

## The Orders Of St. John Care Trust

# OSJCT Stirlings

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Stirlings is residential care home that was providing personal without nursing to 35 people at the time of the inspection. The service can support up to 40 people.

### People's experience of using this service:

People had excellent opportunities and access to a variety of activities to prevent social isolation. Social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. Activities were overseen by a committed, passionate and experienced full-time coordinator who has recently won a coordinator of the year award. Additional support was provided by a number of trained, passionate volunteers. The service has gone the extra mile to find out what people have done in the past, evaluated whether it could accommodate activities, and made that happen. The service had gone the extra mile to encourage and support people to develop and maintain relationships with people that matter to them. The service took a key role in the local community and was actively involved in building further links with the local community. Contact with other community resources and support networks was encouraged and sustained. Several local schools had links with the home, with pupils and people visiting each other's establishments. People told us they enjoyed and benefitted from these links.

People living at Stirlings received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. The home used the same agency staff to ensure consistency of care. Medicines were managed safely and people received their medicines as prescribed.

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. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well.

Stirlings was well-led by a manager who was making positive changes. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

### Rating at last inspection:

At our last inspection we rated the service good. Our last report was published on 12 October 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# OSJCT Stirlings

## 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 team consisted of an inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Stirlings is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Before the inspection we reviewed the information we held about the service and the service provider. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used the information the provider sent us in PIR. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection reports. We used all

of this information to plan our inspection.

During the inspection

We spoke with 13 people and five relatives. We looked at two people's care records and three medicine administration records (MAR). We spoke with the registered manager, the area manager, the care leader and nine staff which included, carer staff, kitchen staff, domestic staff, activities coordinator and a volunteer. We reviewed a range of records relating to the management of the home. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 remained Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the Stirlings. One person told us, "Feel safe here. I like it very much, liked it from the time I came here. Get on well with the staff, made friends".
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I would stop anything bad I saw happening if I could and report it to my senior carer or a manager".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessments included areas such as their mobility, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- The registered manager always explored new ways of ensuring people were safe. For example, they were introducing the 'Herbert protocol' for resident's at risk of absconding from the home. The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- Equipment used to support people's care, for example, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations.

Staffing and recruitment

- There were enough staff on duty with the right skill mix to keep people safe. Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency. Staff told us, "We could do with some more staff to meet people's changing needs. We are using the same agency staff when we need them".
- People told us they never waited for long to get help when needed and staff were not rushed. One person said, "On the whole there is enough staff. If I need the loo in the night, carers come straight away, never any problems".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

### Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. One person told us, "They are great with medication. They wait until I have taken my pills and I know what these are for".
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean. One person said, "It's lovely and clean. Housekeepers and laundry person are brilliant".

### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following medicines recording errors.

# 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 remained Good.

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

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

- People's needs were assessed before they came to live at Stirlings to ensure those needs could be met and individual care plans put in place.
- People's expected outcomes were identified and care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the 'Care Certificate Standards'. The Care Certificate is a set of standards that social care workers are required to work to.
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. One member of staff commented, "I found my induction very prompt and thorough. I was shadowed a team member who trained me and supported me throughout the first few weeks. In every new role I have done at Stirlings, I have always shadowed a team member".
- Staff told us they were supported through 'Trust in Conversations'. These meetings provided an opportunity for staff to meet with their managers on a regular basis to agree objectives and discuss their performance.
- People told us staff were knowledgeable. One person said, "Very sure staff know how to do things well. Nothing happened that I don't feel that they been trained to do their job".

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

- People were continuously involved in decisions about their nutrition. Records showed menus were often discussed in resident's meeting so as to improve people's experience. Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- Picture menus were available to aid choices. During meals, people were also shown meals choices.
- People complimented the food and said, "The food is well cooked, the menu well-chosen and hot meals absolutely served hot", "They will supply different meals if you want. I like a jacket potato sometimes" and "Lovely traditional puddings. Definitely get enough to eat".
- People had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to eat their meal.

- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.

Staff working with other agencies to provide consistent, effective, timely care

- Stirlings had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- People's care and support was planned and coordinated when people moved between different services.

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

- Stirlings had several sitting places where people could spend their time.
- The signage was dementia friendly and allowed people to orientate themselves around the home and maintain independence. For example, toilet doors had contrasting colours to other doors and had a visible coloured picture on them.
- The home allowed free access to people who used equipment like wheelchairs.
- People could move around freely in the communal areas of the building and the beautiful gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- Parts of the home had recently been refurbished and people were involved in the process including choosing colours, curtains and furniture.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- Healthcare professionals complimented staff and told us staff followed their advice and sought further advice when needed. One healthcare professional told us, "The home is very friendly and caring. I see regular people but if there are any concerns staff will refer them to me".

