Avery Homes Wolverhampton Limited

Newcross 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
Newcross Care Home is a residential care home providing personal care to 59 older people, including people with a physical disability and people living with dementia. The service can accommodate up to 64 people.

The care home accommodates people across two floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

People's experience of using this service and what we found
People received care from staff that were kind, caring and compassionate. People told us staff could not do enough for them and staff often went the extra mile to ensure people's health, emotional and social wellbeing needs were met. Staff enjoyed their work and treated people as if they were a family member. People and staff had built positive relationships together and enjoyed spending time together. People's diversity was respected and embraced. Staff were respectful open to people of all faiths and beliefs and people's privacy and dignity was respected.

People were supported by staff that took time to find out about their hobbies and interests and supported them to engage in these, while promoting people's independence. The service was flexible and responsive to people's individual needs and preferences. Many activities were available for people to choose from. Care was not rushed, and people were in control of their care. People's end of life preferences and wishes had been considered. People knew how to raise a concern or make a complaint and felt confident this would be addressed.

People were supported by staff that kept them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff a good knowledge of risks associated with providing people's care including infection control. Staff had received adequate training to meet people's individual care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and to attend healthcare appointments when needed.

People knew the management team by name. The service sought feedback from people about their care experience to ensure any issues were promptly addressed. The registered manager had a good oversight of the service. Quality assurance systems and processes enabled them to identify areas for improvement. The management team were passionate about providing person centred care.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 12 September 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service remained well-led.

Details are in our well-Led findings below.

Newcross 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 team consisted of one inspector and an assistant inspector.

Service and service type
Newcross Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed information received about the service since the last inspection and used information the provider sent us in a 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 visiting relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, chef, house keeper, apprentice, senior care worker, care workers and activity co-ordinators. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is good. This meant people were safe and protected from avoidable.

Systems and processes to safeguard people from the risk of abuse

● Everyone we spoke with told us they felt safe and family members told us their relatives received safe care. One person told us, "I feel safe here, they [staff] are always around if we need someone." A relative told us, "[Name of relatives] both feel safe living here." People had access to call bells, when these were used staff responded promptly. One person told us, "I press the buzzer and they [staff] come quickly." People told us if they had any concerns about their care they would raise these with the registered manager, they felt confident these would be addressed.

● Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us the management team would address any concerns and make the required referrals to the local authority. One staff member told us, "We've had safeguarding training…I've never needed to raise concerns." The registered manager was aware of their responsibilities for reporting concerns to the CQC. Staff felt confident about raising concerns relating to people's care.

Assessing risk, safety monitoring and management

● Processes were in place to protect people from avoidable harm. Risk assessments for falls, skin damage, eating and drinking enough and specific health needs were reviewed at regular intervals to ensure they were reflective of people's needs. A staff member told us, "Risk assessments are changed quickly, so they are up to date, like when equipment changes." We observed good practice when staff were supporting people to mobilise. Staff prompted people to stand up straight, use their walking aids and check for hazards and that people's footwear was secure. Staff told us this helped to reduce the risk of falls.

● Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. These were up to date and reflective of people's current needs. Equipment to manage people's health needs was regularly serviced in line with the manufacturer's guidance and environmental checks had been completed to ensure a safe living environment was maintained.

Staffing and recruitment

● Planned staffing levels were achieved. People told us there were enough staff available to meet their needs. One person told us, "There are always enough staff." Staff responded to people's needs promptly and people were supported by a consistent team of staff that knew them well.

● Safe recruitment checks had been undertaken to ensure staff were suitable to work with vulnerable people.

Using medicines safely

● Medicines systems were organised, and people received their medicines on time and as prescribed. One

person told us, "I always get my medicines on time, I would forget otherwise." Another person told us, "You can set your watch by the medicines, as you know what time of day it is." Staff had received training to administer medicines and their competency had been assessed. We observed staff to safely administer medicines taking into consideration people's preferences for taking their medicines.

