Sonnet Care Homes (Essex) Limited

St Mary's Court

Inspection report

Deanery Hill
Bocking
Braintree
Essex
CM7 5SR

Tel: 01376328600
Website: www.olddeanery.com

Date of inspection visit:
09 October 2018
11 October 2018

Date of publication:
08 November 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?	Outstanding

Summary of findings

Overall summary

St Marys Court is registered to provide accommodation, personal care and nursing for up to 90 people. There were 80 people living in the service when we inspected on 9 and 11 October 2018. The inspection was unannounced.

St Marys Court 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.

St Marys Court accommodates people across three floors in four separate units. The service was purpose built, bright and airy and people had access to a range of outdoor spaces and gardens.

The needs of people using the service varied from residential, nursing and people living with dementia. A small number of people were receiving nursing care while they were waiting to return home following a hospital admission.

A registered manager was in place who had provided consistent leadership at the service for some years. 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.

At our last inspection of the service on 24 February 2016 we rated the service as good overall but outstanding in well led. At this inspection we found that they had maintained their rating. We again rated well led as outstanding because the quality of care that people received was continually assessed, reviewed and improved. The leadership of the service strived to create a service that offered outstanding care to people. We found elements of outstanding care in the other domains such as in staff training and in the activities provided. We identified some shortfalls which were largely in documentation but these were addressed by the registered manager during the course of the inspection.

The service had a robust recruitment process in place to ensure staff had the necessary skills and attributes to support people using the service. The service benefited from having an onsite trainer and all new members of staff completed an induction programme to develop their skills and knowledge. Ongoing training was provided which meant people received care from skilled staff who could meet their needs. Staff received supervision and annual appraisals to support them in their role and identify any learning needs and opportunities for professional development.

There were systems in place to ensure that risks associated with delivering care and with the environment were identified and managed. Incidents and accidents were logged and reviewed to identify learning. Medicines were well managed. Staff were clear about how to raise concerns and the safeguarding

procedures.

People liked the food and the meals served looked nutritious and nicely presented. Staff had completed nutritional assessments for those people who were found to be at risk of malnutrition or a low fluid intake. This was clearly recorded in their care plans, and staff effectively monitored and recorded their food and fluid intake.

We saw that staff responded promptly to people's changing health needs and referrals had been made to specialist healthcare professionals, including dieticians, optician and speech and language therapists, for additional advice and support.

Staff provided people with individualised care, which was centred on their needs and wishes. The care and support provided to people was based upon their preferences and were outlined in their care plan. People were supported to lead a full life and had access to a good range of activities.

People received care from staff who knew them and with whom they felt comfortable. Staff were thoughtful and patient when providing care and supported people to make choices about all aspects of their daily life. Staff were respectful and showed compassion and kindness when speaking to people.

People and their relatives knew how to raise concerns or make a complaint and were confident the registered manager would take prompt and appropriate action to address any issues raised.

The provider and registered manager had a clear vision for the service and systems were in place which enabled them to monitor and develop the service. Staff took pride in their work, felt valued and were clear about the values of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains outstanding	**Outstanding** ☆

St Mary's Court

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.

The inspection took place on 9 and 11 October 2018 and was unannounced.

The membership of the inspection team included two inspectors, a specialist advisor and expert by experience. Our specialist adviser was a nurse and the expert by experience had experience of supporting older people and people living with dementia.

Information was gathered and reviewed before the inspection. This included statutory notifications. These are events that the care home is legally required to tell us about.

The methods that were used included talking to people using the service, relatives and interviewing staff. Some people living in the service were unable to communicate their experience of living in the service with as they were living with dementia. We used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experience.

We reviewed a variety of records including care plans, staff recruitment records, incidents logs, audits and safety checks. We spoke with 12 people living in the service, 10 relatives, two visitors, 18 staff as well as the registered manager and the registered providers representative. We also contacted two visiting health professionals for their view of the care provided at the service.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People told us they felt safe and were happy living in the service as staff were helpful and attentive. One person told us, "I have to have two staff for the hoist, they are good, take their time, I am safe as anything." Another said, "I think it is a good home, staff are very good, I feel safe, there is always staff around."

