Peninsula Care Homes Limited

Plymbridge House

Inspection report

3 Plymbridge Road
Plympton
Plymouth
Devon
PL7 4LD

Tel: 01752345720
Website: www.peninsulacarehomes.co.uk

Date of inspection visit:
27 November 2017
28 November 2017
29 November 2017
06 December 2017

Date of publication:
05 January 2018

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

Plymbridge House is a residential care home which provides care and accommodation for up to 40 older people, some of whom are living with dementia.

This inspection took place on 27, 28 and 29 November 2017 and 6 December 2017. The first day of the inspection was unannounced.

At the last inspection in August 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.:

At the time of the inspection, 39 people were using the service.

There was 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.

People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People told us their privacy and dignity was promoted and they were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure people's freedom was promoted. People were supported by consistent staff to help meet their needs in the way they preferred. People's independence was encouraged and staff helped people feel valued by engaging them in everyday tasks where they were able, for example laying the table and tidying their rooms if they wished. The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were managed safely.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of

the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

Policies and procedures across the service were being developed to ensure information was given to people in accessible formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments.

The service was well led by the registered manager and provider and supported by a dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. Complaints and incidents were learned from to ensure improvement. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care.

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.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good

The service was effective. People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

People were supported in their decisions and given information and explanations in an accessible format if required.

Is the service responsive?

Good

The service was responsive.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was respected and people's individuality supported.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

People knew how to make a complaint and raise any concerns. Complaints were thoroughly investigated and learned from. People had no concerns.

Is the service well-led?

Good

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team and underpinned policies and practice.

People and those important to them were involved in discussions about the service and their views were valued and led to improvements.

Staff were motivated and inspired to develop and provide quality care. They felt listened to.

Quality assurance systems drove improvement and raised standards of care.

Plymbridge House

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.
Plymbridge House is a residential care home and accommodates a maximum of 40 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided, and both were looked at during the inspection.
This inspection took place on 27, 28, 29 November 2017 and 6 December 2017. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about the service and contacted the local authority commissioners. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.
We reviewed the information the provider sent us in the Provider Information Return. 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.
During our inspection we met with ten people who used the service and spoke with two visiting relatives for their views on the service. We met a visiting nursing professional during the inspection and spoke with them about people's care at Plymbridge House. We reviewed people, relatives, staff and professional feedback during the inspection and comments left by people and relatives on a care home reviews website. We spoke with the registered manager and two senior care staff during the inspection.

We looked at ten records which related to people's individual care needs. We discussed staff recruitment processes with the registered manager, reviewed staff training and looked at the quality assurance processes used to review the quality of the care provided. We discussed complaints, safeguarding and incidents which had occurred within the home over the past 12 months, with the registered manager. We also reviewed policies and procedures, people and staff feedback and the complaints process.

Following the inspection we contacted a doctor, district nurse and social worker for feedback on the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People and relatives said the service was safe.

The systems, process and practices at Plymbridge House enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place with local reporting procedures which staff were aware of.

Policies and regular feedback from people using the service, helped confirm people were protected from discrimination and ensured all people were treated equally. Staff confirmed they had undergone training in this area, knew how to safeguard people and care for their property and belongings. Refresher training was also planned for staff so they remained up to date with best practice. Staff all confirmed they would not hesitate to raise any concerns. People's comments included, "I feel safe and looked after, excellent security at the front door"; "I feel safe and well cared for at all times" and "I feel I can put my trust in staff".

Some staff supported people to manage their money, buy their shopping and go on outings. Where staff handled people's money, clear processes were in place and receipts of expenditure kept. People's money was kept securely in a safe. The registered manager was aware of who had the ability to make their own financial decisions and who had others in place to manage their finances.

People were supported by staff that were safely recruited. Checks on new staff were undertaken to ensure staff were safe to work with vulnerable people. Recruitment processes such as interviews helped the registered manager check the values and caring attitude of new staff.