● Medicines Administration Records (MAR) were electronic. Records showed medicines reviews had been completed and people's medicines adjusted to meet their needs. One member of staff told us, "I love EMAR (electronic medicine administration record) …it won't let you do something unless everything else you need to do has been completed." This meant the electronic system reduced the risk of errors. Medicines were securely stored, and stock was checked at each administration to ensure all medicines had been given as prescribed.

Preventing and controlling infection

● The environment was clean and there was a pleasant odour throughout the service. People told us the service was always clean. The kitchen was inspected by the Food Standards Agency in February 2018 and received a rating of 'Very Good'. We found the home had maintained its good food hygiene practices and safety systems.

● Staff had access to personal protective equipment (PPE) such as gloves and aprons and people told us this was used. One person told us, "Staff wear gloves and always wash their hands." Staff had a good knowledge of infection control procedures and we observed PPE to be used appropriately.

Learning lessons when things go wrong

● Staff knew how to report accidents and incidents. These were reviewed by the management team and during health and safety meetings to identify trends, patterns and learning. At the time of the inspection a new accident and incident report form was being trialled for recording falls. This assisted in identifying factors leading to falls to enable the home to address these. The form considered for example, whether the person was wearing appropriate footwear, their medical condition, and prescribed medicines.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, social and wellbeing needs were holistically assessed before moving to Newcross Care Home. This assessment informed the development of people's care plans which reflected their support needs in relation to their culture, religion, likes, dislikes and preferences.
- Care, treatment and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes. Updates to best practice guidance were discussed during management meetings to ensure these were implemented.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. An induction process was in place for new staff, including attending a four-day training programme, shadowing more experienced members of staff and a competency assessment. Staff undertook the Care Certificate, this is a set of standards nationally recognised in the care sector that staff are expected to follow. Additional training had been co-ordinated to ensure all staff knew how to safely prepare thickened fluids following a change in best practice guidance. Training had also been provided to assist staff to recognise early signs of deterioration in people's health condition.
- Staff told us they felt supported by the management team and could approach them at any time should they need support. People received regular supervisions and annual appraisals to review their development. Spot checks were undertaken by the management team during the day and night to ensure care was delivered as planned.

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

- People told us they enjoyed the food available. Any requests for meals 'off menu' were met. One person told us, "If what we want is not on the menu, we say have you got…? they [staff] will usually get it." Relatives were encouraged to join their loved ones for meals. Staff ate with people to promote a normal dining experience and to encourage people to eat whilst maintaining their dignity. We observed people eating well and requesting extra servings.
- Some people were at risk of not eating or drinking enough. People were regularly offered specially prepared drinks and snacks to assist with weight gain. People's weight was closely monitored, and health advice sought if they continued to lose weight. Staff knew who needed extra support with their eating and drinking. They had a card in their pocket to refer to detailing each person's current dietary requirements. One person had experienced significant weight loss; records showed they had gradually gained weight following the introduction of a fortified diet.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● The service worked alongside local community and medical services to support people to maintain their physical and emotional health and wellbeing. Staff raised concerns about people's wellbeing to community services such as the mental health teams, the person's GP, or district nurses and supported people to attend hospital or other medical appointments if needed.

● Staff knew people well and recognised when people needed healthcare support. People felt confident healthcare advice and support would be sought when needed and told us they were supported to remain well. One person told us, "I was unwell when I first got here, I'm a lot better now."

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

● The environment had been decorated to a high standard. People were involved in choosing the décor of the home and had been supported to personalise their bedrooms with their own belongings. There were different areas available for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. We observed people spending time with their relatives in the lounge, garden, their bedrooms and the café.

● People's photo and room number were on their bedroom doors. A frame containing items important to them was displayed next to their bedroom door. One person's frame contained items important to them such as a map of where they were stationed in the military, knitting items, scissors and a tape measure. Another persons contained an ornament of the breed of dog they owned before moving to the home. Picture signs were in place on bathroom and toilet doors. All these adaptations helped people with dementia to be orientated within their home environment, to find their bedrooms and reduce distress.