Staff could tell us about different the types of abuse and what signs to look out for. The service had a whistleblowing lead whose contacts were displayed and the staff knew who this person was. Staff were clear about the reporting mechanisms and where they could ring for advice if they had a concern. We saw that the service had contacted the local safeguarding team when they had concerns.

People were supported to take everyday risks and safety was managed in a way that did not restrict people's freedoms. We observed people accessing the garden and people told us about going out into the community.

Risk assessments were in place, however there were some omissions such as for people living with epilepsy and people living with diabetes. The registered manager subsequently confirmed this had been addressed.

The service used a range of risk assessment tools to identify individuals at risk of pressure ulcers and those at risk of malnourishment. We saw that where risks were identified, actions were taken to reduce the risks such as the use of specialist pressure relieving cushions and mattresses to maintain people's skin integrity and regular repositioning. The registered manager told us checks were undertaken on mattress settings to ensure they were working effectively for individuals. We checked a number of these and most were correct, however we identified a small number which needed adjustment as the settings were incorrect. The registered manager agreed to put these right. People who had been identified as being at risk of malnourishment were being monitored and weighed more regularly. We saw that one individual who was at risk of falling had a pressure mat in place to alert staff if they started to mobilise. A visitor told us, "I accidently touched the mat with my foot, the[staff] were in there in an instant, made me think [the person] is being well looked after."

There were systems in place to ensure that equipment and environmental risks were identified and managed. For example, we saw that checks were undertaken on fire safety equipment to ensure that it was working effectively, checks on equipment such as hoists and on water temperatures to make sure that the controls in place to manage the risks associated with scalding and legionella were being managed. The suction machine had however been missed off the checklist and it was agreed with the registered manager that this would be actioned. People had PEEPS which are individual plans detailing how people will be transported to safety in the event of an emergency.

There was evidence that learning from incidents and accidents took place and appropriate changes were

implemented. Staff spoken with were clear about how incidents should be reported and documented. All incidents were recorded and reviewed by the registered manager. We saw that following a review of an incident, action had been taken which included reviewing the person's risk assessments and involving other health and social care professionals.

People gave us mixed feedback about the availability of staffing, one person said, "I feel safe, staff are always hovering around." A relative however told us, "Recently we came in at 11.30 and my relative was still in bed and I thought they were ill but they [staff] said they had not gotten them up yet, I spoke to X (staff) and she said they were behind and it was something to do with the night staff." Another said, "[My relative] prefers female carers and it is in the care plan. They say they cannot accommodate it if they are short staffed, this happens more in the evenings."

Staff told us there were enough staff, but there were occasions when staff reported sick with very little or no notice. This meant cover could not always be found and some shifts could be difficult to staff. During the inspection there was a visible staff presence in communal areas and in corridors when people were moving around. Staff were seen to promptly respond to people at risk of falling when they required support.

We saw that rosters were well kept and showed staff full name and their designation. The registered manager told us they used a dependency tool to calculate the numbers of staff needed to support people but that they often went above this. They told us they monitored staffing levels in a number of ways including reviewing call bell response times but agreed to look again at this in response to the feedback we received.

Recruitment processes were in place to check on staff suitability and to protect people. Examination of three staff files confirmed all relevant checks, including identification checks, checks with the nursing and midwifery council, criminal records check and appropriate references had been obtained on newly appointed staff.

There were clear processes in place to oversee the administration of medication. We observed two staff administering medication and saw that they wore a red tabard to indicate they were busy. They administered one person's medicine at a time, then signed to say they had administered. The medication was stored securely when they left the trolley. Their approach to people was kind and informative, explaining to people what they were administering and ensured that they had a drink. We checked a sample of medicines and the stock of controlled medication and saw that the amounts tallied with the records Some medicines are administered by using patches as medicine is delivered through the skin surface. We saw that body maps were in use and documented where patches were placed and when they were removed to show that they were rotated appropriately across different areas of the body to prevent skin irritation.

