

Selsey Care Company Limited

# The Old Malthouse 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

The Old Malthouse Care Home is a residential care home providing personal for up to 34 older people with various support needs, including people living with dementia, physical or sensory impairment. At the time of our inspection, 25 people were in residence. The building, originally a working granary and malthouse from the 16th Century, retains many of its original features. The accommodation has been adapted and there are a range of communal areas. A new decking area leading to an enclosed garden provides a safe outdoor space for people to enjoy.

### People's experience of using this service and what we found

People felt safe and told us they enjoyed living at the service. One person said, "They look after us very well". Risks to people had been assessed and staff followed guidance to keep people safe. Staffing levels were sufficient to meet people's needs. Medicines were managed safely. The home was clean and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People spoke positively about the staff who supported them and had confidence in their skills and experience. One person said, "All the workers are good and kind to us all, they are doing a good job". Staff had regular supervisions and were able to further their careers through training and development. People enjoyed the food and were able to make suggestions for the menu. Snacks and drinks were readily available. People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's 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.

People were looked after by kind and caring staff who knew them well. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect. A relative told us, "I genuinely feel that this home does care about its residents very well". People received personalised care that was responsive to their needs. Staff used a 'stop and watch' system to monitor any changes in a person's health or wellbeing. There was a range of activity on offer, including group and one to one time. Several activities involved visitors from the local community or people going out to local events.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish. People considered the home was well-organised. The registered manager provided a visible presence at the home. People were involved in the development of the home and their feedback was encouraged. One person told us, "The check on me all the time to make sure that I am well. I talk to them about everything".

The registered manager had systems of quality assurance to measure and monitor the standard of the service and drive improvement. There were links with the community and people participated in activities

aimed at making the local town more dementia-friendly. The home worked proactively with healthcare professionals and other local care services in order to share ideas and learn from best practice.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (Report published 27 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Malthouse Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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.

# The Old Malthouse 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 two inspectors and an Expert 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

The Old Malthouse Care Home 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

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

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 this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers, care workers, activity and kitchen staff.

We reviewed a range of records. This included three people's care records and a selection of medicines records. We looked at four 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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had failed to ensure the proper and safe management of medicines, or to ensure that all risks to people's health were sufficiently mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.□

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way.
- Regular checks were in place to ensure that equipment, such as air mattresses, used to support people who were at risk of pressure damage was functioning correctly.
- We observed staff assisting one person to transfer to their wheelchair using a walking frame. This was done safely and staff offered encouragement and reassurance to the person throughout. Another person told us, "At first I did not like being hoisted but they do it so efficiently and gently and because of that I have confidence in them".
- Accidents and incidents were reviewed to establish any patterns and to help keep people safe. The analysis of accidents and incidents had recently been improved by reporting falls and medicines errors separately. Staff told us this made it easier for them to establish any common causes and that the number of medicines errors had significantly reduced.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Systems were in place to evacuate the premises in case of emergency.

### Using medicines safely

- Medicines were handled by trained staff and now managed safely.
- People received their medicines as prescribed. The medicine administration records (MAR) were completed accurately.
- Guidance was in place for medicines prescribed on an 'as needed' basis (PRN). Staff knew people well and were able to describe to us how people who were unable to ask directly for their PRN medicine would present if in pain or distress. We discussed with the registered manager how the written guidance could be further improved by adding this personalised information.
- Medicines were stored appropriately and securely and in line with legal requirements. Medicines which

were out of date or no longer needed were disposed of safely.

- We observed a member of staff giving medicines. They administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. One person told us, "They give me my medication on time, they have never missed doing this".

At our last inspection, the provider had failed to ensure that recruitment practices were safe and robust to protect people from being cared for by unsuitable staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.□

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 19.

#### Staffing and recruitment

- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).
- Staffing rotas confirmed there were sufficient numbers of care staff on duty to support people and keep them safe. One staff member told us "There is a good core group of staff. (The registered manager) is really good at putting more staff on".
- People felt there were enough staff and our observations supported this. One person said, "They are always available whenever I have needed them".

#### Systems and processes to safeguard people from the risk of abuse

- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member explained how they would immediately speak with the registered manager or senior staff member if they ever had any concerns. They had confidence that action would be taken.
- The registered manager demonstrated a good understanding of her responsibilities and how to protect people from the risk of abuse.
- People told us they felt safe. One person said, "The carers look after me very well. I trust them". Another told us, "I feel safe here and the carers are very good and caring".

