

Ms Karen Ann Bexter

# St Georges Care Home

## Inspection report

17 Wilton Street  
Taunton  
Somerset  
TA1 3JR

Tel: 01823275268

Website: [www.stgeorgestaunton.co.uk](http://www.stgeorgestaunton.co.uk)

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

St Georges Care Home is a 'care home' for 20 people. 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 home specialises in the care of older people.

This unannounced inspection took place on the 16 and 17 October 2018. At the time of the inspection there were 19 people living at the home.

There is a registered manager in post. 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.

The provider and registered manager effectively monitored the quality of care and made on-going improvements. Improvements made since the last inspection included; refurbishment of a number of communal and personal rooms. Updating the call bell system to minimise the noise impact on people and ensuring response times could be monitored. Upgrading the care planning format to an electronic system and introducing up to date technology to enhance entertainment and communication for people.

People lived in a home which was well led by a registered manager and provider who were committed to ensuring the service respected people as individuals. People told us they were able to maintain their independence and follow their own routines. One person told us, "I have as much control as possible. There are no rules to obey." Another person said, "You can mostly keep your own routines. Always people to help you if you want things."

People's needs were assessed and reviewed regularly. Assessments took account of people's cultural and social needs in addition to their physical needs. This enabled staff to provide care and support which was tailored to each individual person and fully respected their individual needs and preferences.

People were supported by staff who were very kind and compassionate and people thought staff often went over and above their job roles to ensure their comfort and well-being. One person said, "The staff here are marvellous. They make the place." During the inspection we heard numerous examples of how staff had gone the extra mile to make sure people had positive experiences.

Throughout the inspection we observed kind and caring interactions and saw staff spent time socialising with people as well as helping them with physical care needs. The provider informed us they had increased staffing levels to enable staff to spend more time with people. This resulted in a happy environment where people were engaged and alert. One member of staff said, "I think of the people here as family and so that's how I treat people." One person showed they felt the same by saying, "Staff treat you like family."

People were involved in decisions about the care and support they received as well as the running of the home. People's care was always discussed with them and their views were sought through one to one sessions and resident's meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought on an on-going basis and staff helped people to make decisions, or ensured decisions were made in the person's best interests, if they were not able to make a choice.

There was a varied activity programme which took account of people's abilities and interests. There were group activities but staff knew people well and also made sure people had opportunities to follow their own interests and hobbies. The staffing levels in the home made sure people had on-going opportunities for social stimulation if they wished it.

The provider had invested in up to date technology to enhance people's entertainment and well-being. Staff respected people's relationships with people at the home and in the wider community and supported them to keep in touch through a range of different communication methods. Numerous social events took place where people were able to invite their friends and family to share special occasions with them.

People had access to healthcare professionals according to their needs and the staff acted on advice given from other professionals. People received their medicines safely from competent staff.

People could be confident that at the end of their lives they would be treated with kindness and compassion. The staff made sure they had information about the care people wanted at the end of their lives and they respected people's wishes.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding

People could be confident that they would always be treated with kindness and compassion.

People were supported by staff who had a real commitment to the people who lived at the home.

Staff went over and above their job roles to make sure people were happy and well cared for.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

People received care that respected them as individuals and was tailored to their wishes, preferences and needs.

People received on-going social stimulation and were supported to follow their hobbies and interests.

People could be confident that at the end of their lives their wishes would be respected and they would be well cared for.

### Is the service well-led?

Good ●

The service remains Good

# St Georges Care Home

## 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 was an unannounced comprehensive inspection and took place on 16 and 17 October 2018. It was carried out by one inspector.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with nine people who lived at the home, two visitors and six members of staff. We also spoke with one visiting healthcare professional. The registered manager and provider were available throughout the inspection.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in the dining room and in people's rooms. We looked at a selection of records, which related to individual care and the running of the home. These included three care and support plans, two staff files, records of compliments and complaints, medication records and quality monitoring records.

# Is the service safe?

## Our findings

People continued to receive safe care.

People felt safe at the home. One person told us, "I feel safe and secure. It's lovely here." Another person said, "There are always people about which makes you feel safe." A visitor told us one of the things they valued about the home was knowing their relative was safe and being well looked after.

