Hollyman Care Homes Limited

Martham Lodge Residential Care Home

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

About the service
Martham Lodge is a residential care home providing personal care to 20 people aged 65 and over. The home accommodates people in one adapted building. At the time of the inspection 20 people were living there.

People's experience of using this service and what we found
Staff training was excellent and tailored to individual needs and this promoted extremely personalised care. The service developed strong links with health care professionals and people's health needs were met very well. People received individualised support with their nutrition and hydration and the home was well adapted to meet individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff ensured people were always provided with care that kept them safe. Relatives had full confidence in the staff managing any potential risks to people using the service. Medicines were managed very effectively and where possible, people were supported to reduce the amount of medicine they were taking.

People and relatives told us about, and we saw staff delivering sensitive care. Staff developed warm relationships with people and their relatives and this maximised the benefit of the care provided. People were encouraged to live their lives as independently as possible and staff always ensured people's dignity was upheld. People were encouraged to make choices about their care.

Staff delivered individualised care and they were committed to promoting people's wellbeing. Staff responded very well to any changes in people's needs. The service actively helped people avoid social isolation. People and relatives had confidence that if there were any issues these would be quickly resolved. End of Life care and support was good.

The registered manager demonstrated effective leadership and the service was very well managed and governed. There was a caring and supportive working culture which promoted staff development and improvements in care delivery. Equality and diversity was encouraged. Engagement with the community and other stakeholders involved in care provision was good.

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

Rating at last inspection
The last rating for this service was Good (published October 2016)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Care Quality Commission

Martham Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one assistant inspector.

Service and service type
Martham Lodge is a 'care home'. People in care homes receive accommodation and nursing or 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.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. We also undertook observations of people receiving care. We spoke with members of staff including the registered manager, deputy manager, two care workers and the cook. We also spoke with the provider.

We reviewed a range of records. This included four people's care records and three people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. Feedback from health care professionals and a variety of records relating to the management and governance of the service were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training information, information around people's health outcomes and we spoke with a community nurse who regularly visited the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Relatives told us that they had no concerns about the safety of their family members. One relative told us their family member had recently said to them, "I don't have anything to worry about, I feel quite empty of worries."

• Staff understood their responsibilities to keep people safe. They received training and were able to describe possible signs of abuse. Staff knew how to report any concerns and the deputy manager told us they would promptly refer these to the local authority safeguarding team.

Assessing risk, safety monitoring and management

● People using the service were assessed for potential risks to their safety, including risks associated with living independently without supervision, self-medication and mobilising without support. The assessments were detailed and contained clear information. Staff were able to explain how they kept people safe.

● People's support plans enabled management of an identified risk. For example, one person's personal behaviour support plan detailed potential triggers for them becoming anxious, upset or angry. It explained how their behaviour might change and included a range of options informing staff how to support the person. These were presented as primary and secondary interventions, ensuring staff responded proportionately and the person remained safe.

● Care and fire safety equipment was regularly checked and environmental risks such as legionella disease or scalding from hot water pipes were assessed and mitigated.

● The service was well prepared for an emergency. Each person had a clear personal emergency evacuation plan held centrally on the electronic system and in a folder by the front door. An Emergency Plan Box contained relevant information including a plan of bedrooms in the home and procedures for different emergency situations. Staff were trained in evacuation procedures and knew where people would be moved to in the event of an emergency.

Staffing and recruitment

● Staffing levels remained constant and people and relatives told us there were enough staff to care for their needs. We observed staff caring for people in a calm and unhurried way and staff told us they had time to ensure people received personalised care.

● Care staff had taken on extra shifts and staff from one agency were used when needed. This demonstrated that the systems to address shortfalls, when staff were on leave were well managed.

• Safe recruitment practices were followed and this ensured that only suitable people were appointed to the role of care assistant. The process included the completion of formal background checks.