People were kept safe by sufficient numbers of staff. Staff interacted with people in a calm, unhurried way. In addition to care staff, there was an activities staff member, kitchen staff, cleaning staff, a gardener and maintenance to run the service. The staff team worked flexibly to provide cover for sickness and unforeseen events; this helped to provide continuity for people. Senior staff had dedicated time for roles such as medicine management to support people's care safely.

People were supported by staff who managed risk effectively. People's safety was discussed in staff meetings and regular handovers. The new care planning system analysed falls which had occurred and prompt action was taken to reduce the likelihood of a reoccurrence if possible, for example by considering liaising with people's GP, using falls prevention equipment and where required additional staff to support people's mobility.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but being mindful of potential risks and ready to step

in and support as required.

People had documentation and processes in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified for. Care plans were then developed to mitigate identified risks for example in relation to skin care, falls or nutritional needs. Where people had complex risks in relation to behaviours the service worked closely with professionals to provide safe care.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed. Staff who were responsible for administering medicines received training and their competency was checked to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines. Staff confirmed checks occurred each day to ensure people had received all of their medicines. Thorough records were in place in relation to specific medications, for example body maps were used to identify where pain relief patches had been applied.

People were protected from the risk of infection. People told us staff took the necessary precautions when undertaking personal care, for example wearing protective clothing such as gloves and aprons. The home was clean and smelled fresh during the inspection. During periods of sickness at the service, staff maintained infection control processes and deep cleans had occurred.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Accidents and incidents were analysed by the registered manager for any learning and to prevent a reoccurrence.

Robust fire checks and procedures were in place. Personal evacuation plans detailed how people were to be safely evacuated if necessary and a contingency plan was in place in the event of a serious fire. Staff had also received training in other emergency scenarios such as severe weather and a disruption to utilities.

Regular health and safety audits ensured continual improvement for example, new window restrictors were in place. The home was well maintained by the maintenance man and external contractors to ensure electrical, gas and water checks were completed as required.

Good

Is the service effective?

Our findings

The service continues to provide effective care.

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of their induction. The registered manager advised the induction and shadowing continued until new staff felt confident with people.

People were supported by staff that were trained to meet their needs. Staff underwent training on essential subjects such as moving and handling, first aid and safeguarding as well as training that was specific to the people they supported, for example diabetes care. Staff had received continence training; oral health training and some had attended a virtual dementia experience to better understand the experiences of people living with dementia. Staff had found this training particularly beneficial. All staff confirmed the training was good and they were encouraged to complete nationally accredited qualifications. Some staff had completed training to be "champions" in certain areas such as the "health and well-being" champion. Staff shared how this role had enhanced care for people with diabetes and better awareness of falls management.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and senior staff and the registered manager confirmed an "open door" policy. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

The registered manager had a good understanding of the processes required to ensure decisions were made in the best interests of people. Throughout the inspection we heard staff regularly seeking people's consent to care and providing explanations for interventions. Care records showed where care was being given in people's best interests and where other's had the legal authority to make decisions on a person's behalf. Where more complex decision making was required multi-disciplinary discussions were held for example if someone needed a service more suited to their needs. Independent Mental Capacity Advocates (IMCAs) were available to support people's decision making where required.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. Some people at the service were subject to these safeguards. We spoke with the registered manager about developing a system to ensure renewal of people's authorisations was developed to ensure the service was not depriving people of the liberty unlawfully.

People's nutritional needs were met with frequent meals, snacks and drinks offered and available throughout the day. Resident meetings encouraged people's involvement and choice with the menu and the registered manager monitored the quality of food. Mealtimes were unhurried and people could choose to eat in the newly decorated dining area, or where they wished. Feedback from people was positive regarding the food, "It was the first thing we liked, the lovely smell of roast dinner. The first Christmas dad was here we had our Christmas meal here and it was really nice" and "No expense spared with the sweets on the menu."

