Methodist Homes

Edina Court

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

Edina Court is a domiciliary and extra care scheme with 59 flats and it is registered to provide personal care to people living in their own home. At the time of our inspection there were 17 people using the scheme. In addition, commercial dining facilities and group activities are provided on site.

This unannounced inspection took place on 8 June 2016.

The scheme had 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.

People were protected from harm because staff had been trained and were knowledgeable. Staff were aware about those organisations they needed to contact should any incident of harm be suspected or occur.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well supported by the registered manager and senior staff through supervisions and staff meetings. People's care and support needs were met by a sufficient number of suitably qualified and experienced staff.

Only those staff who had been trained, and deemed competent, were authorised to administer people's medicines. People's medicines were administered and managed safely.

Up-to-date risk assessments were in place and these were reviewed regularly to help ensure that risks to people were managed effectively. Accidents and incidents were investigated and acted upon to minimise any potential for recurrence.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The scheme's registered manager and staff were knowledgeable about when an assessment of people's mental capacity was required. Staff were aware of the circumstances and conditions when an application to lawfully deprive any person of their liberty was required. Nobody using the scheme lacked capacity and needed to be deprived of their liberty in a lawful way.

Staff were mentored, coached and supported in their role with regular supervision to develop new, and enhance current, skills.

Each person was provided with the care and support they needed and staff respected the person's independent living skills. Care was provided with compassion and in consideration of people's preferences.

People's relatives, representatives, care staff, health care professionals and social workers contributed to people's assessment of their care needs. People were involved in their care planning as much as practicable.

People's health and nutritional needed were met. People at an increased risk of poor health or nutrition were supported by the most appropriate health care professionals including speech and language therapist, physiotherapist and chiropodist. Staff adhered to the advice and guidance provided by health care professionals.

The registered manager was proactive in taking action to prevent the potential for any recurrences in concerns people had raised. Staff knew how to support people to make suggestions and comments about the quality of care people received.

The provider and registered manager had audits and quality assurance procedures in place and these were effective. These audits were used as a means to drive improvements.

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.

Staff were knowledgeable about protecting people from the different types of potential abuse. People's medicines were administered and managed safely.

People's needs were met by a sufficient number of suitably qualified and competent staff.

A robust process was in place to help determine when staff were suitable to be employed and work with people who used the service.

Is the service effective?

Good

The service was effective.

People were supported with their decision making by staff who understood each person's mental capacity. People were supported by staff to consider the impact of their decisions.

Staff were trained according to the role they performed. Staff's performance and quality of work was regularly assessed.

People's health and nutritional support needs were met.

Is the service caring?

Good

The service was caring.

People were cared for in a compassionate way. Staff considered and acted upon people's requests to be involved in planning their care.

Staff supported people to maintain an active and socially inclusive lifestyle.

People's privacy, dignity and right to a private life was respected.

Is the service responsive?

Good

The service was responsive.

People and those friends or relatives acting on their behalf were actively encourage to be involved in the planning of their care.

Concerns were acted upon appropriately before they became a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager fostered and supported an open and honest culture. Staff displayed the values of the provider of being the best they could.

There were effective audits and quality assurance processes in place.

People were aware of who the registered manager was and how to contact them about any aspect of their care.

Edina Court

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 unannounced inspection took place on 8 June 2016 and was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. Their area of expertise was for older people and people living with dementia.

We looked at the information we hold about the scheme. Before the inspection we also looked at the number and type of notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with eight people who used the scheme, the registered manager, two senior team leaders, one senior, and two care staff, the provider's religious minister, and an activities member of staff. We also spoke with a visiting health care professional.

We observed people's general care to assist us in understanding the quality of care people received.

We looked at three people's care records, managers', staff and residents' meeting records. We also looked at medicine administration records and records in relation to the management of the scheme, such as checks on matters affecting people's health and safety. We checked staff recruitment, supervision and appraisal process records, training records, accident and incident records and quality assurance records.