Using medicines safely

● Medicines were managed extremely well. A recent detailed audit by the Medicines Management Optimisation Team from the local Clinical Commissioning Group identified only two small areas for improvement. The service medicines policy was very thorough and included information about the fire risks relating to paraffin-based emollients. A related risk assessment was also available.
● Documentation relating to the ordering, storage, disposal and returns of medicines and creams was thorough, clear and up-to-date. Medicines was labelled and stored according to best practice guidelines.
● People's medicines records included clear information about allergies and medicines requiring specific administration, for example medicines that were time-sensitive. The Medicines Administration Records (MARs) we viewed were completed without any errors and the sample stock checks we undertook were all correct.
● We saw detailed protocols for people who took medicines prescribed to be taken 'as required' (PRN). We heard how staff relied on alternative, person -specific methods for tackling a problem first, thereby minimising the over-use of this type of medicines. All medicines were reviewed regularly in consultation with the doctor.
●Other types of medicines were managed equally well. The records of people who received medicine in pureed food or liquids was reviewed every six months. Medicines given in this form was authorised by a doctor and pharmacist, ensuring it was a safe method of administration. Homely remedies were recorded on temporary MARs and given only on the advice of a doctor. The records and labelling made them clearly distinguishable from PRN medicines.
● Staff who administered medicines were trained and their competence was assessed routinely every six months. If a medicines error occurred, this was followed up with three medicines competence assessments. Learning from any error was shared with all staff promptly and if necessary, amendments were made to processes to reduce the risk of a reoccurrence.

Preventing and controlling infection
● Measures were in place to control and prevent the spread of infection. Staff demonstrated a good understanding of infection control measures. Cleaning schedules and audits were thorough and the premises were clean and hygienic. The home benefitted from the input of a manager who was a dedicated infection control link person. They attended regular external meetings and disseminated knowledge to each of the providers' three care homes.

Learning lessons when things go wrong
● Accidents and incidents were clearly identified on the electronic recording system and they were promptly investigated and discussed with staff. The deputy manager told us the 'all important staff memo' featured on the electronic hand devices was used to update staff of any changes or relay 'lessons learnt' to staff. These were also discussed in shift handovers and at staff meetings.
● The deputy manager told us that they were able to monitor and analyse records to determine if there were patterns or trends developing. They said, "Each time we review the records, we discuss and consider whether changes are needed to a person's care plan and involve outside services if need be."

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. This meant people were safe and protected from avoidable harm.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were fully assessed before they received care. Staff gained an overview of the person's social, emotional, physical and mental needs prior to them moving in, so that necessary support structures could be put in place to meet their personal needs. To support this process, people and their relatives were asked to complete 'family history sheets' in advance of the person's admission to the home. This ensured staff held meaningful conversations with people from day one.
● Care was delivered in line with best practice guidelines, standards and governing legislation. Staff delivered personalised care which consistently achieved very good outcomes for people.

Staff support: induction, training, skills and experience
● People benefitted from being cared for by staff who were very well trained and had the knowledge to meet each individual's physical, mental, social and cultural needs. A dedicated training co-ordinator tailored training sessions which ensured people received truly personalised and holistic care. For example, the 'diversity' training was adapted, so that staff learnt about the religion practised by a person living in the home. The training enabled staff to develop a very individualised care plan that met the person's religious wishes. It helped staff to engage with the person about their beliefs in a meaningful way and facilitate visits from fellow followers of their faith. The registered manager told us, "After years of extreme isolation, staff being able to understand their beliefs has made the person felt welcome and valued as an individual."
● The registered manager told us how training on 'understanding challenging behaviour' was tailored to address the very specific and complex needs of a person in the home. As a result of this training, staff created a highly individualised, detailed and clear care plan for them. This enabled them to help the person settle in to the home from a hospital setting without distress. Their knowledge and learned techniques had consistently ensured the person's mental wellbeing and minimised the impact of their behaviours. They were now leading a settled life which was a very good outcome. We interacted with the individual in accordance with their care plan and found them to be calm, good-humoured and settled throughout our conversation.
● The in-house trained dementia care coaches provided staff with subject-specific guidance and interactive learning opportunities. This enhanced their understanding of people's experience of living with the condition and ensured empathetic care delivery. We observed staff demonstrating this. A care staff member gently informed a person it was lunchtime, then encouraged and assisted them get out of their chair at their own pace. They then slowly led them by the hand towards the dining room, reassuring them and telling them where they were going. The general atmosphere in the home was tranquil and people seemed relaxed in their interactions with staff. A person told us, "Staff always stop and talk to me; they are lovely."
● New staff followed a thorough period of induction, which ensured they had the required skills and

knowledge to provide effective care. We spoke with two new members of care staff who were extremely positive about the guidance and support from their dedicated mentor and colleagues. Staff all told us they were supported to progress and develop through supervisions and appraisals.