There were adequate numbers of staff to keep people safe and to meet their needs. People told us there were always enough staff and they always responded promptly to requests for help. One person said, "If I want anything I ring the bell and they are here pretty quickly."

The provider told us they had recently reviewed staffing levels and had made additional staff available to make sure care staff had opportunities to socialise with people. During the inspection we saw that in addition to supporting people with physical needs, staff spent time chatting and socialising with people.

The provider had systems which helped to minimise the risks of abuse to people. These included a recruitment process which made sure all new staff were thoroughly checked and training for staff to help them to identify and report any suspicions of abuse. All staff asked said they were confident if they reported any concerns action would be taken to make sure people were kept safe.

The provider and registered manager worked with relevant authorities to make sure any concerns were fully investigated. Where poor practice was identified they took action, including disciplinary action, where appropriate. This all helped to make sure people were not subject to practices which may be abusive.

Risk assessments were carried out to enable people to retain their independence safely. Where people were assessed as being at high risk of falls, the staff ensured people had the equipment and support they required to enhance their independence.

People's medicines were safely administered. All medicines were administered by staff who had received specific training and had been deemed competent in this area. Records were kept when medicines were administered or refused to enable staff, and other healthcare professionals, to monitor the effectiveness of prescribed medicines.

Some people were prescribed medicines, such as pain relief, on an as required basis. During the inspection we heard staff offering this medicine to people which enabled them to decide if they wished to have this. One person told us, "They do my tablets for me. They make sure I get pain killers when I need them."

All areas of the home were kept immaculately clean and a number of people praised the standards of cleanliness. One person said, "You couldn't ask for higher standards on the cleaning front." A visitor told us, "The cleaner here is amazing."

The risks of the spread of infection were minimised because all staff received training and guidance in infection control. Where appropriate, staff used personal protective equipment such as disposable gloves and aprons.

# Is the service effective?

## Our findings

People continued to receive effective care.

St Georges Care home is an older style building which has been adapted to meet the needs of the people who live there. All areas were well decorated and furnished to provide a comfortable homely environment for people.

Since the last inspection there had been improvements to the grounds which had made them safer for people to access and easier for people using wheelchairs. There had also been refurbishment of communal areas and some bedrooms. A hairdressing salon had been created which enabled people to have their hair done by a professional hairdresser in a pleasant environment.

People's needs were fully assessed before they moved to the home to make sure staff were able to meet their needs and expectations. People, or their representatives, were able to visit the home to meet other people and staff. One person told us they had originally stayed on a short-term basis which helped them to make their decision to move in when they felt the time was right.

From initial assessments care plans were created to give information to staff about how to best meet each person's needs. Care plans we read were very personal to the individual and gave information about people's preferences, social history and culture, likes and dislikes as well as their needs. This meant staff had good information about how people wanted to live at the home and the support they needed to do so.

People were cared for by staff who had received training to enable them to safely and effectively support them. All the staff we spoke with said they were very happy with the training they received. One member of staff said, "The induction I had was really good and you can ask for any training." Another member of staff said, "There's lots of opportunities for training and to get qualifications."

People told us they had confidence in the staff who supported them which helped them to feel secure and relaxed. One person said, "The girls [staff] are very competent which is extremely reassuring." One visitor commented, "They are efficient and lovely with it."

Staff monitored people's health and sought advice and support from other professionals to ensure their needs were met. People told us staff helped them to access healthcare professionals such as community nurses, doctors, dentists, podiatrists and opticians. One person said, "They get the doctor if you need it. The chiropodist comes to the home and everything is taken care of." A visiting healthcare professional told us the staff worked well with them and always followed advice given to promote people's health and well-being.

People had their nutritional needs assessed and meals were provided in accordance with their needs and preferences. The staff monitored people's food and fluid intake and regularly weighed people, with their consent, to gauge people's well-being. The home used an electronic care plan system which alerted staff to

anyone who had lost or gained a significant amount of weight. This enabled staff to promptly seek support and advice from other professionals to make sure people received the correct support.

Everyone we spoke with was complimentary about the food served. One person said, "You get very good food and there is a varied menu." Another person said, "I have vegetarian meals. They have really got the hang of that, not like some places you go." One person told us if they didn't like what was on the menu they could ask for an alternative. On the first day of the inspection we saw this person had a different meal to the menu choices.