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 service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a comprehensive knowledge of the MCA. One staff member told us, "We get regular updates on DoL's and best interest decisions. We have cards in our pockets with the principles of the MCA." People told us staff always offered them choices and we observed this in practice.

● Where people were no longer able to make decisions about certain aspects of their lives, the staff had thoroughly assessed this. They had taken into consideration people's preferences and wishes, their values and beliefs and consulted with interested parties to ensure the care provided was in people's best interests.

Good

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 has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People and staff had developed caring relationships together. One person told us, "The carers are very kind, they will do anything for you." A relative told us, "The staff are more than patient, in actual fact they love [Name]." People told us they received high quality, personalised and compassionate care. " Staff told us they loved their work and treated people as if they were a member of their family. The home had a relaxed, and warm atmosphere. One relative told us, "A lot of laughter goes on here."

● Staff often went the 'extra mile' to support people. One staff member had attended work to spend time with a person at the end of their life, so they did not spend their final moments alone. A relative told us, "One time [Name] had a nasty cough. The carer said they would get hot honey and lemon, they made it themselves and brought it up…There are lots of little things they [staff] do that are kind."

● Staff knew people's histories, hobbies and interests and made the time to share these with people. One staff member told us, "I always make time to speak with people, it makes their day if you take the time. I like to chat about their hobbies and interests." Staff's exceptional knowledge enabled them to provide reassurance at times of distress. Their patience was unwavering during times of challenge, they always responded with compassion and kindness and made time for people when they needed it.

● People's diversity was respected, embraced and embedded in practice. Staff were respectful to people of all faiths and beliefs. The registered manager told us, they were co-ordinating events to celebrate Gay Pride, to promote an inclusive environment and to develop understanding of people's different sexual orientations. Staff told us that if discriminatory comments were made by people these were sensitively addressed.

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

● The service used creative ways to help support people communicate their wishes and make decisions. At mealtimes people with dementia were offered a choice of two served meals so they knew exactly what meal they were choosing. One staff member told us, "In the past we tried photos, but these were not successful...it is better to choose from the plate as people know what they choose is what they will eat."

● People and their relatives were empowered to share their experiences which helped them feel valued. They were involved in regular reviews of their care and consulted about each step of their care journey. Staff cared for people and their relatives alike, one relative told us, "They [staff] treat everyone as an individual and are really supportive of the relatives… One day [Name of relative] was aggressive in their tone…it really upset me. [Name of staff] asked me if I was ok, took me to the staff room and made me a cup of coffee."

● People were encouraged to speak up for themselves. Staff had a very clear understanding of the role of

advocacy in people's lives. One person's advocate was kept fully informed of changes in the person's needs and was always consulted in best interest decisions. Information was available to people and relatives informing them how to seek advocacy support.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence was respected always. The home had a dignity champion, a display board in a communal area detailed 'Dignity do's' to remind staff and people visiting the home to respect people's privacy and dignity. We observed doors to be closed when people were being supported with their personal care and staff to knock on people's doors and seek permission to enter. Records were stored securely. A staff member told us, "I put a towel over if washing anyone and shut the curtains."

● Staff were passionate about promoting people's independence, maintaining their skills and enhancing their memory. For example, we saw staff encouraging people to sing along to their favourite songs and to stand up and dance. We heard of staff voluntarily offering their time to take people on outings to the theatre, safari park and football stadium. People appreciated staff's support in helping them to remain independent One relative told us, "[Relative] thinks they work here. [Name] washes up and helps staff with the tea trolley and folding towels." People valued the relationships they had formed with staff.

Good

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 good. At this inspection this key question had remained good. This meant people's needs were met through good organisation and delivery.