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

- Staff liaised proactively with the GP, dieticians and speech and language therapists to cater for people's individual nutritional and hydration needs and acted upon their recommendations. We heard examples of staff achieving very good outcomes. For example, one person was malnourished, extremely underweight and led a reclusive existence when they arrived at the home. The service directly referred them to a community dietician. Staff used different aides and techniques to encourage the person to eat, and they were given a highly fortified diet. With the support of staff, the person reached a consistently healthy weight and felt able to eat their food downstairs, where they benefitted emotionally from social interaction.
- Staff knew and met people's specific nutritional and hydration needs and were knowledgeable about specialist diet care through comprehensive training. People's nutritional needs were clearly highlighted in the kitchen and the cook knew exactly who had a fortified, thickened, pureed or vegetarian diet. For example, they told us, "Person has a fortified diet but low fat milk due to a [specific medical condition] so we have to watch the fat content of their diet."
- People and relatives told us they liked the food, and that they were offered choice of what they ate, where and when. One relative told us, "[Family member] now eats curry and said it was really tasty. They had never had this before." The cook told us, "They become part of your life so you treat them like family. I like to do things to improve their quality of life." Meals of pureed food looked colourful and well presented. Staff sought people's feedback on meals either verbally or by asking for 'meal time' questionnaires to be completed and this ensured people's preferences were constantly known and met.
- People were supported to eat and drink regularly by patient staff who created a sociable and non-pressurised atmosphere. The cook told us, "Meal times are social occasions, it is when people are together and they should not be rushed." We saw that staff offered caring and individualised support to people while they ate and provided social interaction. We also observed care staff regularly offering people a variety of drinks and where needed, offering assistance and encouragement. A relative told us, "[Family member] now has a cup of tea whereas they wouldn't drink it at home. "
- Staff carefully monitored and recorded people's nutritional and hydration intake using food and fluid charts on the electronic care record system. This alerted them when monitoring or regular support for an individual was required.

Staff working with other agencies to provide consistent, effective, timely care ; Supporting people to live healthier lives, access healthcare services and support

- Staff were praised by a visiting healthcare professional, who said that people achieved very good health outcomes.They told us, "Our team are really happy with the quality of care at the home. I wouldn't hesitate for a family member to go there. There is a low incidence of pressure sores and skin tears, very occasional, and most residents there are at high risk of developing them." The registered manager told us they were proud of their pressure relieving programme, which was supported by the alerts and reminders on the electronic care system.
- One relative told us, "When [family member] had a chest infection, they were able to see a doctor within hours. If they had been at home, they wouldn't have even told us about it." A member of staff explained how regular reviews with a person's GP and effective support from care staff had enabled them to considerably reduce the person's reliance on an anxiety-relieving medicines. Another relative told us that staff were quick to identify emerging infections and access treatment for their family member.
- Staff worked very effectively with a range of healthcare professionals and agencies. The registered manager said they had a named contact from most of the specialist services, which promoted continuity of

care. The service benefited from weekly visits from a nurse practitioner which ensured regular opportunities for non-urgent treatment. Staff and relatives told us that people regularly saw chiropodists, opticians and dentists if needed.
● The electronic care system produced excellent Hospital Readiness Packs. These contained key information about a person's individual support needs, their advance care plan, current MAR, and their current health condition. This information was 'pulled through' from the system into one document and supported people's safe and effective transfer to a hospital setting.

