preferences were respected. For example, one person enjoyed helping staff in the 'household' kitchenette, so staff encouraged them to dry washed cups after drinks and mealtimes. Another staff member told us, "A few weeks ago [Name] said they would really like to peel a potato again. After I'd asked the manager about this, [Name] was supported to peel potatoes and it really had a positive effect on them. It was something they wanted to do again."

Opportunities were taken by staff to promote people's independence as much as possible when supporting them with specific care tasks. For example, when staff were transferring one person from their wheelchair to armchair using a hoist, staff asked this person, "Can you manage the next; bit to push back into your chair?"

The registered manager told us they offered people opportunities to have individual 'memory boxes' fitted on to the wall; next to their bedroom door. The registered manager explained the small wall-mounted display cases gave people the opportunity to put some personal items in their 'memory box' and these enabled some people to maintain their independence in locating their own bedroom. The registered manager added, "Some people have decided to have these and others have not, it's got to be meaningful for them and not just something we do."

The registered manager and project consultant told us key questions about how caring the service was toward people were monitored by them. This was through a series of indicators that enabled them to assess the service against their values. For example, the provider's 'dashboard' of information about the service showed outdoor activities and gentle exercise could be offered more to make further improvement toward a caring approach being taken about people's opportunities to engage in these if they wished to. The registered manager told us about the provider's commitment to offer two full day trips each month that had recently commenced and further plans for garden activities. Gentle exercise options were offered to people, and encouraged, by the home's lifestyle coach.

People's privacy and dignity was respected by staff. One relative told us, "Staff are very respectful, if [Name] needs to use the toilet, they help her there, but wait outside the door until she calls to them."

The laundry staff member told us, "It's important we look after people's clothing well, I make sure everything is named so things don't get lost. That would be upsetting for people." The provider organised and purchased name tags for people's clothing items; without charge, and laundry staff attached these to their clothing if people wished for this support.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was responsive to their individual needs and the rating continues to be Good.

People made very positive comments to us about living at the home. People's individual needs had been assessed before they moved to live there. This information was used to create detailed individual, holistic and thoughtful care plans, which people and their relatives had contributed to.

People's preferences were recorded. For example, this included how people liked to spend their time. One person's information stated, 'I love a hand massage and manicure' and others included details under headings, 'What I really enjoy doing' and 'What makes me happy' and also, 'What I do not like doing.'

One person told us, "I don't like to take part in activities, that's my choice. I love my knitting." This person went on to tell us they were willing to help others learn to knit. The registered manager said this person had been supported to share their skills. They showed us photographs and simple needlework samples that had enabled the session to be inclusive for people keen to take part, but found knitting a bit 'tricky' so other craft options had been offered.

People felt there were enough activities offered to them. One person said, "I've only been here a month, they (staff) come along to me and always ask me if I want to join in with them." People told us about days out, which included a recent trip to a wildlife park, which had been so successful a duplicate trip had already taken place the same month.

Staff told us about the provider's vision for 'everyday well lived' and explained this meant different things for people living there. One staff member told us, "For some people that's getting involved in what's going on or doing their own thing." Another staff member said, "For some people, at the later stage of their dementia, it will be about having a settled day and not becoming anxious. A few people are cared for in bed, because they are receiving end of life care or become too distressed and anxious to get up. People have a choice, but we don't force our decisions on people."

Some people had 'Respect' care plans and advanced directives which showed they, and their relatives involvement, in forward planning end of life care. People were supported by staff they knew well, with end of life care, at the home. The registered manager and duty managers told us they always aimed to meet people's wishes, and those of their relatives, wherever possible. They added they would work with other healthcare professionals to provide end of life care for people who wished to remain and pass away at the home.

Staff had the opportunity to complete end of life care training and one duty manager told us they felt 'very proud' in the number of care staff that had wished to do this. The duty manager said, "Staff want to ensure residents can receive a comfortable and dignified death in their home and not have to go to hospital or another care setting, if they do not want to."

A duty manager added that staff received 'superb' support from district nurses and Macmillan nursing teams. A local 'rapid' response out of hours service provided advice and guidance to staff to enable people's individual end of life wishes to be supported at the home.

Staff told us both their views and those of people and their relatives were encouraged by the provider. This included any concerns or complaints people wished to raise. Staff were pro-active in recording verbal complaints on behalf of people. The registered manager showed us their complaints log, this recorded eight had been made so far in 2018. Each had been investigated and actions were recorded to use the issues raised to make overall improvements to the services provided.

Outstanding ☆

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'Outstanding.' People and their relatives continued to tell us they were very happy with the quality of the services provided. They felt their views were sought and acted on. Relatives felt they were kept well-informed by staff about their family member's wellbeing and used the provider's electronic 'family hub' as an on-going means of both interaction and communication with their family member and staff. The rating continues to be Outstanding.