#### Preventing and controlling infection

- The service and equipment were clean and well maintained.
- Staff had completed training in infection control. We observed staff used disposable aprons and gloves when providing personal care or serving meals.
- People were happy with the cleanliness of the home. One person said, "I like my room and they clean it every day". Another said, "They keep my room so clean and make sure that I am well".
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.

#### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. The registered manager explained how by early monitoring of changes in a person's health and gait using their 'stop and watch' system, staff were more alert to the risk of falls. Through increased staff vigilance and earlier contact with the falls team she described how they were minimising the risk of people falling and sustaining a serious injury. The number of recorded falls had decreased over recent months.
- Incidents were discussed to see where improvements could be made. Regular checks for medicines had been introduced following the issues in medicines management identified at our last inspection. This had



reduced the incidence of missed medicines and meant any omissions or errors were identified in a timely way.

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

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

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

At our last inspection we recommended the provider introduced systems to ensure people living at the home with dementia have a better understanding of the meals being offered.

- Pictorial menus had been introduced and were used daily. We spoke with one of the kitchen staff who supported people in asking for their menu choices. They told us the new format of menus had helped some people engage more actively in choosing their meals.
- People were offered nutritious food and drink which met their nutrition and hydration needs.
- There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person said, "I like my food and I get more than enough to eat and drink". Another who required a diabetic diet told us, "They make sure that I eat the right food and they provide us with drinks at any time, day and night".
- We observed lunch being served. It was a sociable occasion with staff stimulating conversation. Some people chose to eat in quiet areas or in their rooms and this was supported. People who required staff assistance were given one to one time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff undertook assessments of people's care and support needs before they began using the service.
- The information in care plans was personalised. People told us they had been asked for their preferences and views. One person said, "They listen to me and do understand my needs". Another told us, "I have been here for a while and they support me with everything".
- People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals, including the dietician, Speech and Language Therapist (SaLT) and falls prevention teams.
- Staff had been appointed as champions in specific areas. These included oral care, moving and handling, end of life care and nutrition/weight monitoring. The champion for oral care explained how they had introduced a new section to the care plan to ensure that people's needs and wishes were recorded and delivered.

Staff support: induction, training, skills and experience

- Staff had received training to support people, including safeguarding, moving and handling and fire

evacuation. Staff were knowledgeable of relevant best practice and regulations. We observed staff supporting people with confidence and professionalism.

- People spoke highly of the staff team. One person told us, "I depend on the staff here almost on everything. I can't walk or move by myself. They have been wonderful to me. The home has a lot of equipment, for example the hoists that they use to lift me in and out of bed, and they appear to know how to use the equipment very well". Another said, "I do have confidence in them because I think that they know what they are doing. They are so hard-working and kind".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. New staff, who had not previously worked in care, studied for the Care Certificate, a universally recognised, work-based award.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place. One staff member explained how they progressed from joining with no prior experience, to completing their qualifications in care. They told us, "I feel fully supported. (Registered manager) has helped me progress and do more training".

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- People said they enjoyed the facilities and the range of different spaces. There were various lounges and quieter seating areas for people to choose from. One person said, "The people are so good to me, I could not manage alone at home. I am able to walk around freely".
- People's bedrooms were personalised. We observed that several bedrooms did not have an external window; natural light came from a window to the adjacent corridor. We discussed this with the registered manager who explained that they had upgraded the lighting in these rooms to enhance them.
- There was an enclosed garden space with a new decking area. This could be accessed from one of the lounge areas. The outside seating area was alive with colourful plants and butterflies.

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

- People told us they received effective care and their individual needs were met. One person said, "I know that they will arrange hospital for me if I became ill".
- Access was provided to services, such as opticians, dentists. The community nurses visited the home when needed.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

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.

- The registered manager had a good understanding of her responsibilities under MCA and DoLS. People's capacity to make specific decisions had been assessed as needed. Staff also demonstrated a good understanding of this topic.
- Applications for DoLS had been completed where needed; some were awaiting consideration by the local authority.
- People were not unduly restricted and consent to care and treatment was routinely sought by staff. One person told us, "They allow me make decisions and they respect my choices". Another said, "They involve me in everything they do to me".
- Where relatives, or others, had been appointed as Power of Attorney to make decisions on behalf of people, copies of the relevant document were kept on file.
- The provider used CCTV in most communal areas of the home. This had been discussed with people or their representatives and their consent given.