Medication charts stated how often creams should be applied and body maps sat alongside the cream charts to indicate where the creams should be applied. However, cream charts had not consistently been signed and therefore it was not possible to be confident that people were receiving their medication as prescribed. However, this appeared to be a recording issue, because prescribed creams were seen in people's rooms and there were no concerns in relation to the skin condition of the people checked.

All areas of the service were clean and in a good state of repair. Staff had good access to personal protective equipment such as gloves and aprons and we observed staff washing their hands when they removed their gloves. However, we observed that people were not always given the opportunity to wash their hands before eating and the registered manager agreed to remind staff to do this. Hygienic hand rubs were also available throughout the building. Infection control audits were undertaken to check that the systems in place were

effective.

Good

Is the service effective?

Our findings

At our previous inspection we found staff were able to meet people's needs and people were supported with their dietary and health needs. At this inspection we have judged that the rating continues to be good.

People told us their needs were discussed with them prior to them moving into the service which made them feel more confident of receiving the care they required. People were encouraged to visit the service and we saw that people's needs had been effectively considered and developed into care plans.

People received care from staff who were trained and had the skills to meet their needs. People told us they had confidence in the staff and our observations indicated staff had the appropriate skills and experience to meet people's needs. We observed a member of staff interacting with an individual who was walking around the building. The member of staff began to walk alongside the person and said to them, "Shall we walk together." After a short period, they said, "How about a cup of tea, shall we see what the others are doing."

A relative told us, "I ask my relative everyday has everyone been kind to him today, he has outbursts and they treat him exactly the same, they have been trained well and they understand he does not know what he does." A visitor told us the service provided, "Wonderful care, the staff are always attentive to patients, their needs are catered for, X looks better now than when they came here."

A robust induction programme was in place to support new members of staff when they first joined the service. As part of the induction programme new starters worked alongside more experienced colleagues before they provided care for people. This ensured they knew people's preferences and how they wished their support to be delivered. We spoke with the training manager at the service about the training they had organised and they told us new staff completed a four-day training course and then undertook shadow shifts where they shadowed a more experienced colleague. They told us the number of shadows shifts completed depended on the individual member of staff as it was important they were confident in their role. New staff members were also supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the health and social care sectors. Staff told us the induction had provided them with the skills and confidence to begin their new roles.

Staff stated that the training was very helpful and equipped them for their roles. One member of staff told us, "The training is very thorough and very good. It's all face to face." Another member of staff spoke about their induction and told us, "Training was brilliant. It was all face to face over four days."

We looked at the training matrix and saw that staff had attended mandatory training on a wide range of subjects including moving and handling, dementia, end of life care and food hygiene.

Ongoing training was provided for existing staff to ensure their skills were up to date and they had the opportunity to reflect on practice. We saw that staff were provided with workbooks to supplement their training on areas such as on vital signs and what they mean which provided staff with guidance about what

they should look out for in terms of people's pulse, breathing and blood pressure. Nursing staff received training and support to complete their professional revalidation. The service had good links with Anglia Ruskin University and the prosper scheme, a local initiative run by the Local Authority aimed at improving safety and reducing the risk of harm to vulnerable people. The benefits for people using the service were that their health and wellbeing was managed more effectively through monitoring.

Staff understanding of what they had learnt was checked through questionnaires and competency assessments and had been carried out to ensure staff were able to apply the knowledge gained to their daily practice. For example, medication competencies were undertaken on a six monthly basis. We saw that staff were encouraged and enabled to undertake further qualifications and training and saw posters on noticeboards encouraging staff to sign up to the new adult care apprenticeships which were replacing NVQ training.