People and their relatives made positive comments about the leadership and organisation of the service. One person told us, "It is very well led and well managed in my opinion." Another person said, "The manager is very nice and cheerful, she is very approachable and always says hello to me, she comes to see all of us daily." One relative told us, "They (staff) are all so polite and approachable from the top down." Another relative said, "All of the management are approachable."

Staff were very positive about working for the provider and the 'person centred approach' promoted by the provider's values. One staff member told us, "I love working here, this organisation is brilliant." They added, "The care we provide is the best care we can give." The provider's values were embedded in their celebration of people they cared for. The provider's 'Every day well lived' publication and additional newsletter featured the lives of people living at the home. Features included one person's story about meeting the Queen to collect their MBE; for their employment service. Another person's story was about how they had designed their own herb garden at the home. People had reported on positive experiences from numerous visiting animals (with their carer / handler), from a pony to a millipede, which people said had helped them overcome fears in handling certain exotic reptiles.

Since our last inspection, there had been a change in manager. The manager in post had become registered with us during April 2018 and continued to promote the positive culture within the home. Care staff and management had a 'can do' attitude and were described as 'always there' and 'totally approachable' by people and relatives. The provider recognised the importance of not being complacent and considered continued improvement despite their current rating. Feedback was continuously encouraged from people and their relatives by the provider. Comment cards were available for anyone to complete and annual surveys were sent to people and their relatives. The provider worked closely with nationally recognised organisations and used opportunities to involve the local community. For example, Age UK undertook an annual visit to the home to assess the service quality and provide a report. The provider welcomed Age UK's thoughts and ideas on how to sustain services offered and drive forward further services and make further improvements.

The recent National Care Homes Open Day had been used by the provider, as an opportunity to celebrate with the local community. People living at the home were invited to take part, if they wished to, in various outdoor 'fun day' activities. The provider encouraged local community links; art was displayed which people and local volunteers had completed together. There were links with a local college and offered volunteer placements, during college term-time, on a weekly basis. The National Citizen's Advice service also visited the home frequently and volunteers were able to spend time with people who lived there; having a chat and

cup of tea.

The registered manager and provider wanted to improve upon the current response rate to surveys and comment cards and therefore their 'easy read' comment cards that had been developed in line with the 'Accessible Information Standard'(AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand an any communication support they need. The project consultant told us their lifestyle coach would continue to offer people the opportunity to complete feedback about the services received. Where people preferred an independent person to support them, advocacy services were made available.

Survey results were analysed and results displayed on the provider's website. The top three areas, and lowest three rated areas were highlighted with an action plan in place to address lower scoring areas. One of the lower rated areas was the environment which was currently being refurbished to include new signage to help orientate people around the building. The provider had taken learning from their other homes in the group in terms of what design signage had been most recognised by people and had a positive impact on them finding their way independently. A 'design team' proposed suitable colours and schemes for communal refurbishment areas. Consideration had been given about people's visual needs with light and contrasts. The registered manager had then discussed the options with people at the home so that they were involved in making choices about their surroundings and décor. More outdoor features were being planned for as part of people's feedback to get outside more.

Staff were very well supported in their job role and felt valued by the provider. One staff member told us, "We are offered so much opportunity here." Staff told us they were encouraged, by the provider, to learn and put new skills into practice. They added the provider was keen to provide additional resources to enable learning and development to take place amongst the staff team. For example, some staff told us they had previously felt apprehensive about end of life care, a recent course had given them confidence in their skills to support people in a way they wanted. Staff had completed dementia care training and told us they understood the importance of not taking 'offence' when they were unsuccessful in meeting a person's needs. One staff member told us, "The course taught me not to take it personally, people might just respond differently to a different face. That's why our team-work is important." 'Household' (team) meetings took place, which staff told us they could contribute to and their opinions were valued. The registered manager used the meetings as an opportunity to update staff on things happening within the service and organisation.

The provider's quality assurance systems were planned to ensure people received a safe, effective and responsive standard of care. Audits were undertaken on a monthly, quarterly or annual basis, then analysed and action plans put in place as needed. Audit results were shared by the registered manager with the provider for overall governance and monthly reports then enabled registered managers from the provider group to compare their performance and learn from others. The information was used as a tool to continuously ensure a quality service was provided. The provider's project consultant gave us examples of how the information was monitored and used to ensure compliance with the regulations and a service was being offered in line with the provider's vision. The provider undertook monthly 'compliance visits' to the home and discussed findings with the registered manager. Where any suggestions or actions were identified, before they were agreed upon, they were discussed with people living at the service, their relatives and staff at meetings. This was to ensure everyone, as far as possible, were given opportunity to contribute. The lifestyle coach had one to one conversations with people who could not attend group 'household' meetings.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service.

This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating in the entrance reception area of the service and on their website. Relatives told us they were aware of the home's current rating, with one relative telling us, "It is one of the best homes."