# 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 the same.

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 asked about their lives, interests and preferences at pre-admission. Care plans contained 'knowing me' documents. These detailed some of the person's life history, what was important to them and how they liked to be cared for.
- Staff adapted their approach to meet people's individualised needs and preferences. One person told us, "I feel that they respect my views concerning my care and well-being". We discussed with the registered manager how they might enhance their admission forms and care planning to explore more about people's diverse needs, such as by asking about protected characteristics.
- People spoke highly of the staff. One person said, "I am always happy here". Another told us, "I like talking to people and they talk to me all the time. I know that they are always there for me". A relative shared, "All the carers here are kind and welcoming. Whenever I come they have always made me feel so welcome".

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

- Staff provided people with choice and control in the way their care was delivered. One person told us, "They will always ask first before doing anything with me and I also ask them in case I want anything".
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported. One staff member said, "Everybody is treated as an individual, their choices are respected. If someone fancies fish and chips, one of us will pop out".
- People told us they were very well looked after. We observed staff were skilled in supporting people living with dementia. On one occasion staff swapped over as the person was responding better to a particular staff member at that moment in time. We noted that some staff had signed up as 'dementia friends', a programme run by the Alzheimer's Society.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "I like walking and they encourage me to walk". Another said, "The carers are all supportive; I can manage to do some things by myself and they help me with the rest".
- Technology was used to facilitate independence. The lounge area had a 'virtual assistant' device so people could use their voice to ask it to play music of their choice. Tablet computers were also available. One person had recently selected some new clothes online with staff assistance.
- Staff treated people respectfully and with kindness. One person said, "The carers are hard-working. I like

the way they treat me. They treat me kindly". Another told us, "The carers are very caring. They are polite when talking to me. I think they also listen to me when I ask for help with anything".

- Staff were mindful of people's privacy. People were able to spend time alone when they wished. When personal care was taking place, signs were used to ensure that people did not enter.

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

This meant people's needs were met through good organisation and delivery.

At our last inspection, the provider had failed to review people's planned care in a timely way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.□

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 9.

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

- People received personalised care in line with their preferences, interests and needs.
- Care plans were up to date. In addition, staff used a whiteboard in the care office to access key information about people's care and support needs; for example if they were diabetic, at risk of falls or required thickener in their drinks.
- People were happy with the care they received. One person said, "They speak to me about my care and how I am feeling. The carers check on me regularly to ensure that I am fine with everything. If there was anything, for example change of medication or treatment, they would tell me".
- From our conversations with staff, it was clear they knew people well. Staff used a 'stop and watch' tool to monitor people when they noticed any change in their health or wellbeing. One staff member told us, "If we notice someone beginning to stumble, we investigate. Is it their glasses, footwear, or perhaps they have an infection?" Following a period of monitoring, one person's care plan was updated to show they needed staff support when mobilising.
- Changes in people's health or care needs were quickly communicated and updated in their care plans. Care plans were reviewed by the registered manager once a month.

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.

- Care plans contained information about people's communication needs. There was guidance for staff on how to support one person with their hearing aids and to ensure that they were working correctly.
- Pictorial menus were available to assist people in making meal choices.
- Staff read letters aloud to one person. The registered manager told us, "We adjust to how we are putting

things over".

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

- There were three staff dedicated to providing activities during the week. The service had recently combined their day respite activities with those of the home. This provided a greater breadth of activity to people and allowed staff to offer more one to one time.
- People had been asked about their interests and hobbies. Staff had asked each person what they'd like to do under a project called 'time for me'. Requests included a visit to the library, planting a flower and hand massage. One person mentioned they had not received their military medals. Staff had managed to organise for the medals to be sent, after 74 years. A surprise celebration was planned involving people from the community and others living at the service. In a newspaper article we read how the person thanked everyone saying, "Thank you for making me feel special".
- Each person had a 'butterfly scrapbook'. Staff and relatives used this to record special moments with the person, or to record something they have shared. One activity staff member said, "It has unlocked a way of communicating. Everyone, whatever role, has relationships and interactions".
- People spoke highly of the activities on offer, although some said they would like to have more opportunities at the weekend. During our visit there was a variety of activities taking place. People were reminiscing with staff over where they had been when the moon landings took place, others were engaged in quizzes, puzzles and conversations about current affairs. The variety of communal spaces within the home and the number of activity staff meant that people could choose where and how they wished to spend time.
- People were able to attend a monthly shop and café in the local town run through a community initiative. There was also a mid-week church service in the community. External entertainers provided reminiscence, music, exercise and theatre activities on a regular basis. One person said, "I also like walking. My friend here (pointing to one of the care staff) usually accompanies me to walk to the village and other places".