Good

Is the service safe?

Our findings

At our comprehensive inspection of Edina Court on 16 June 2015 we found that the risks to people's health and wellbeing were not always identified or acted upon. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection of 8 June 2016 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12 described above.

Improvements had been made in the identification of the risk to each person such as with moving and handling and people with behaviours which could challenge others. For example, lifting equipment was now maintained in accordance with the respective regulations. Improvements had also been made in the identification of risk and how these risks were managed as safely as practicable. Risk assessments were in place to help ensure that those people at an increased risk such as with their skin integrity had appropriate measures in place to assure the person was safe.

People told us they felt safe and that they were pleased with the way they were supported to be safe living in the scheme. One person told us "I enjoy living here – the experience is good. I feel safe here and knowing that there are staff on hand should anything go wrong with our health is also important to me." Another person told us, "This is the best move I have made –I feel very safe here and am confident that if I have a problem [such as a fall] I can raise it with any staff member and it [any changes to the person's care] will be addressed." We saw that people's requests and calls for assistance were responded to promptly.

We observed that people were able to take risks, such as going out into the local town shopping, for a coffee or meal or going to a day centre on their own. We saw that people were supported when they walked within or around the scheme. Staff made sure people were safe because any walking aids were in people's reach and used appropriately. We saw that the risk assessments that were in place provided information to staff so that people were supported and cared for in the safest way practicable. For example one person told us, "I am allergic to [medicine] and they [staff] make sure I am never given this. It's all in my book [care plan]." Care staff told us, and we saw, that some people required the support of two care staff, when being assisted with their moving and transferring. People were kept safe because there were always two staff to provide the necessary care for those people.

We saw that plans and measures were in place to support people in the event of an emergency. This included fire alarm tests, drills and simulated evacuation of the scheme, storage of medical gases and staff's knowledge to ensure those people with a high priority were supported first. The registered manager told us that the fire service was less than two minutes away if this ever required.

Staff were knowledgeable about the different types of potential abuse, how to recognise these and what action to take if they suspected or identified any concerns about people's safety. For example, if staff identified any change to a person's skin integrity or bruises they would report this to a senior care staff or the registered manager. One person said, "Yes I feel safe and yes staff are gentle with me." Another person told

us, "I feel safe because they [staff] are very punctual. "Staff were aware of those organisations they needed to contact such as the local safeguarding authority, the police and the Care Quality Commission. People were provided by the provider and registered manager with information so that they could report concerns, such as phone scams, directly to the appropriate authorities.

Accidents and incidents were recorded and responded to. This included where people experienced an increased number, or severity of, falls as well as unexpected or unplanned weight loss. We saw that actions had been taken to minimise the potential for any recurrences or reduction of risk. This included referring people to the local falls team, GP, dietician or physiotherapist. This was to ensure that the measures that health care professionals put in place such as medicines, equipment or moving and transferring techniques were as safe as practicable.

People were safe because the provider followed robust procedures for the recruitment of staff. Staff described all the identity documents and records they had been required to produce prior to them taking up their employment. These necessary checks included those for most recent employment history and a satisfactory Disclosure and Barring Service (DBS) check. This check is to ensure that staff are suitable to work with people who use this service. One care staff said, "After applying for the job I had to bring in my proof of address, passport and driving licence as well as providing my previous employment details. My references had recommended me which helped [get the job]." The provider's recruitment procedures ensured that staff were only employed where they met the required standards.

We saw that people's care needs were met and responded to by a sufficient number of staff. People were satisfied that staffing levels were adequate. One person said, "I had a friend who fell [unexpectedly], and [they] used the falls alarm around [their] neck. Someone [staff] was checking [them] out within minutes." We saw that as well as providing people's personal care, staff had time to have an unhurried conversation with people. We saw that staff gave people whatever time they needed to complete whatever they were doing. For example, staff made sure that when people were going out they did this at a comfortable pace and prompted people to take care and to use their walking frames.