Staff told us that they were encouraged to develop themselves by becoming leads in different subject areas such as dignity and moving and handling. This also encouraged staff to share best practice. Staff appreciated the support of having a trainer on site and one who they could ask for advice. One member of staff told us how good it was having a trainer on site, they said, "I noticed that a resident was losing weight so I got the trainer involved and she recommended a new sling so it was much safer for them."

Staff were positive about the support they received and told us they received regular supervision. Regular staff meetings were held, one member of staff told us, "Staff meetings are unit based and helpful. We do discuss lessons learnt and how things could be improved."

People told us they enjoyed the food and drinks available. The meals served on the day of the inspection looked appetising. Efforts had been made to make the pureed meals look more attractive by placing them in moulds. One person told us, "Food is ace here, very nice thank you." Another person said, "Food is on the whole good, we get variety, a roast on Sunday, fish and chips on Friday, alternatives are usually alright."

Staff monitored people weights and had completed nutritional assessments. Where people were found to be at risk of malnutrition or a low fluid intake this was recorded in their care plans, and staff monitored and recorded their food and fluid intake, seeking advice where appropriate. At meal times we saw that staff were monitoring what people ate and we saw that they noticed when people did not eat well. Some people for example, did not eat the savoury option despite encouragement and we observed staff serving these individuals double helpings of pudding.

Staff were knowledgeable about people's specific dietary requirements, for example, some people had been assessed as at risk of choking and were on a pureed diet or required thickener in their fluids. Another individual had a nut allergy and although staff spoken with were aware, the information had not been transcribed onto the kitchen information. The registered manager agreed to immediately action this.

At lunchtime, we saw staff encouraged people to remain as independent as possible by providing them adapted cups straws and finger goods as well as ensuring their meal was within reach. Staff supporting people to eat, did so with dignity and respect and allowed people to take their time. We observed there were enough staff available to help people. Staff sat with people and chatted, giving verbal prompts and encouragement when necessary without rushing them.

The registered manager monitored people's weights across the service to identify any patterns. We saw that they had identified that several people had lost weight in two units so they set up a supper club in the evenings. Individuals were given evening snacks of sandwiches and milky drinks which had a positive impact

on people's weight.

At this inspection, we found the service was consistently operating in line with the legislation and we saw no restrictive practice in place. 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 when needed are helped to do so. 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. Staff had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives. We saw that best interest decisions were in place but were not always decision specific.We discussed this as part of our feedback to the registered manager and they told us they were aware of this and were working to address this.

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 procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act. We saw the service had correctly identified when people may require a DoLS and had made the necessary applications to the Local Authority. For example, if people were not free to leave the service unaccompanied or if they required the use of bed rails but were unable to consent to their use.

When people had appointed a lasting power of attorney (LPA), it was clearly documented in their care plan. An LPA is a legal document that allows someone to appoint one or more people to help them make decisions or to make decisions on their behalf in relation to their health and welfare or finance.

Care records showed staff had supported people to attend medical appointments and, when necessary, had requested visits from GP's. We saw that staff responded promptly to people's changing health needs and referrals had been made to specialist healthcare professionals, including dieticians, optician and speech and language therapists, for additional advice and support. Staff had documented the outcome and advice received from appointments or assessments attended. Management plans were in place about any specific health condition, for example we saw that there were clear plans in place with regard to individuals who had pressure ulcers which included an assessment of the wound and a record of the treatment and photographs to enable staff to closely monitor their progress.

The service was purpose built and the environment was well appointed, pleasant and fit for purpose. We observed people accessing the gardens and sitting enjoying the sunshine.

We saw thought had been given to people's needs with the use of memory boxes and themed areas to help people with a diagnosis of dementia orientate themselves and distinguish between different areas of the home. However, on the first floor it was difficult to find where one unit finished and the other unit began. We fed this back to the registered provider and registered manager at the end of the inspection and they agreed to look further at this. On the nursing unit staff stated people had been involved in choosing the colour scheme and selecting some of the art work.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Staff knew people well and provided personalised, kind and compassionate care. A relative told us, "The attitude of the staff is just so positive and caring….They have had to learn that [my relative] is not going to ring the bell, so they put them right outside the office, my relative is well monitored, people walk past and speak , my relative is getting 1-1 contact with people which is important to me."