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider review their complaints policy to ensure it contained clear information for people so they knew what to expect if they raised a concern.

- The complaints policy was clearly displayed in the home. It contained guidance for people on how to raise a complaint and the timescales within which they could expect a response and conclusion.
- We reviewed the records of recent complaints, which had been managed in line with the provider's policy.
- People told us they had not needed to complain but felt confident to raise any concerns if needed. One person said, "They do understand my needs. I cannot think of anything to complain or raise". Another said, "If I needed help or ask about something, I would speak to the carers, they will know what to do".

End of life care and support

- People could live out their lives at the home, if this was their wish and their needs could be met.
- People's end of life care was discussed and planned, and their wishes were respected. One staff member told us, "We have advance care plans so we can achieve their wishes".
- There was an end of life care champion in the staff team. They had received training in the 'six steps' end of life care programme via a local hospice. As people approached the end of their lives, staff ensured they had a 'hand to hold'. Staff could sign up for additional shifts to ensure the person always had company. The end of life care champion recalled how they had supported one person. She said, "She had everything she wanted, she was so peaceful".



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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the provider had failed to highlight shortfalls previously reported by a pharmacy audit in March 2017, and again during our inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.□

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- A series of monthly quality assurance audits were in place to ensure a good level of service was maintained. Audits included medicines, nutrition, accidents and incidents, care plans, bed rail safety and activities. The results were shared with the registered manager and representative of the provider who took action as appropriate, for example missing information in care plans had been updated. The audits had been effective in identifying and resolving issues.
- At our last inspection, personal information was displayed in a public area. This had been moved and was now on view to staff in a dedicated care office. The office was locked when not in use.
- 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.
- People spoke highly of the registered manager. One staff member said, "Residents and families can talk to her as they come in, likewise with professionals. She is happy to listen". We received positive feedback in relation to how the service was run, and our own observation supported this.

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

- People received a good standard of care from staff who understood how they wished to be supported.
- People felt involved and were kept informed. One person told us, "I can talk to any person here and I think that the home is managed well". A relative said, "The home is well managed and they do genuinely care about the residents. I am impressed by the level of care. I can only commend the manager and all the staff members for doing such a fantastic job. She keeps me informed of everything regarding (name of person's) care although I come in here almost every day".

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- People and staff were actively involved in developing the service.
- The provider regularly sought feedback from people, relatives, staff and professionals via meetings and surveys. The feedback received was very positive. One visiting activity professional commented, 'I love the happy atmosphere amongst you all'.
- Staff had an understanding of equality, diversity and human rights and explained how they would make sure that no one at the service suffered from any kind of discrimination. The registered manager told us, "We treat and respect people for who they are".
- Staff felt valued. One staff member said, "(Registered manager) has a lot of trust in her team. She is very supportive and considerate to staff and residents".

Continuous learning and improving care; Working in partnership with others

- There was a good rapport between staff. One staff member said, "There is a healthy culture of everybody checking and sharing information".
- Handover between shifts was thorough. Staff had time to discuss the needs of individuals and matters relating to the previous shift.
- Staff had acted on feedback from professionals. A GP had suggested doing more regular basic observations, such as of a person's blood pressure. In the registered manager's response to the feedback, we read that they would now do this as standard before making contact with the surgery to discuss a person's health.
- The registered manager was active in local networks and groups. This helped the service to keep abreast of best practice and to share their ideas.
- The service was part of the local community. People enjoyed trips out in the community and benefitted from local churches, a singing group and a volunteer organisation coming into the home. The activity coordinator was part of the 'Selsey Dementia Action Alliance' which seeks to make Selsey a dementia-friendly community.