The registered manager used resident's meetings to make sure people were fully involved in menu planning. Minutes of meetings showed food was always discussed and people were able to make suggestions for meals they would like.

The majority of people who lived at the home were able to consent to their day to day care. People told us they continued to make choices about all aspects of their day to day lives. One person said, "I'm definitely in control. I tell them what I'm doing and they fit in." Another person said, "Everything is my decision."

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.

Care plans did not always show that people's capacity to make a decision had been assessed or who had been involved in making a best interests decision. However, the registered manager and provider were familiar with MCA and applied the principles where appropriate. One visitor told us the home communicated well with them and asked them for their input about what would be in their relatives' best interests.

Staff we spoke with said they did everything possible to make sure people were able to make their own decisions. One member of staff said, "Sometimes you have to ask people in different ways, or at a different time, but it's always better if people make their own decisions."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection, applications had been made to make sure people's legal rights were respected.

## Is the service caring?

### Our findings

People continued to live in a home where staff were extremely kind and caring. At the last inspection this section was rated good but we have now changed the rating to outstanding.

Caring and compassion was embedded into the culture of the home and this was demonstrated by all the interactions we saw during the inspection. Staff showed respect and kindness for people. Staff supported people to live their lives in line with their backgrounds, beliefs or lifestyle choices. Staff adapted their practice to each person to make sure the support they provided was truly person centred. Staff were highly responsive to people who were experiencing difficult life events such as bereavement or changes in family circumstances. For example, one person was experiencing an anxious time during the inspection and staff made sure they spent time reassuring and supporting them. This helped to alleviate some of their distress. Where people liked to have a joke, and share friendly banter, we saw this too.

People were supported by a stable staff team who knew them very well. This helped them to build trusting relationships with people. Staff were highly motivated and felt supported in their roles. This all helped to create a happy and inclusive environment for people. One member of staff said, "I absolutely love it here. It's perfect." Another member of staff told us, "I just love coming to work."

The registered manager and provider led by example to make sure people were always treated with respect and care. The registered manager knew people well. We observed that he showed genuine affection and care for everyone. One person said of the registered manager, "He knows me very well. I wouldn't hesitate to talk with him about anything." A visitor said, "It has just been fantastic. They are all so caring. That comes from [registered manager's name]."

People could be confident that they would always be treated with kindness and compassion. The registered manager and provider were very visible in the home and carried out constant observations of practice. Records of these demonstrated they expected everyone to be treated with respect and dignity and took action if they saw this was not being put into practice. For example, we saw that they sent communications to all staff when they observed shortfalls or addressed issues in staff's individual supervision.

People were cared for by staff who were very happy in their jobs and went over and above expectations to make sure people were well cared for. A visitor told us, "[Relative's name] had a fall. The carer sat on the floor with them for four hours waiting for the ambulance. I think that exceeded all our expectations." A visiting healthcare professional said, "I have always found they [staff] just love the people here."

People were complimentary about the staff who worked at the home. One person said, "The staff here are marvellous. They make the place." Another person told us, "The girls [staff] are actually wonderful if I'm honest." One person commented about the staff who supported them with personal care, "Gentle and respectful."

Staff valued people as equals and enjoyed spending time with them. Staff helped people to continue to take

part in fundraising activities. This helped to make sure people continued to be treated as valued members of their community and were able to support charities of their choosing. The home had taken part in the MacMillan coffee morning and raised money to be sent to the charity. At Christmas people supported a shoe box appeal to send gifts through another charity.

The staff team choose to have their Christmas party with people who lived at the home rather than have a separate party. This enabled everyone to enjoy a very special time together and made sure people had a fantastic festive experience with entertainers, singing and dancing. Photos of last years' Christmas party at a hotel showed how much everyone enjoyed the occasion.

The provider told us they were constantly amazed at the commitment and dedication of staff to the people they worked with. They told us if people were unwell staff often came in early or stayed after their shift to sit with them and make sure they had the comfort and reassurance they needed. They said staff often supported people with activities in their own time. One member of staff said, "I think of the people here as family and so that's how I treat people." One person showed they felt the same by saying, "Staff treat you like family." One visitor said, "It's so welcoming, nothing hidden just like being within your family."