Adapting service, design, decoration to meet people's needs
● We heard and saw examples of highly personalised care which achieved very good outcomes for people. One person was very anxious upon their admission to the service and they were unable to sleep in their bedroom as they wanted to be near night staff. Staff arranged for them to have a recliner chair in the lounge so they could sleep there. Their relative told us, "It has taken a while for [family member] to settle… they were scared to go to bed at first. But the staff did not push [family member] and they allowed them to sleep in a chair in the lounge."
● A staff member told us that the person had slept in the lounge for about four weeks before spending time alseep in their room. Their relative said, "The first time [family member] slept in their room, they went to bed but then came out during the night but now, they love it. The other day they told us, "I don't seem to have anything to worry about. I feel quite empty of worries."
●The relative told us that the staff approach in accommodating the person's sleeping arrangements had calmed them down a lot. The deputy manager told us the person was now far less reliant on their medication for anxiety and was now taking less medicine than when they arrived.
● Other adaptions were made to the home to improve people's mental well-being. For example, staff put curtains up in an alcove between a living and dining area so that a person who did not like to socialise could comfortably spend time outside of their room. We saw the person sitting in this area and they looked content. We were told they had previously rarely come out of their bedroom but now enjoyed spending time in different areas of the home.
● The internal and external environment was airy, very homely and well suited to the needs of the people living there. People's bedrooms were personalised and easy to access. The decoration of the home provided stimulation and interest for people and enabled them to reminisce. There was a television showing CCTV footage inside a bird box which was situated in the garden, so people could enjoy footage of birds nesting. We saw people stroking and chatting to the cats who lived in the home and heard they had a calming effect. A relative told us, "You would go a long way to find a better environment."
● The home was adapted to suit people's likes and preferences. For example, we saw virtual bird baths and fish tanks on a television screen for a person who liked nature but could not go outside easily. We were told they always sat near to this screen.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

● Staff worked within the principles of the MCA and DoLS. Staff were aware of exploring the least restrictive option to ensure people remained safe. One person had a current restriction on their liberty in place and staff complied fully with the conditions attached to it.
• Where people lacked mental capacity to consent to a decision, this had been assessed and a best interest decision had been made in consultation with family and health care professionals. Records were extremely clear and followed best practice guidelines.
• Staff had all received recent training on the MCA and were very knowledgeable about how to care with people with cognitive impairment whose capacity may fluctuate. They were fully aware of the importance of seeking consent before offering care and that some people needed support to make their own decisions. Staff fully respected people's right to make decisions that others may not make.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same add rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People were cared for by compassionate and kind members of staff. A relative told us, "Staff are very caring and very professional." Another relative fed back to the service in a questionnaire, "The staff show endless compassion and treat residents respectfully." A health care professional told us that they always found staff were very friendly and welcoming. We observed many tender and thoughtful interactions between staff and people during the inspection. The cook told us, "When a person first comes in with their family, [registered manager] sits with them and the family and asks them what they like, for example sugar in their tea and day to day bits and pieces."
● People looked happy and relaxed and we heard that they were comfortable in the company of the staff. A person told us, "The staff are very pleasant and helpful."
● A relative told us, "It's perfect here for [family member]. They like to torment a particular member of night staff and they have a laugh. Before they barely spoke to anyone." Another relative stated on a 'Have your Say' feedback form, "The staff are kind, patient and have a good sense of humour not just to the residents but to me and my hearing dog too."
● Staff received training on equality and diversity and we heard several examples of how they respected people's protected characteristics, such as religion and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to be involved in decision-making. A member of staff told us, "We encourage choice and try to help people live their lives as they would want, with participation in their own lives."
● Staff supported people to make choices whenever possible. People with limited verbal communication were encouraged to express their preferences and choices through facial expressions or body language. We heard how staff helped a person with visual difficulties by describing to them what was on their plate when they were eating. We observed staff assisting people to make individual choices during the inspection in a patient and sensitive manner.

Respecting and promoting people's privacy, dignity and independence
● People consistently received dignified care. A health professional told us, "Carers really respect people's dignity, I can't fault them. They always cover people when we need to turn them." The registered manager told us, "We fully respect people's need for privacy and personal choice. We facilitated a person to access the internet in the privacy of their own room as they wished to explore websites that were pertinent to their sexuality." Dignified care was second nature to staff, as one member of staff said, "You give dignified care

automatically, you always do. It shouldn't be a conscious effort, it should just happen."
●The registered manager said, "We always strive to provide a service that has a focus on what people can do to uphold their independence."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred planning was supported by the electronic care plan system and we saw very individualised care plans, which were being implemented. A relative commented in a recent service questionnaire, "All the staff go out of their way to treat each resident as an individual." Staff we spoke to could tell us without hesitation how to support people's individual needs and a health care professional told us, "Carers know their residents well."
- There was an open and inclusive approach to care planning. Where possible people using the service were encouraged to participate in care planning and health discussions. Relatives or advocates for people using the service were also included in these processes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain social relationships with people that matter to them. Relatives and friends were warmly welcomed and the cook told us, "We treat them like family too." We heard how staff made arrangements for a person to be able to receive visits in an appropriate manner from members of their religion.
- People were encouraged to take part in activities. We heard that people enjoyed listening to musicians who visited the service regularly, participate in a quiz and join in reminiscence activities. Staff responded to people's individual preferences, which for some people included short interactions or reading together. A new member of staff was planning to develop the activities available for people both within and outside the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service welcome packs for people and their relatives could be printed in different formats as required for people with specific communication requirements. Care plans clearly informed staff how to communicate with people and how to interpret their body language or facial expressions.