There were arrangements in place for unplanned staff absence such as sickness. Staff said? That there were opportunities for staff to cover extra shifts, or swap shifts. They also said that the registered manager and senior team leader staff covered these shifts when necessary. One member of care staff said, "It can be busy sometimes, but as long as we all do what we have to do there is time for each person and for their preferences to be respected, such as when they want to get up or go out." An on call system was in place in case of emergencies during the night. One person told us, "I get a phone call each morning between 8.30am and 8.45am – just to check that everything is okay." This was part of the scheme's tenancy agreement which people had signed up to.

We observed staff administer prescribed medicines to people and saw that they (staff) adhered to the provider's guidance and protocols. Staff said they had been trained in the safe administration of medicines and only authorised to administer medicines once competent by the registered manager or senior team leaders.

People told us they were happy with how their medicines were administered. One person told us, "I need my medicines on time and they [staff] always are, on the dot." We found that people's medicines administration records (MAR) included people's allergies, how and when they liked to take their prescribed medicines. Medicines were recorded correctly and stored safely. Unwanted or unused medicines were disposed of safely and accurately accounted for. This meant that people were supported to take their prescribed medicines in a safe way.

Good

Is the service effective?

Our findings

People told us and our observations showed that staff knew the people they cared for well. This level of knowledge about each person meant that people were supported to live meaningful lives. One care staff told us, "If I don't know much about a subject a person wants to talk about I will listen to them and then go and research this so I can engage with them more the next time we speak." One person said, "I feel that the staff know me, and are prepared to listen if I need to tell them something."

Staff were, as far as possible, matched to a person who shared similar preferences, skills and interests such as a liking for rugby, arts and crafts or films. One staff member said, "Getting to know some people takes time and some it takes longer but it takes as long as required. Sometimes people do not wish to share certain information but that's fine, we only talk about the person's interests."

Staff said they received an induction when they started work and were supported with regular training, supervision and an annual appraisal of their performance. Staff were mentored, coached and supported in their role. This gave the registered manager the opportunity to develop staff's skills through a mentoring process.

One member of care staff said, "I had a good induction which covered training subjects such as moving and handling, safeguarding people, infection prevention and control as well as health and safety and care planning." At each stage of their induction staff had to record their progress against the training plan and when they had completed each stage. We saw that either a senior team leader or the registered manager had signed the staff as being competent in each of the parts of their induction when this had been satisfactorily completed. The provider determined the mandatory training staff had to complete included medicines administration, fire safety, dementia care and control of substances hazardous to health.

One member of staff said, "[Name] is a very supportive [registered] manager and is always looking at ways to develop my skills. We frequently [share] ideas about how we can best deliver care based upon people's needs." Another staff member told us, "[Registered manager] makes sure that if a new person arrives with care needs that we have the training in place for this such as stoma or catheter care. Training is never a problem [registered manager] plans this and puts a list on the staff noticeboard." One person said, "They [staff] are very good at what they do. They know what they are doing and appear skilled doing it." Staff were supported by the registered manager with positive encouragement in an environment that promoted their skills.

Staff said they had up to date training in subjects such as proactive responses to people with behaviours which could challenge others. This meant that those people living with behaviours which could challenge had their care needs met in a safe way. One staff member told us, "Some people have to be approached in a certain way such as ensuring they did not become anxious or [by] giving people time to understand it was us [staff] knocking on their door." One person told us, "They [staff] are very effective, they definitely know what they are doing as I don't need to tell them. I can't fault anything about the staff and they are always professional in what they do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care when this is in their best interests and lawful under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community. We checked whether the service was working within the principles of the MCA.