We saw some lovely interactions and staff seemed genuinely interested in people, ensuring they had the support they needed. We observed a member of staff going into the room of a person who was in bed. We heard the member of staff say to them, "Let's see what you have got in here….pork and mash…You can hold my hand if you want to….Are you ready , here we go, with some mash and gravy….do you like it." The interaction was warm and kind and the carer then spoke about the music which was softly playing in the background and began to sing along. We observed that another person had forgotten they had eaten their breakfast, and the member of staff said to them "You just had your Weetabix, can I get you something else, are you comfortable, how about some toast."

People had meaningful relationships with staff. We observed that people responded positively to staff and smiled at them warmly. They were pleased to see them and one person pointed at a member of staff and told us, "[The staff member] is good, I feel I can go to them, chat about anything, I miss them when they are not around." The member of staff who was one of the activity team came over to the individual and sat beside them and held the individual's hands and it was clear from the interaction that they got on well.

Care was person centred and staff motivated to provide the care that people needed. People were respected and seen as partners in the delivery of their care. The registered manager told us, "We go to great lengths to find out what people want to and make it happen." For example, they told us one person enjoyed quiz's, so they were trying to organise a trip to a well-known quiz show for them. A member of staff told us, "We need to make sure we can support people on outings at the time when people want them, not when it is convenient for staff." A visiting professional told us that it was a home where, "Residents feel in control of their daily activities. The families, too, have absolute freedom to influence the activities of the home on a daily basis. It is a truly family centred atmosphere. There is a creative, varied programme of planned activities, involving the wider community. When I have spoken to residents and their families, it is evident that they feel physically and emotionally secure within the home. I have known of residents who have been transferred to hospital for specific treatment but have pleaded to return to St Mary's for end of life care."

People were treated with dignity and respect. People received care and support from staff from familiar staff who were attentive and helpful. We observed that people were spoken with respectfully and people were appropriately dressed and comfortable. One relative told us, "[My relative] looks and is so much better, we cannot fault them, teeth are cleaned well, personal care is good, staff are lovely." Another person said, "When [our relative] is being changed the door is closed, curtains closed. They handle [our relative]

respectfully, they cannot stand and needs lifting but the carers gently got him to sit then stand which requires patience and awareness from the staff."

People who lived at the service and their relatives told us their friends and family were made welcome and we saw that they were. Staff recognised the importance of friendships and people maintaining relationships with their families and we saw that they gave people privacy when they had visitors. We saw that one relative brought along their dog who was clearly a regular visitor and known to many people, whose faces broke into a smile when the dog came into the room.

Relatives told us they felt listened to and involved in their loved one's care. One person told us the service was "Very good and staff have listened to me, we have talked through things, they tell me how [my relative] has really been, I feel confident if I ask for something, it is done, they listen to me."

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People had individual support plans which were person centred, and reflected the needs of the people we observed. Information was included about people's preferences and how they wished their care to be delivered. We saw that people's needs were reviewed by the senior care staff on duty and where people's needs had changed their care plans had been updated.

Daily records were maintained by staff and we looked at a sample of these and saw they recorded how individuals presented. Some information such as when people had a bath was difficult to find and therefore monitor, however the staff we spoke with were knowledgeable about people and the care delivered. Behavioural charts were in place and recorded incidents where individuals exhibited distressed behaviours. However, this included no analysis of potential triggers and did not describe how staff responded to the person's behaviour to determine whether their response was effective. There was evidence that specialist input had been sought and staff appeared to know people well.