People's care plans provided details to help staff know what people's nutritional likes and dislikes were and highlighted any people who required support with their health needs or weight. For example one person noted to be losing weight had staff support, frequent, small meals offered and snacks to encourage their appetite. Staff gave examples of how they had supported people who had special dietary requirements, for example those needing a low fat diet or people who had diabetes. Staff knew who required their food and fluid intake to be monitored and when they needed to encourage people to eat and drink. We observed people had adapted cutlery and cups to support them to remain as independent as possible with their food and drink.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. Feedback we reviewed included, "Staff are quick to realise when I'm not well, and they check my chest, blood and urine. Very quick to put in place whatever medication I might need." A local doctor visited the service each week and the service had a good relationship with the local pharmacist and visiting district nursing team. Feedback we reviewed from professionals said, "They call appropriately" and "Information we need is readily available." A district nurse we spoke with told us, "One of the best homes, really on the ball with blood sugars and changes to wounds; confident they follow advice."

Changes in people's health were communicated to staff via regular handovers so staff were aware. If staff noted a change we observed them seeking the advice and support of the senior care staff. Visiting professionals were encouraged to document their visits in people's notes to support good communication with all staff involved. The registered manager had developed a list of healthcare services available to support people during their stay which included podiatrists, the diabetic clinic and support services available for people hearing difficulties.

Plymbridge House was not purpose built; the environment had been adapted to provide a safe and accessible environment for people to mobilise. Handrails were available for people to move around the corridors safely. Since the previous inspection the dining area had been refurbished to improve the mealtime experience for people and a new kitchen installed. At people's request a pop up hair salon was also now available. The secure garden now had a greenhouse for people interested in gardening and a reflective area which had been created to provide a quiet space where people could take refreshments and reflect on their memories. Areas of the service had signage to support people with dementia and the service had recently completed a checklist to consider further environmental improvements to support people with dementia. There were several communal areas of the service where people could have privacy with visitors.

The provider was looking at how technology could improve people's service. Since the last inspection people had access to wifi to enable them to connect with family who lived away. A new computerised care planning system meant staff intervention with people was recorded as it occurred. The system analysed the support people had so the registered manager could plan resources. One of the provider's homes had installed a silent call bell system following research which evidenced the noise of call bells could cause unnecessary distress to people living with dementia.

Good

Is the service caring?

Our findings

The service continued to be caring. A relative's review commented, "When mum arrived at home she was frightened, very nervous, now confident, alert and taking control of her life. On arrival could not walk unaided, now walking with aid of frame. Much more independent resulting in her enjoying taking part in activities getting her life back. This is a result of the work, interest, caring and interested staff making the home a friendly, contented home for the whole. Would like to thank the work of the staff for giving my brother and myself our mum back - thank you".

The registered manager told us the caring nature of staff was monitored closely through spot checks, feedback and supervision with staff. This helped ensure compassion, kindness, dignity and respect. They told us, "People are at the heart of the service. We care for people as if it were our parents here, how we'd want them looked after." The registered manager informed us when new staff started, their training included role modelling, learning the values and ways of caring, how to act and be with people.

People and relatives all told us staff were kind and caring and feedback forms also confirmed this. We observed staff asked people who were sitting in the main lounge if they wanted the television or music on and their request for quiet was respected. Another staff member we saw very discreetly approached one person and whispered in their ear as to whether they required the bathroom. Staff supporting people to move were clear in their instructions to enable them to move safely from standing to sitting, providing guidance and reassurance as they did / moved.

Staff spoke of people in a caring, thoughtful way. Staff told us how much they enjoyed their jobs and the people they cared for. Good relationships with people had been built up over time, people were encouraged to express their views and contribute to their care. People we spoke with and reviews we read, confirmed people felt cared for, "They attend to all my needs. I feel listened to, they are considerate and caring"; "Staff treat me as an individual"; "They are caring and kind, they do their best"; "Staff are polite" and "Staff are very good, lovely staff. Some are ready for a giggle which you need!"