The registered manager and staff were able to describe the specific decisions people could make and also where people required support with their decision making. For example, when people needed prompting to eat and drink or take their medicines on time. Staff had a comprehensive understanding about the MCA and deprivation of liberty safeguards [DoLS] code of practice. The registered manager had provided staff with a MCA and DoLS guide booklet. Staff gave us examples about MCA, such as, "You always assume people have capacity to make a decision", "People can be helped to make a decision such as offering a choice of clothes" and "Sometimes people can make an unwise decision such as using the stairs and not the lift but we do advise them to use the lift. It's their choice." Staff also confirmed that any restrictions in place that were in the person's best interests were in the least restrictive way; such as a door sensor that showed if people got up during the night. One person said, "If I want to go out I can. I have my mobility scooter and I am never prevented from going out unless [I find] the weather is too bad."

People chose when and where they preferred to eat, such as in their own home or in the scheme's restaurant. People could also have snacks and drinks, including when the weather was suitable, outside in the garden areas. One person told us, "The food is excellent, nutritious, tasty and available when I want it. If I want a sandwich rather than what I ordered at the start of the week that is not a problem for the kitchen staff." We saw that people could choose what to eat from their preferred choice of food shopping, which staff had delivered to people. People who were at an increased risk of malnutrition were supported with a diet that was appropriate to their individual needs. These included those for a soft food diet, fortified foods and supplements such as full fat cream. One person told us, "I like to have my main meal in the restaurant but I have a light breakfast. The food is lovely but I can have what I want in my flat."

We saw that staff supported people to access a range of health care professionals. This included attending hospital appointments. One staff member said, "I went with [name] to every one of their hospital appointments as they asked me to go with them. This helped them be much more relaxed as well as attending all of the planned appointments on time. They are now much better." One person told us, "Yes, if I ever need a GP they [staff] get one for me. I see the [community] nurses too." Another person said, "I do feel listened to by the staff. I can talk quite openly [with them] about my health, and I do feel that they want me to value my own independence – and help [me] if needed." We saw that appropriate referrals were made to health care professionals such as speech and language therapists, and physiotherapists. A visiting healthcare professional told us, "It doesn't matter when I visit [the scheme] the staff always know exactly what information about the person I need and why I am coming to see the person." The registered manager told us that people could always keep their own GP wherever this was feasible. People's health care needs were met.

Good

Is the service caring?

Our findings

People were pleased with the standard and quality of care shown by staff of all grades within the scheme. Our observations of how staff supported people showed us how compassionate and positive staff's attitude was in the way they cared for each person. One senior team leader told us that they liked caring for people at the service because, "It's the difference we make to people's lives and the way we see them respond at being as independent as they possibly can be." We observed the provider's ministerial representative engaging in conversation with a group of people having a natter and doing knitting; as well as singing along to some of their favourite hymns. One person said, "The girls [staff] couldn't be nicer. They will do anything for you and they do it without any hesitation."

Staff told us about how people's privacy and dignity was respected. For example, by being mindful of when people used the scheme's bathroom with the assisted lifting hoist to ensure people were appropriately covered and dressed. One staff member told us, "It is the difference we are making to these older people to make them feel safe, listened to and treated as an individual."

A senior care staff said, "I always give people the opportunity to wash their [sensitive] areas for themselves and give people privacy as much as possible. I only help people where this is required and that they are comfortable with." Another person asked a staff member, with the person's permission, "Could you let me into [name's] room so that I don't disturb them." This was because these people were good friends. The staff also told us, "[Name] likes to meet [name] and they go to morning prayer then outside for tea and ice-creams." We saw that each person was offered and provided with their care in privacy and with dignity. This included staff locking the person's front door and making sure that any conversations were private. Another staff member said, "Even after all the personal care is done I always spend time with people making sure they look their best, cleaning dentures, putting toothpaste on the brush and other little things that some people can't do for themselves due to their health."

One care staff said, "I consider it a privilege to be allowed into each person's life. I have cared for a relative and I know how much it means when someone has to help you but in a dignified and respectful way." One person told us, "The staff here are brilliant. I feel they know me, they know when I'm a bit off colour, and are quick to try to help. I feel I will be looked after when I need it."