We looked at how the service complied with the Assessable Information Standard. This is a legal requirement for registered providers to ensure that people with a disability or sensory loss can access and understand the information they are given. Care plans provided staff with information on how people communicated. We saw that one person had been provided with a white board to use and the registered manager showed us tools such as picture cards which they used with individuals to help them express their choices. One member of staff told us "One person has reverted to speaking in Portuguese. We arranged for someone to come in and speak in Portuguese with them to create a cultural experience and now one to one time is being arranged."

People were supported to have a peaceful comfortable end of life. The registered manager told us they were in the process of working towards the gold standard framework (GSF) accreditation. This is a programme to help staff identify people who are approaching the end of their life and assist them to initiate conversations with them about their wishes and preferences. We looked at the arrangements in place for one person who was end of life and saw that there was a care plan in place. Although it was brief there was a clear process in place for ensuing they remained comfortable and any pain would be managed. A relative told us they appreciated the fact that staff had provided a guest bed for them should they wish to stay with their loved one as they came to the end of their life.

Activities and its contribution to overall care and wellbeing were a key part of care delivery rather than an afterthought. The head of activities was a member of the services management team and provided strong leadership. We saw that people were supported to follow their own interests and hobbies. The service benefited from having an enthusiastic team of activity staff who worked across the service seven days a week, providing individualised activities and entertainment.

One person told us, "I can't walk. They hoist me into my chair, I have gone to different things in the garden and they push me, the gardens are lovely, hanging baskets are out of this world, I am a garden lover and I love going out to look at the flowers. We have had dancing, children's days and have food to eat. People come in and sing, we have lots going on, the activity group arrange things, I take my knitting and we chat. We have got a mini bus, we went to Gosfield and the shop, they took me in the mini bus to see my relative, and that was nice for me."

One of the staff told us they regularly take people out to places which are meaningful to them, for example they took at individual to the football ground as they wanted to watch a match and they took another person to the races as they used to work in the horseracing industry. We heard that they regularly took people swimming and another individual had previously been taken horse riding. More gentle activities were also available and we saw that people had access to a wide variety of leisure activities such as board games, crafts and gentle exercise. Some activities were planned and there was an activity programme on display and we observed that entertainment was provided as advertised in each of the different parts of the service. We saw other spontaneous activities taking place, for example on the day of our inspection we saw a staff member putting on some music and organising some dancing. There was good participation from both staff and people living in the service and much laughter.

A member of staff told us that all "activities are recorded and we noted the impact on each person so that we can be sure to repeat the things that individual residents enjoy, even if they are not able to verbally communicate their wishes."

People told us that they were listened to and their concerns taken seriously, one person told us, "It is very good, any complaint is listened to." Another person told us they had raised issues about the level of recording and "They listened to what we said and reacted."

Information about how to complain was provided in both pictorial and written formats and set out clearly what an individual should expect should they need to raise a concern. We looked at the records of complaints and saw where concerns had been raised they had been investigated and responded to.

Outstanding ☆

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'outstanding'. At this inspection we have judged the rating remains 'outstanding'.

People continued to tell us the service was exceptionally well led and it was a caring service. One person told us, "The home has a good reputation, people talk about it in a good way, I never heard anything negative." Another said, "Everyone from the front office, catering, care staff who are not on this unit all say hello, it makes me feel it is the right place for my relative and they are safe."

There was a registered manager in post who had worked at the service for some years and was well known to relatives and people using the service. 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 was supported by a senior management team who were visible and passionate about delivering high quality care. They provided strong responsive leadership. Morale among staff was good, and staff told us they were well supported. They told us they were proud of what had been achieved at the service and how they all worked together. They said they would not hesitate to place a relative there if they needed care. A member of staff said, "I would recommend the home as a place to live and a place to work." Another said, "There is a good culture and a 'can do' attitude." We saw that staff supervision and appraisal were seen as important tools in everyday management. All new staff were encouraged to review their experience from the point of application to completion of induction. Where staff decided that their role is not for them they are encouraged to complete an anonymous online survey on the reasons and whether changes are needed.