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

● People's care plans were reviewed regularly and as people's needs changed. One relative told us, "They [care plans] have enough information, they [staff] are always updating them." Staff knew people exceptionally well and told us this was because care plans contained more than enough information. Care plans reflected people's likes and dislikes, hobbies and interests and how staff could best support them. People's request for gender specific staff was respected. A male staff member told us, "When people ask for help, I always ask… Would you like me to help you or would you like a lady to help?"

● Staff knew what good person-centred care looked like and this was embedded in practice. One person had been a singer in the war, a staff member identified from photo's they always wore make up but didn't have any at the home. A staff member told us, "We [staff] went and brought [Name] make up, she loved it, we put her lippy on, her family said thanks, it really is the little things that mean a lot." The practice of applying make-up became part of their care plan.

● People and staff had built positive relationships together and enjoyed spending time together. Staff had taken the time to find out what was important to people. For example, one person had been removing cutlery from the table during mealtimes. Staff identified the person thought they were at their previous employment in a hotel and changed the way the table was set. This enabled the person to relax and eat well. One relative told us, "They [staff] know people really well… every single staff member knows everyone's names and speaks to everyone when they go past."

● Care was not rushed, and people were in control of their care. We observed one person finding it difficult to take their medicines. The staff member supporting, provided regular prompts and encouragement and stayed with the person until they had taken all their medicines, which took some time. There were many opportunities for reminiscence. For example, there was a beach area in the corridor. People's memories of the beach were displayed. One person had said, 'I used to like sitting on the sand with [relative].'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. Information could be translated to people's first language or larger print if required. The home had introduced the use of an electronic device to give people more choice and control over the music they listened to and to assist with orientating people to the day, time, weather and news. We observed staff support people to use the electronic device and provide verbal instructions, such as "Ask…

what is the weather today," and "Play [choice of music."

● Staff were observant of people's body language and identified when communication was initiated through non-verbal means. For example, one person sitting on their own started clapping. A staff member went over to the person and began clapping along with them and started singing, this elicited a smile from the person clapping. Another person appeared anxious. A staff member noticed and suggested they dance on the way to the dining area, the person engaged with the staff member, took their hands and danced. These communication exchanges led by the person promoted positive interactions between people and staff.

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

● Visitors were warmly greeted by staff and people's relationships with their relatives were promoted. Relatives were invited to join mealtimes, for activities and social events. One relative told us, "They [home] had a singer in the garden. They took a photo of us [person and spouse] and put it in a frame...one for here and one for home." They also told us staff, "look after me." Another relative told us, "Visitors are welcome and can make a drink and get a snack."

● A wide range of activities were available for people living at the home including Thai Chi, Gardening, flower arranging, art and crafts and live music. Trips were regularly co-ordinated at people's request. One person told us, "We have a few trips coming up, such as the safari park and theatre." One person was supported by staff to go to their 'local pub' weekly to meet with their family, promoting their independence and reducing social isolation. Pictorial activity timetables were visible throughout the home and we received positive feedback about the activities.

● Staff ensured they understood people's needs in relation to their cultural and religious beliefs, so they could provide personalised support. Faith leaders visited the home, and people were supported to attend their preferred place of worship. People's cultural dietary needs were met by the home. One staff member told us, "I take [Name] shopping to get what they like, such as Jamaican patties and curried goat."

Improving care quality in response to complaints or concerns

● People and their relatives were encouraged to raise concerns with the home. Complaints information was discussed in residents and relatives' meetings and sent via a newsletter. Easy read complaints information was available for people living in the home and there was a policy and procedure in place to manage complaints. Complaints had been thoroughly investigated and resolved to people's satisfaction In line with the company's policy. People and their relatives told us, should they have any concerns they would not hesitate to raise these with the management team and felt confident they would be promptly resolved.