Improving care quality in response to complaints or concerns
• People and relatives we spoke with were all extremely happy with the care provided and found it difficult to fault the service. The service had not received any complaints in the last twelve months.
• Relatiive told us that any issues raised by people or their relatives were dealt with effectively and promptly.They said, "They do listen and take things on board."

End of life care and support
● People had individualised end of life care plans in place. These ensured people's wishes could be met by staff.
● Staff received end of life care training and ensured that appropriate care was given when people were assessed as being near to end of life.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has or remained the same add rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Management and staff shared a common purpose of putting people at the heart of everything they did. The service delivered highly personalised care and achieved consistently good outcomes. We saw feedback from a social worker, which stated, "I have always been very impressed by the fact that Hollyman Care Homes are so well run and have a strong caring ethic. The managers are first class and so is the proprietor." A relative stated on a 'Have your Say' form, "Martham Lodge is a very homely place where all the resident's needs are catered for in a loving way." Another relative commented, "I don't think Martham Lodge could be improved in any way."

● The registered manager led by example and they created a caring and positive working environment which promoted staff retention and development. This underpinned the consistently high level of care delivery at the home. Staff told us they felt valued, supported and motivated. For example, senior staff were empowered to develop their skills and take ownership of certain areas of care such as medicines, nutrition and continence. A new member of staff told us, "It's genuinely a really nice home. Everyone here really does care and does give full attention to residents. It's a really lovely team."

● A supportive and positive working culture was evident at all levels as the provider facilitated collaborative working between the registered managers of their three services. We heard how the managers shared certain 'lead' responsibilities, information and ideas, which maximised the development of care in each service. The registered manager, deputy managers and heads of shifts also shared meetings with their counterparts in the provider's other services.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager and staff were visible and approachable to people, their relatives and supportive to one another. The registered manager told us, "The ethos is here is openness. We're around, we're available." Relatives confirmed they were confident the registered manager would tell them if anything went wrong.

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

● The registered manager had a clear understanding of their regulatory requirements. We saw evidence of

regular auditing, which ensured issues arising were promptly identified, remedied and lessons were learnt. Medicine audits were particularly robust.

● Staff told us they received regular supervisions, training and competence assessments which ensured they could discuss and improve on any areas of care practice, as necessary. Senior staff and staff mentors provided advice and guidance informally. Staff meetings and staff handovers between shifts ensured any issues arising were promptly discussed and dealt with.

● Staff were clear about their responsibilities and lines of accountability within the service.

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

● People and their relatives were encouraged to provide their views on the service. Relatives and staff told us they they often did so verbally on an informal basis. We saw completed annual questionnaires and 'Have your Say' feedback forms, which contained positive comments from people, relatives and health care professionals. People and their relatives were also asked to complete a questionnaire, if they wished, one month after a person had moved into the home. This was to give assurance that staff were meeting their needs and they had settled in well.

● Staff told us they felt able to make suggestions with colleagues, both informally and during staff meetings. They were confident that these would be considered by management and acted upon if appropriate. One member of staff told us, "[Registered manager] is always open to new ideas."

● Staff told us that the service developed community links for the benefit of people. For example, children from a local high school received training from the dementia care coaches within the company. This enabled them to attend the home on a regular basis to play games with people. Staff also supported people to attend local events such as a carnival weekend, a dog show and a carol service. They also accompanied people to the local shops or place of worship.

Continuous learning and improving care

● We saw evidence that the staff were committed to developing and improving their care delivery. An example of this was the introduction of the electronic care system to enable staff to be more responsive to people's needs. A deputy manager told us, "I know all of us go home at night and say 'what do you of this to that little problem?' We are always thinking of how we could improve. Then we run things past staff and see what they think."

● The registered manager told us that they kept abreast of legislation and best practice by attending external training and receiving information and guidance from health and social care organisations and agencies.

Working in partnership with others

● The service worked very effectively with a range of health care professionals, the local pharmacy and the local authority to ensure people received good care.