Staff ensured people were supported and cared for as they would their own family. Staffing levels were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. The values of the organisation ensured the staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with staff and people's descriptions of the care they received.

Reviews we read all rated the caring nature of the service highly, "The staff and manager are fantastic. They really care about their customers. Family members are looked after, you have only to ask and they will go the extra mile. My mother has been there for approximately two and a half years. I cannot speak more highly of them"; "From the time we were first met we were all made very welcome. All the staff can't do enough and the care they have given my mum was exceptional. Whatever my mum wanted, she got and nothing was too much trouble"; "My nana was a resident at Plymbridge House for six years. The staff were like a second family to her and the care given over the years was excellent. Considering her age when she passed away at

91 years old, she never had any pressure sores or wounds."

People's social interests and preferences were recorded and known by staff for example those who liked painting or knitting. People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to express their views and be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. No one we met required care plans presented in an accessible format; however care reflected people's diverse needs and social situations. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated in to people's care (The accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) We saw one person with hearing difficulties using ear phones so he could hear the television. We discussed highlighting important information in care records so these needs were flagged and shared, if required. A magnifying glass was available for people with eyesight difficulties. Staff gave us examples of how they communicated with people who were unable to verbally communicate and explained how they used hand gestures, facial expressions, pictures and written word to support understanding.

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily.

Good

Is the service responsive?

Our findings

The service continued to provide responsive care to meet people's needs.

People and relatives confirmed they and professionals were involved in care planning and informed of any changes promptly. People confirmed changes in health were noted and quickly responded to and during the course of the inspection we observed this. For example, staff noting a change in people's behaviour which might indicate they had a urine infection.

The registered manager advised referrals came through word of mouth and through the local authority system. The service undertook their own assessment of people's strengths and needs. These included assessments of people's skin care and nutritional needs, level of dependency and pain and depression assessment tools if required. Comprehensive, individualised care plans were being developed on a new computerised system. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies ensured people were treated equally and fairly. We spoke to the registered manager about updating the paper assessment tool currently used by the provider to reflect the accessible information standard and some of the wording and language. The assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition.

People had support plans in place which were individualised and encouraged choice. Care plans reflected how people liked to receive their personal care, be dressed and the aspects of their care they could manage themselves to maintain their independence. They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. Support plans included information for staff about how to communicate with people if they had cognitive difficulties, had sight difficulties or hearing needs. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them and staff who knew people well were also involved. Care plans were located on the computer but could be easily printed out for people who wished to have a copy, or if people were moving to a different service or going to hospital.

Staff shared examples of personalised care they provided. For example, staff were aware of people who had a gender preference for personal care, those who preferred their own company and people who had particular areas of the home they preferred to relax in. Bedrooms were personalised with people's belongings and the things which mattered to them and new personalised information sheets had been created and framed for people to have by their room doors if they wanted.

Plymbridge House prided themselves on the end of life care people received. They worked hard to ensure people who wished to remain at the home during their final days were able to, comfortable and pain free. Staff had attended training on end of life care with the local hospice and regularly attended meetings to ensure their practice remained up to date. People's last wishes were known and recorded for example, details of flower preferences, funeral directors and solicitors. Staff had good working relationships with

doctors and nurses to ensure people who might require pain relief had this promptly. Staff supported people who did not have family, and family members of other people were made welcome at the home and provided with food and showers for as long as required. Feedback we reviewed included, "Plymbridge House had been included as part of the six steps programme and on my initial visit, I was overwhelmed with the amount of detail and attention. Paying specific attention to the end of life care. I would highly recommend Plymbridge House. My experience with my mum was outstanding in every respect, genuine love; attention and care were given at all times. A wonderful experience at such a sad time, until mum passed away" and "My mother spent the last six years of her life at Plymbridge House. During that time she was very well looked after, the staff always friendly and caring. Unfortunately for her, she was confined to bed for almost five years but this was never a problem. During the last week of her life, we were able to come and go at any time of the day, the staff were wonderful to mum and us as a family. AN OUTSTANDING HOME!!" Following people's death staff were often invited to people's funeral and the registered manager and senior staff arranged support to enable staff to reflect on people's passing and provide comfort for one another.