There were advocacy arrangements in place for people in the scheme, where necessary, which were recorded. Advocacy is for people who can't always speak up for themselves and provides a voice for them. The registered manager showed us the independent advocacy arrangements available if people had no other representative than paid staff. Input from people's families was always acted upon if there was a valid Lasting Power of Attorney for finance, health and wellbeing. This meant that people, who were not always able to speak for themselves, were supported to have their rights respected.

People's care plans were up-to-date and accurately reflected the needs of the person that were referred to in the plan. We saw that the guidance for staff on how to deliver each person's care helped staff to act in accordance with the information that was provided. For example, respecting people's preferences for a

male or female care staff as well as the time people liked to get up or go out into the community. One person told us, "I see my care plan every so often; yearly I think. Not much changes because I am happy with it all as it is." Care plans also included the subjects that were important to the person such as their close family, friends and relatives as well as being signed by each person or the person's legal representative. This showed us that people were involved, as much as practicable, in planning their care.

As well as people's input, family members' views and advice from social workers were included to inform the person's care plan. A visiting health care professional told us, "They [staff] adhere to my advice and they care whilst they do it. For example, making sure people had the pressure sore equipment and that staff used this with consideration of them [the person]." This was to help ensure that staff supported people to be independent as well as doing this sensitively.

We saw that each time staff had a need to enter people's homes they obtained permission from the person before entering. We observed how staff knocked on the person's door, made sure that they knew who the staff were and only then entered the person's home. One person said, "They [staff] always knock, tell me their name and ask is it alright to come in?" Staff responded to people's requests sensitively and gave people time to consider their response.

We saw that staff regularly checked if people were well and if there was anything else they wanted. One staff member was observed asking a person, "Are you in any pain and do you want your [medicines]." The person responded positively to this suggestion and that they would have their medicines. One person told us, "I feel very safe here – they [staff] are lovely, they treat me as a person."

People told us, staff confirmed and we saw that relatives and friends could call in to see people at any time with the person's agreement. As part of a person centred and holistic approach, people could if they preferred meet with the provider's representative religious minister for any aspect of their religion they wished to practice. The minister told us, "I minister for those people with little, no or great faith." One person said, "I think this [scheme] is brilliant – we can lead our own lives as far as possible, and help others who live here where we can. The staff understand and encourage us to feel useful." One person commented to us that they were able, and encouraged, to visit their own church and maintain contact with some of their friends, and there were posters giving details of the services available at churches close by. The registered manager also told us that visits were encouraged from the various clergy in the locality to the scheme. People's religious beliefs and values were always respected.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them using the scheme. The registered manager told us that, "All tenants are assessed and a care plan produced before or shortly after their arrival, even if they are not taking up domiciliary care facilities. These plans are monitored and updated regularly by staff, and we encourage relatives and family and friends to be involved where appropriate. It is important to recognise that people are also encouraged to be as independent as possible." A senior team leader told us, "We look at all aspects of the person's care such as health care needs, risks the person could have such as of falls, nutritional support, any individual care preferences as well as making sure we can meet these at [the scheme]." One person told us how much they enjoyed the regular coffee mornings where they could catch up with friends and staff alike.

The assessment of people's needs formed the basis upon which all future care provision was based. One person said, "I have many films I like to watch and because of my [impairment] I like [alternative versions] which keeps me occupied." The activities staff member told us, "Volunteers are currently running the arts and crafts group, and we have involved loads of people in activities for the Queen's Birthday. People are choosing what we do." Another person said, "They [staff] often remind me if there is anything happening on the day that I might be interested in." A third person told us how much they enjoyed the regular coffee mornings where they could catch up with friends and staff alike.

Staff understood what worked best for each person by spending sufficient time with them and any of their representatives as well as introducing them to the scheme. One staff member told us, "If it takes three or four times showing someone everything we have to offer at [the scheme] then this is what we do. Only when the person is settled and happy would we be sure that their introduction to [the scheme] was completed." One person was keen to tell us that, "Activities are open to all who live in the scheme, those [living] with dementia or mobility problems are involved in mixed activities too, and most [people] seem to respect this."