End of life care and support

● People were supported to remain at the home at the end of their life if this was their wish. People's future wishes for end of life care had been comprehensively assessed and detailed in their care plans. These included funeral arrangements, do not attempt cardiopulmonary resuscitation (DNACPR) orders and their preferences for care delivery. Staff were motivated to provide the best possible end of life care to people and had created end of life boxes for use in people's final moments. These contained a soft blanket, relaxing music and a reed diffuser to create a warm, relaxed and sensory environment.

● We saw many compliments relating to end of life care such as, 'The care, compassion and support shown in [Names] final weeks, I will always be eternally thankful for,' and 'The care and respect shown towards all residents by all of the staff is outstanding. We are so thankful that [relatives] final months were spent there [service].' A staff member told us, "We [staff] stick to what people want. One [person] held rosary beads and a wooden cross as they were dying…It is important for people to have what they want in their final days."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● We found the manager and staff team to be passionate about person centred care. People were at the centre of everything the service did. The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.

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

● Records showed when things went wrong the service held 'duty of candour' meetings with people and their relatives to identify learning and make improvements. People and their relatives told us, the management team were open and honest in their communications with them.

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

● The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The location was compliant in these areas. Effective systems were in place to monitor the quality and standard of the service. The provider had established audits relating to the running of the service. These included but were not limited to care planning, health and safety, training and medicines. These enabled the management team to identify any areas for improvement and develop action plans to address these. Staff were clear about their roles and responsibilities towards the people they supported.

● People, relatives and staff gave positive feedback regarding the management team. One person said, "[Registered manager] is very approachable." A relative said, "[Registered managers] door is always open." A staff member said, "I think [registered manager] is an amazing home manager, families love [Name] and [Name] is very well thought of." Staff felt valued. One care staff had won the provider's carer of the year award, another care staff had won best care newcomer in the Great British Care Awards. Other staff had been nominated for awards by the management team for their work and had reached the finals.

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

● The provider used an external website to collate people's feedback. We saw compliments such as, 'Empathetic, caring and dignified environment' and 'The care, love and kindness shown was superb. I can't praise them [home] enough.' People told us they would recommend the service. One person said, "I really love it, they [staff] couldn't do anything more" A staff member said, "I would definitely recommend here as I

know people get looked after properly. I know what the carers are like and they do a good job. I keep telling [relative] to come here."

● Residents and relatives' meetings were held regularly and were well attended. One person told us, "They [management team] take note of what we say, they say leave it with me and they sort it." The management team responded to feedback received via surveys and displayed a, 'You said, we did' board to inform people of the improvements to be made.

● The service had strengthened links with the local community and had secured funding from local businesses to further enhance people's care experience. They had purchased sensory equipment, trips to the theatre and musical entertainment. Links had been developed with a local hospice, this provided the opportunity for advice, support and additional training for staff to enhance people's end of life experience.

Continuous learning and improving care

● The provider identified improvements needed by consulting with people, relatives and staff and through quality assurance systems and processes. We received feedback from a professional that said, 'They [the service] are constantly innovating, and even when something is working well they work hard to improve it. For example, they used to have a sensory garden and some grow-bags. Not satisfied with that, they put in some raised beds.'

● The home had identified the highest number of accidents were falls. A poster had been developed to remind people what they needed to do to minimise the risk of falling. They planned to personalise people's mobility aids, so people could recognise them. The service had identified the use of the wrong mobility aid increased people's falls risk. A pictorial 'improving quality' display board demonstrated improvements made such as, introducing a nail bar, apprentices joining the team and a new entertainment member of staff.

● There was a focus on improving care quality by supporting staff development. Champions for different areas of care such as end of life care, dementia, dignity and falls had been appointed and were responsible for overseeing and enhancing these areas of practice. A staff member told us, "If people need any advice about dementia, they can go to one of the dementia champions."

Working in partnership with others

● The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe. Staff worked closely with other health professionals such as speech and language therapists, community nurses and GPs which enhanced the health and well-being of people.