Staff showed kindness and consideration for people and demonstrated a commitment to them. During the snow earlier in the year one member of staff and their family, with neighbours and the local community, had cleared the driveway to enable staff to get to the home and make sure emergency vehicles could gain access if required. Some staff had provided transport to make sure the home was adequately staffed and transported supplies and prescriptions to the home. Other staff had walked several miles in the snow and stayed at the home to make sure there were adequate staff to support people. This demonstrated an outstanding effort by staff and made sure people living at the home were completely unaffected by the bad weather

People told us there were numerous parties and social events they could invite their friends and family to, which showed staff valued people's relationships outside the home. One person told us, "There's always something going on here." Another person said "Everyone's birthday is celebrated. Much grander than when I was at home."

During the summer the staff had helped a person to celebrate a special birthday. They held a small intimate tea party on the person's actual birthday. Then a few days later they had held a grand birthday garden party, themed in the year the person was born. This was an inclusive event which involved the whole community. People and staff had dressed up in the costume of the day and families, friends and staff all helped the person to have a very special day. The staff had arranged entertainers, including an opera singer and a magician and afternoon tea was served with Pimms and bubbly. The local mayor visited to wish the person a happy birthday. There were a number of photographs around the home, and posted on the home's social media page, which showed how much this had been enjoyed by everyone. One person told us, "They do seem to pull out all the stops to make people feel special."

Staff respected people's wish for independence and enabled them to take control of the care they received. One person told us, "I want to stay independent and staff are respectful of that. They ask me about the care I need but they don't overdo it. It's like having good friends always available."

People's privacy was respected and they were able to spend time socialising in communal areas, alone in their rooms or with friends and family. Staff knew people well and respected their need for privacy but also made sure people did not become socially isolated. One person said, "I like company, but on my terms."

Another person said, "I guess you could say I've always been a loner. Staff know that about me but I know they're always there if I need them."

People, and their representatives, were involved in decisions about their care and the running of the home. There were regular meetings for people where they were able to share ideas and make suggestions. Minutes of these meetings showed people were also kept up to date with any changes which may be occurring and asked for their opinions. The registered manager said they held regular 'Silver surfing' afternoons where people got involved in updating the home's social media page, looking at pictures and reading comments on the home's large screen.

People's individual care was planned with them and regularly reviewed to make sure people were happy with the care they were receiving and to make changes if they wanted to. One visitor told us, "They do the care plan with us [person and their relative] and regularly talk to us about things." People were also able to change their routines or wishes on a daily basis and staff respected this.

## Is the service responsive?

### Our findings

People continued to receive extremely responsive care and support. At the last inspection this section was rated good but the improvements made have changed the rating to outstanding.

The staff placed a high emphasis on providing activities and meaningful occupation for people. This meant people had continual social stimulation if they wanted in. Throughout the inspection we observed people were alert, engaged and happy.

People were able to take part in organised activities or follow their own hobbies or interests. There was an activities worker employed who arranged activities every day but we saw that all staff spent time with people helping them with meaningful occupation or generally socialising. This all helped to create a lively, happy atmosphere. The provider told us they had increased staffing levels to enable this to happen after feedback from people.

People were provided with a timetable of organised activities which enabled them to plan their time according to things that interested them. People said they were very happy with the activities that took place at the home. Comments included; "Lots of things to do and take part in," and "Nice church service on Sunday. I enjoyed that."

Staff arranged activities based on people's interests. One person, who had worked with children in their younger days, told us about how a member of staff had taken them to visit the local primary school. When they discussed this with us they showed extreme happiness. The activity worker told us this had been part of a project of letter writing between older people and school children. Because of the person's love of children, the activity worker had taken the person to hand deliver the letters to the school.

Staff helped people with group activities or supported them on a one to one basis. This included activities at the home or trips out. For example, one person had wanted to see a particular film and staff had taken them to the local cinema. Another person had a love of musicals and had been a long-term member of local dramatic and operatic societies. The person would often discuss their passion with the registered manager who shared this hobby. As the person's abilities declined and they were nearing the end of their life, they were less able to go out. The registered manager was appearing in a musical in a local town and as a special surprise for the person they arranged with the theatre for them to see the show from their wheelchair. Theatre staff met the person and a member of care staff outside, and they received red carpet treatment and were assisted to the special area set aside for them.