People were involved, as far as possible, when their care plans were written. We saw that this was the case in the care plans we looked at. One member of care staff said, "The new care plans are better because there is less repetition and they are much easier to read and follow. If people have more complex care needs then the care plan reflects this such as a person who may be at a higher risk of falls and how we need to make sure that the person receives the care they need but in a person centred way."

One member of care staff told us, "If anyone is ever not happy about any aspect of their care we try to resolve this at the time it was raised." Examples of these aspects included the level of assistance people could need to make breakfast having a bath or just in general mobility. We saw where people had raised concerns about the scheme at residents' meetings. Examples of issues raised and resolved, where this was within the scope of the scheme, included repairs made to a person's shower or door locks and the display of religious items only with people's agreement. One person told us, "I can call into the office anytime; [Registered manager] or the [administration] lady always listens and then acts. I only ever have minor niggles but things get sorted." Their concerns related to the upkeep of the premises such as the frequency of window cleaning.

Staff knew each person well and responded to their needs; they spoke passionately about each person as 'a person' and not just someone being cared for. This showed us that the registered manager and staff considered the important aspects of people's lives. One staff member said, "Helping people to make their breakfast and involving them as much as possible is what is important." The registered manager told us, "This is our tenants' [people's] home, they can come and go as they please if they are safe to do so." This was confirmed by one couple who said, "We often go out for a drive or to see friends in the Fens – I always tell the office [staff] where we are going to – but they tell me it's nice to know, but not a [serious] offence if I don't."

We saw people were supported to decide what they wanted to do each day. One staff member told us, "I spend time getting to know what people's hobbies and interests are and then make sure they are supported with these such as knitting or going out to a day centre." Planned pastimes included playing or watching a tennis match, meeting volunteer visitors from the provider, watching TV or doing arts and crafts. People could spend their time in their own home as well as having access to a library with large font books and other internal activities. A variety of retailers visited the scheme at Edina Court. This was for items such as, but not limited to, shoes and clothing. Community living was a key part of the registered manager's and staff's role to prevent anyone at risk of social isolation to be supported.

People told us they knew about the complaints process. We saw that any concerns or complaints raised by people and their relatives were acted upon appropriately by staff. A complaints process was provided but people had not had to use this as issues and concerns were addressed effectively before they became a complaint. One person told us "I have raised concerns and they were dealt with effectively; I attend the meetings which aren't just a place to moan. The [registered] manager does listen."

Good

Is the service well-led?

Our findings

The registered manager told us how they determined the involvement each person liked to, or wanted to, have with improvements and any developments in the scheme. This was to ensure that any improvements or suggestions that people had had been recorded and if required acted upon. This was also for occasions such as the person going to, or returning from hospital. A staff communication diary was also regularly completed and referred to for individual aspects of people's care such as changes to their prescribed medicines. One staff member told us, "I read all the information in the communications book when I have been on leave as well as getting a verbal update at shift handover."

People were involved in the provision of a residents' quality assurance satisfaction survey. The 2015 - 2016 survey had recently been completed. The results of this had been positive with comments such as, "I feel safe because I am listened to"…."knowing that my medicines are delivered on time every time means so much to me" and "the response we got to the use of the emergency call system was very fast and satisfactory". The registered manager used this information to help determine what worked well and if any improvements were then required. Improvements had been acted upon such as additional bus trips to the seaside and visits to places of interest as well as a key fob access system to the scheme.

Quality assurance checks were regularly undertaken by representatives of the provider as well as the registered manager and senior team leaders. This was to identify what the scheme did well and where, if required, there was scope for improvement. For example, audits of people's prescribed medicines had recognised that staff needed to make sure they accurately recorded each administration of a person's prescribed medicines. A quarterly newspaper the 'Edina Echo' was provided to people in the scheme and staff. This included pertinent aspects about the scheme and the provider's other services. For example, a reminder to people with pet dogs that their pet needed to be electronically chipped, poems people had written and agreed to be published as well as historical events such as when VAT was introduced. This helped people with their memories as well as being of a general interest.