People and relatives also spoke of a culture of openness and a drive for excellence. A relative told us that when they were looking for a care home they spoke to the service and, "They said don't make an appointment, just come and view, that reassured me. We asked about fire regulations and all our questions were answered, they said tell us and we can put things right."

The staff were clear about the values of the organisation and how to put them into action. The service had a clear set of values which was imbedded in all their literature and in the acronym KCR, representing the values of kindness, comfort and respect. All the staff we spoke with were able to tell us about the values and how these were translated into every day practice. They told us about 1000 little things and how small actions can make a difference to an individual's wellbeing. There was a clear ethos, where providing good care was seen as everyone's responsibility. All staff including housekeeping and kitchen staff were encouraged to have conversations and assist people regardless of their position. A number of staff told us, "We work in their home, people don't live in our workplace."

The management of the service were open to new ideas and people using the service and staff were

encouraged to contribute and drive improvement. There was for example, suggestion boxes at key areas throughout the service and people were encouraged to put forward ideas. We saw that this system was well used and each suggestion made was given serious consideration and discussed at management meetings. For example, we saw that following suggestions made, new seating and a projector were purchased.

Regular workshops were held to reflect on the care being provided and how it could be developed further. Feedback was provided to staff and people who used the service on changes being made. For example, we saw that they had trialled a team building event on two of the units which resulted in a set of team promises that each of the team members had signed up to. Changes were monitored to ensure they were effective to ensure that change was not for change sake. For example, as part of the introduction of the gold standard framework they had sent out questionnaires on the system in place and had re done the questionnaire after the project was underway to ensure it was having the intended benefits.

Staff told us there were good systems of communication and they were kept up to date with changes. We saw that monthly newsletters were completed and we saw that, "You said, We did" information was displayed to demonstrate how feedback received had been acted on.

The registered manager involved people living in the service with the management and development of the service. For example, people who used the service were invited to participate in the recruitment of new staff. Meetings were held regularly with people who used the service and their relatives and we looked at the minutes of these as part of our inspection We saw that discussion was wide ranging but included key areas such as meals laundry and activities. One of the records stated that an individual said they enjoy quiz's but don't always like to join in activities. A member of staff had recorded, 'I have suggested trying the iPad and I will show [the person] what to do.'

Good practice was acknowledged and commended. People using the service, staff and relatives were encouraged to nominate staff for going the extra mile and the results were published along with what the staff member had done to achieve the nominations and award. For example, we saw that a member of staff had been nominated for coming in the service on their days off to help in the laundry when they needed extra help. Another member of staff was nominated following the support they provided to a resident who had fallen which included singing to the person while they waited together for seven hours in hospital.

External awards were also used to bench mark the service and recognise the progress that had been made at the service. A number of staff had been identified as finalists in different categories in the Regional and National Care Awards.

The registered provider strived for improvement and we saw that they worked in partnership with other organisations such as Hearing Help Essex and had taken part in several good practice initiatives designed to further develop the service and good community links. For example, we saw they developed relationships with other local services such as the church and were providing training on dementia friends to them and to the local clubs. We saw that they had invited other healthcare professionals to join their training and had become involved in various pieces of charity work where they were giving back to the community.

There were systems in place to monitor the service and report to the clinical governance board to ensure the registered provider was aware of any trends and what was happening at the service. Various meetings were held such as heads of department, health and safety committee and several audits were undertaken and information collected on key indicators such as falls, infections, pressure areas and weight loss. The registered manager collated the findings, looked at patterns and presented the findings to board meetings. Where necessary changes were made, for example the registered manager told us the data they had

collected on falls indicated there was an increased number at night so they increased the staffing and this had a positive impact with a reduction on falls.

Another layer of quality assurance was provided by an independent visitor who completed audits on key areas such as care planning, medicines, and the environment.

The governance systems fed into the quality improvement plan in place, which was regularly updated with clear actions and timescales.