The provider had invested in technology to enhance people's well-being and entertainment. A number of people enjoyed watching films and when the lounge area had been refurbished a large wifi enabled TV and sound system had been installed. On the first day of the inspection people were having a film afternoon and we saw a number of people and staff enjoying a film together. Staff ensured people had drinks and snacks to promote the feeling of it being something special rather than just watching the TV.

The technology installed enabled a laptop to be plugged into the large TV screen so people could watch complete slide shows, talks and YouTube for a number of different topics. The staff had used this to support people to look at old photos of where they grew up including the actual houses they lived in. This had proved to be a very popular activity with people asking to see pictures again and again.

Staff also assisted people to use tablet computers to maintain contact with family and friends, play games, take photos and generally learn about technology. During the inspection we saw one person being supported to use a tablet computer and they appeared to be very much enjoying the activity.

All areas of the home were fitted with wifi which enabled people to make skype calls to friends and relatives in the privacy of their rooms if they wished to. People were helped to keep in contact with family members who lived abroad and this had proved very beneficial for some people, helping them to chat and share memories with people they could no longer meet up with.

People received care and support which was personal to them, supported them to be independent and respected their wishes and choices. One person told us, "I have as much control as possible. There are no rules to obey." Another person said, "You can mostly keep your own routines. Always people to help you if you want things."

Care plans contained life histories which gave staff information about people's previous life choices, the people who were important to them and their interests and beliefs. This helped to make sure staff understood them as a person and were able to respect them and their preferences. Staff we spoke with had an excellent knowledge of people and were able to chat about things that were important to people.

Care plans we read gave good information about people and were reflective of the people we had talked with. For example, one person told us exactly how they liked to spend their day and the things they liked to do for themselves and this was all recorded in their care plan. This helped to make sure staff could support them to follow their own routines. Staff said the care plans gave them all the information they needed to provide personalised care. One member of staff said, "Care plans are really good, they tell you exactly how people want things done."

People's care needs were regularly reviewed with them and care plans were adjusted to meet changing needs and wishes. Where people had acute illnesses, for example infections which required medication or specific care, short term care plans were put in place. This made sure staff knew how to support people effectively at these times. One person told us, "At the moment I want them to do more. And they do."

Staff responded to people's emotional needs as well as their physical needs. At the time of the inspection one person was going through an anxious time. The registered manager and provider were liaising with their family and healthcare professionals to make sure they received the support they needed. During the inspection we saw staff sitting with this person showing empathy and compassion which helped to reassure them and reduce their anxiety.

Where it was felt that the home was no longer able to meet a person's needs, further assessments were sought from other professionals to identify how and where their needs could be best met.

People's care was provided in a way that respected their lifestyle choices, abilities, sexuality, race and culture. Staff had received training in equality and diversity and worked with people in a way that respected them as individuals. This helped to make sure people lived in a comfortable and safe environment free from discrimination.

People were supported to follow their religious beliefs and were assisted to attend religious services at the home and in the local community. Staff said that they thought the current arrangements catered well for people who lived at the home but if anyone had any different spiritual or religious needs they would ensure they were met.

The provider made sure information was available to people in accessible formats. The provider told us in their Provider Information Return (PIR) that the statement of purpose was available in large print, braille and on CD. A hearing loop was fitted in the main lounge area to support people who wore hearing aids. The staff used various methods to make sure people's communication needs were met and the registered manager was trained and competent in British Sign Language.

People could be confident that at the end of their lives they would receive compassionate care which respected their wishes and beliefs. At the time of the inspection the staff were working towards accreditation to the Gold Standards Framework, which is a comprehensive quality assurance system to ensure people receive high quality care at the end of their lives.

People's wishes about their end of life care was discussed with them and their families and recorded in their care plans. Information regarding people's care at the end of their life was extremely personal and showed staff took time to find out all the things that were important to them. One person said to us, "I don't worry about staying here till the end. This is my home and where I want to be."

In one instance the home had supported a couple to be together when one of them was coming to the end of their life. They had rearranged furniture so the couple could remain close and be comforted by each other at this time. They ensured the person had access to their music and films through headphones so they continued to enjoy their entertainment without disturbing their partner. The family of the couple had written to their local newspaper to say how much the care given had been appreciated and how they had been cared for with "Such professionalism, love and kindness." The registered manager told us how proud the staff had been to be able to provide this care.