Staff said they met with people's relatives and the various support staff including health care professionals. This helped ensure that the quality of people's care was the best it could possibly be. The philosophies of the registered manager about the quality of care, respecting people as individuals, and respecting all people's independence where appropriate were clearly understood by staff. One staff member said, "I particularly like it that we are all encouraged to talk to [people], support them when needed, support our colleagues irrespective of grade or speciality and feed into the monitoring process by staff. This helps me to know tenants [people] better." One person told us, "I love a chat and they [staff] listen to me. If something isn't quite right they sort it out."

Staff told us that they were aware of whistle-blowing procedures and would have no hesitation in reporting their concerns, if ever they identified or suspected poor care standards. One senior team leader told us, "People always come first and if ever I saw anything involving poor care I would call about this straight away." They said that they would be able to do this without any potential, or fear of, recriminations.

During our inspection we saw that the registered manager spent considerable periods of time circulating, supporting staff, and communicating with people. We observed by what we saw that this was clearly appreciated by both people and staff. All people we spoke with said they were confident that they could approach any member of staff with an issue that needed resolving. This was to ensure that all staff were demonstrating examples of the provider's values such as "be the best we can" and "being open and fair".

All of the people we spoke with told us that they were confident they could approach any member of staff with an issue that needed resolving. One member of care staff said, "I have all the help and assistance I could ever need. I have the [registered] manager's mobile number and unless they are on holiday I can call them at any time and they are [always supportive]. It's good to know they are there if we need them." All staff commented on how much they liked working at the scheme. They told us that this was because they felt listened to, valued and rewarded for long service.

Strong links were maintained with the local community and included various trips out to day centres, seeing the postman, bus trips, shopping or doing some exercise classes. Various retail organisations also visited the scheme where people could purchase goods without having to go out and carry items. One member of staff told us, "Wisbech is a small place, and many people know each other or their families. I know the staff work hard to identify local connections and encourage [people] to keep up friendships. On one occasion I was involved in helping get a bit of family history with a person and they had been really interested."

Staff had the responsibility for certain aspects of people's care such as keeping families up to date. The staff did this by letting people's relatives know about healthcare appointments and the results of these with the person's permission.

Staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. For example, one staff member told us, "[Registered manager] is very supportive. We had a bit of a negative staff meeting recently but [name] had to bring up some points that needed addressing such as making sure we did spend any spare time we had with people and booking in people's medicines from the pharmacist correctly." We found that as a result of the registered manager's interventions that all staff were fully aware of their responsibilities and putting these into practice. Staff and the registered manager said they could request contact with their line manager at any time should an urgent need arise. Examples of this included direct contact to the area manager for all staff if ever this was required.

The registered manager used good practice information from other organisations. This included information from various NHS sources including patient information leaflets which applied to people using the scheme. For example, the use of topical creams and changes to people's moving and handling equipment and its hygiene. The registered manager also attended the provider's forums where best and good practice could be shared between other managers. This meant information on subjects such as the DoLS and the provider's links with universities associated with dementia care was shared and used to inform good practice.

From records viewed we found the registered manager had notified the Care Quality Commission (CQC) of incidents and events they were required to tell us about. The registered manager was correctly displaying their previous inspection rating. However, we found that the link to Edina Court on the provider's web page was not as conspicuous as it could have been. The ratings should be on a page that can be reached via the main navigation. Pages that can only be reached by using a web search facility are not conspicuous.

The registered manager said they were supported by their area manager who called them frequently as well as visiting the scheme every four to six weeks. As well as being given updates about the scheme the

registered manager told us that any new ideas were listened to. They said, "We do have a few empty apartments but I will only fill these where it is safe and I am sure that the person's needs can be met."