There was a system in place for receiving and investigating complaints. Information about how to raise a complaint was visible in the entrance hall and the complaints policy was available in the office. We reviewed and discussed the complaints received in the past 12 months with the registered manager. These had been appropriately investigated and responded to. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these. If people using the service or their families required the complaints policy in an accessible format, this would be arranged by the registered manager. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Plymbridge House employed an activities co ordinator. Everyone told us how valuable they were, "Activities lady is super"; "[X] is outstanding"; "[X] encourages people to participate". During the inspection some people enjoyed an organ player during one afternoon and on another day a pet therapy dog was visiting the home. People were attending a local village pantomime during the inspection; we heard them looking forward to this event and then feedback how much they had enjoyed the evening. Comments included, "I shall enjoy the pantomime, I love that sort of thing; love to see the children." People were also rehearsing for a choir competition being run between the providers other homes. Other activities at the time of the inspection were focused on preparing for Christmas with party lunches being planned, outings to the grotto, Carol services and hand bell ringers, visits from the local churches and sherry, mince pie and sing a long events. People who were unable to participate in activities and who were cared for in bed had stimulation in their room. Other people enjoyed trips out to the local shops, lunches with family, trips to the garden centre and other places of local interest. The activities on offer supported people to look forward to their day and remain active.

Good

Is the service well-led?

Our findings

The service continues to be well-led.

Feedback from people and relatives included, "[X] (the registered manager) is very good, we like her"; "Always found management team supportive and helpful"; "If it's a problem inside or outside of work, seniors listen and try to help"; "Management amazing, management skills are outstanding" and "[X] is the top one, she is really good, leads staff well."

People and relatives told us the culture at the service was positive, "Staff are lead from above, excellent leadership and morale with staff excellent" and "Highly motivated staff from the top down". Staff had confidence in the leadership team. The provider and registered manager were open, transparent and person-centred. We were told by the registered manager the focus of the service was to ensure people came first and received good outcomes. People and staff told us they knew the seniors and who the manager was. The registered manager told us they were always available across the week and staff had their mobile number if required out of hours for example during the inspection one person required them to visit the late night chemist and they did this.

The registered manager had completed the local authority leadership course. They told us the networking with other managers across the city and sharing of ideas had been helpful. One of the senior staff supporting the manager had also completed a health and social care leadership qualification. Staff were given the opportunity to share feedback and ideas in staff meetings, in one to ones with the management team, informally and via the staff survey. Staff told us they felt supported by the management team, respected and listened to.

The service encouraged staff to provide quality care and support. We observed the management team role model the organisation's values. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The registered manager worked in partnership with other agencies when required, for example primary healthcare service, the local hospital, the local hospice, pharmacy and social workers. The registered manager and senior staff attended forums where best practice was discussed, for example the local dignity in care forum and the dementia networks, run locally. Community links were in place with local schools, churches and neighbours who often came in for a cup of tea and a chat. The provider had participated in the care home open day inviting local people to visit the service. The service participated in local intiatives such as the local authority's dementia quality mark which was supporting the service to improve dementia care.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty

and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous improvement of the service. Results we reviewed were very positive.

The service was striving to continually improve to enhance the care and quality of the service. Regular audits on all aspects of care delivery monitored service provision and ensured the service maintained a good, quality standard. Spot audits and visit from head office staff were also conducted. CQC registration and regulations requirements were understood by the management team. The registered manager kept up to date with ongoing training and communicated changes to staff through staff meetings and one to ones. People and staff felt involved and engaged, they felt able to question practice and feedback areas of improvement for example they told us when they had asked for improvements in the dining area this had been actioned.