The staff acknowledged and respected the friendships people had built at the home. They made sure people had opportunities to see people at the end of their lives and attend funerals if they wished to.

The home had a formal complaints procedure and all complaints made were thoroughly investigated including face to face meetings with any complainants. Following conclusions to complaints learning was shared with the staff team to improve future practice.

People and visitors said they would be able to make a complaint if they were not happy with any aspect of their care. One person said, "I would complain if I needed to. [Registered manager's name] always comes up to see me." Another person said, "I did raise something once. It was all sorted out."

## Is the service well-led?

### Our findings

The home continued to be well led.

There is a registered manager in post. 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.

The registered manager told us they aimed to create a person-centred approach to care where everyone was treated and valued as an individual. The registered manager was very visible in the home which enabled them to share their philosophy and monitor practice within the home. There were also formal team meetings and one to one meetings where the expectations were discussed. Throughout our inspection we found that this philosophy was put into practice by staff who knew people very well.

People knew who the registered manager and provider were and people, visitors and staff said they were extremely approachable and always listened to them. We heard the registered manager visited people every day to make sure they were comfortable and content. One person who had recently moved to the home said, "It's much better than I expected. [registered manager's name] is very nice and keen to make sure I've got everything I want." A member of staff told us, "The management here are really supportive, you can talk about anything to them."

People told us they felt at home and thought they were very well cared for. One person told us, "It's the last place I ever thought I would end up, but it's a very good home and they look after me very well." Another person told us, "I'm thoroughly pleased with everything. Everyone is really nice and I feel at home. I'm keeping my independence but in a safe place."

People lived in a home where the registered manager and provider had a commitment to monitoring the quality of the service and constant improvements. They listened to people to make sure improvements were in accordance with people's wishes and needs. They sought people's views on a daily basis and by satisfaction surveys. There was also a suggestion box in the main hall for visitors, personal and professional, to leave comments in.

There were regular audits of the facilities and people's individual care. For example, all areas of the building were regularly audited and action plans showed how improvements had been made and maintenance issues addressed. All falls which occurred in the home were regularly analysed and specific care plans, which included the use of specialist equipment and increased staff monitoring, were put in place to reduce risks.

Risks to people were considered and minimised where possible. The building was well maintained to make sure it provided a safe environment. There were regular checks of equipment such as fire detecting and lifting equipment to minimise risks to people.

Since the last inspection there had been considerable improvements to the building with many areas being completely refurbished. Staffing levels had been increased to make sure staff had opportunities to spend time socially with people. In order to be more responsive to people at the end of their lives, they were planning to purchase some specialist equipment so they would be able to respond immediately to people's needs.

The provider had invested in up to date technology to make sure people had access to up to date entertainment. A new call bell system had been introduced which worked through pagers which meant call bells did not disturb people. It also enabled the management of the home to monitor response times to requests for help.

They had also introduced an electronic care plan system. Staff had trialled some systems before finding the care plan system they felt was right for the home. Care staff we spoke with thought the system was excellent and gave them good information. Care plans we saw were up to date and personal. There was an alert system which helped to make sure people received the care and treatment they needed. For example, if people needed prescribed creams applied, staff were alerted to this until the task had been carried out. There were simple ways for staff to record the food and drink people had and it calculated how much people had each day. Management could easily see the records and make adjustments to care, or seek medical advice, if it was felt there was an issue. People were able to be involved in the electronic care planning system. Tablet computers and other technology were used throughout the home for leisure activities and therefore people were familiar with them.

The registered manager was supported by the provider, a deputy manager and a small team of senior staff. This ensured people always had access to experienced staff to monitor their well-being and respond to concerns.

The provider supported staff to undertake training according to their responsibilities and aspirations. Staff shared their learning with other staff to make sure people were provided with care that was reflective of up to date guidance and legislation. Staff felt well supported and the open atmosphere of the home enabled people and staff to share concerns and ask questions.

People continued to be part of the local community and took part in community events. Children from a local nursery visited the home on a fortnightly basis and people attended events in the local area.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.