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.

- People's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "I would always support the residents and their decision making and not assume they can't make their own decisions".
- People were given choices as staff worked to the principles of the MCA. One member of staff explained, "We always offer choices to residents and if we were concerned that someone didn't have capacity to make

a difficult or complicated decision, we would tell our seniors and they would take it from there".

- Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

# 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 remained Good.

Good: 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 positive about the care they received and told us staff were caring. One person said, "The carers I see are very pleasant. All seem to be very nice and caring people". One relative told us, "A very caring atmosphere. Very polite carers. Lots of people doing a very good job".
- We observed staff talking to people in a polite and respectful manner. It was clear people were comfortable in the company of staff. The atmosphere was calm and pleasant. On one occasion a carer placed a supportive arm around a person and spoke kindly and sensitively. The person was really pleased with the support.
- Staff knew people very well and knew how best to support them. For example, we saw a person with significant sight loss, had a series of visits from staff who were careful to introduce themselves. What followed were conversations that demonstrated a good understanding of the person.
- We observed that staff were vigilant and were able to read peoples' body language. On a number of occasions, we saw staff reacting to reassure people or to offer personal care. An example of this was when we noticed that a person was feeling cold I went to find a carer, when we returned less than a minute later the person already had a blanket around her
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. They did so in a way that was sensitive to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

## Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "Treated with respect. Very careful when I am having a shower".
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "I always make sure I have a quiet conversation with each resident to make sure that they are feeling okay and so they feel they can confide in me if they were worried".
- People were supported to be as independent as possible. For example, one person was supported to assist with chores around the home which they enjoyed. One person told us, "I like to be independent, can do most things for myself. Staff know that's what I like. If I need help I ask and I get it".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

# 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 Good. At this inspection this key question has now improved to Outstanding.

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

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 had gone the extra mile to find out what people have done in the past and evaluated whether it could accommodate activities and made them happen. For example, one person had a passion for motorbikes. The service made a plan to get the person on a bike again. They got the person to ride a trike bike which meant a lot to them. We spoke to this person and they told us, "The smell of motorbikes and the feel of air on my face brought back a lot of memories of places I have visited with my husband before". The person was very emotional when they spoke about this and it was clear this meant a lot to them. The registered manager commented, "It was amazing seeing her in her element".
- Another person was a keen synchronised swimmer who thought that they would never swim again. They had lost interest in going out. Staff took the person to the pool and the person responded to the smells and the sounds of the pool. The person said it brought back all previous memories. Staff told us they were amazed the person got in the water and tried to teach staff synchronised swimming. This experience had had a lasting impact on them and now the person was keen to go out more.
- Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. For example, one person had been a prolific knitter. Staff and relatives provided this person with the wool and supported them to continue knitting. She had knitted hundreds of blankets and clothes for a local hospital baby charity. We spoke to this person and they shared with us the boxes of thank you letters they had received from the charities they supported. It meant the world to them and they told us they will continue knitting as long as there are kids who needs their clothes.
- Another person used to be a speed skater in her youth and they dreamt of stepping on an ice rink one more time. The service made arrangements and for a day took this person and others ice skating. Staff told us, "[Person] had a whale of a time and we just couldn't go fast enough for her. This was a really amazing day for her, as although she was in a wheelchair on the ice she really enjoyed taking part in the day". We saw pictures of this person on the day and they were very happy.
- The service had gone the extra mile to encourage and support people to develop and maintain relationships with people that matter to them. For example, one person had lost touch with their sister and had not spoken to them in four years. The home managed to locate the sister in another home and facilitated their reunion. The person told us it was the most emotional time in her life and will forever be grateful for the efforts made by the home. The person now often visits their sister and they are very happy. Another example was of couple who lived in the home. The service had made reasonable adjustments to

allow them to share a bedroom and use a second room as a sitting area. When the husband's health deteriorated, the home made further adjustments to allow them to maintain their relationship whilst staff could still offer the extra care the person needed without interfering with the wife's day to day support. We spoke to the relative on this couple and they were so grateful for the adjustments which had had a positive impact on their quality of life.

- The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. Several local schools had links with the home, with pupils and people visiting each other's establishments. For example, once a week, visitors from the local community were invited in for tea and cakes. The baking was done by the people living in the home on the day of the community café event. People told us this was one of their highlights of every week.
- Pupils with additional needs from a local special school visited the home and had the opportunity to bake, serve tea, interact with people and learn practical day to day living skills. It was clear people loved their presents and enjoyed their company. Also, A local nursery group often visited and interacted with residents, storytelling and colouring. We saw evidence these were well attended and enjoyable occasions which people remembered and often spoke of.
- People had access to a full programme of meaningful activities which were overseen by a committed, passionate and experienced full-time coordinator who has recently won a coordinator of the year award. Additional support was provided by a number of trained volunteers. Activities included a range of musical activities such as singing, listening to music and playing percussion instruments. Exercise activities were also enjoyed by people. Quizzes, board games and films were offered individually or in a group. Other activities include fully inclusive trips boat trips, visits to the local carnival, the wildlife park and lunch parties at a sister home.
- People told us they enjoyed the variety of meaningful activities. Comments include, "Lots of things, Bingo I love, lots of trips out. Went to Wantage carnival, four of us went with wheelchairs. Lots of people and a good day out", "Activities are just brilliant. Lots of things happening, [coordinator] is brilliant" and "Been to a lot of activities. Like the music and exercises, so much going on. I play the piano myself, play the little piano-play some music when I feel like it".

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

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- People's care plans were regularly updated to reflect people's changing needs. For example, one person developed an infection and was prescribed antibiotic. The person's care plan was updated and care was increased.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- People had an accessible information assessment completed as part of the care planning process. For example, one person was partially sighted and identified to benefit from information printed in large print. Staff also ensured this person wore their glasses as planned.

#### Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People knew how to give feedback about their experiences of care and could do so in a range of accessible ways, including how to raise any concerns or issues. The complaints procedure was available in a format that people understood. For example, large print and picture format. One person said, "Not ever had to complain. Every time you pass staff they say, 'are you alright'. This is an opportunity to voice any concerns there are. No concerns at all".
- The service had a 'Niggles Sheet' which captured minor concerns. These minor concerns were addressed immediately before they became formal complaints. This was testimony of the open and honest culture and communication within the service.
- The provider had not received any formal complaints since our last inspection. There were many compliments received regarding excellent care.

#### End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people had dignified and pain free death.
- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support. We saw many compliments received following support during end of life.
- The home had established close links with a local hospice.
- Staff had received training in end of life care and knew how to support people and families.

## 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 remained Good.

Good: 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

- People and relatives, we spoke to complemented the way Stirlings was run. One person said, "Managed very well. Lots of things going on. It works". A relative told us, "Very well managed. Manager is hands on".
- Staff were complimentary of the support they received from the registered manager and the head of care. Staff commented, "[Manager] is a good manager and is very supportive within my job role, emotional and personal needs. She is very hands on and helps out where she can. She has also helped organise a lot of fundraising for the home", "I do feel that my manager is approachable and supportive. I've always felt comfortable approaching her. She is kind and generous to the team" and "Manager is supportive, residents are her real focus. Very hands on and know the residents. She goes out of her way to support staff".
- The registered manager was committed to continuing to provide a person-centred service that valued and respected people and their rights. They were involved in several fundraising projects for the home to improve facilities for people. For example, fundraising for a new mini bus so people could always have transport for outside activities.
- The registered manager had a visible daily presence in the service and led very much by example.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post for three years. They were supported by a head of care and an area manager. They had a clear plan on how to develop the service.

- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. Staff took pride in their roles and supported each other to ensure good care.
- The manager had effective quality assurance systems in place. These included, audits of care plans, medicine records and staff files. These provided an overview to ensure improvements were made where necessary. All the records we saw were accurate and up to date.
- The registered manager and operations staff also completed routine unannounced night visits to ensure people received good quality care after hours.
- The registered manager promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

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

- People and their relatives had opportunities to provide feedback through surveys and suggestion boxes. The information gathered was used to improve the service. For example, some comments related to food choices and how people chose their meals. As a result, picture food menus had been introduced and people found it much easier making food choices. The last 2018 survey showed people were generally happy with the care they received.
- People and relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- The staff told us they felt listened to, valued and able to contribute to the improvement of care. The registered manager facilitated an employee of the month award that was voted for by residents, relatives and team members. A small prize was awarded to the winner and all of the comments received were published and displayed. All staff received a Christmas present. Staff told us they appreciated the gesture. One member of staff said, "Manager is kind and generous to the team. For example, she has in the past brought food goodies in for the staff to thank them for their hard work when we've been particularly busy". The registered manager told us, "Staff work very hard and give me 110%. I need to show them my appreciation".
- During the inspection we observed effective team working. Staff worked well together and respected each other's skills and abilities.
- The service had good links to local community resources that reflected the needs and preferences of the people who used the service. For example, they had close links with a charitable trust which donates hampers and Easter eggs to the home as well as inviting people on trips out with them. People also enjoyed visits from a local school and had been invited to lunch at a local sixth form for children with complex needs. People told us they enjoyed these interactions.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.