

Seymour Court Care Limited

Seymour Court Nursing and 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Seymour Court Nursing and Care Home provides care to older people who require residential support with nursing. The service is registered with us to provide care for people who may be living with dementia, a physical disability and/or a sensory impairment. The care home accommodates 34 people in one adapted building. There were 31 people living at the service when we inspected.

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

People were at the heart of the service, and staff were motivated to deliver exceptional care. Staff used their knowledge of people and their relatives to make them feel special and part of the home. Staff showed genuine warmth and love for people. People and relatives overwhelmingly told us how wonderfully kind and compassionate the staff were.

Respecting people's diverse personalities was core to the values of the service. People were supported to maintain important relationships. The registered manager and staff acted as strong advocates for people to have their views heard and respected. People and relatives confirmed they were treated with respect and dignity.

People and relatives felt people were safe living in the service. People told us there were enough staff on duty to meet their needs. Some improvements were required with staff recruitment files and we have made a recommendation about this. Following the inspection, the provider confirmed the improvements had been made and new processes implemented.

People's health care needs were monitored and referrals made to health care professionals when required. Medicines management was safe and followed best practice. Relatives told us people received their medicines as prescribed.

There was a strong emphasis on the importance of eating and drinking well. People told us they liked the food and were able to make choices about what they had to eat.

Staff were proud and motivated to work for the service. People, relatives and professionals were complimentary about the staff team and their skills and knowledge. Staff told us they had the opportunity to develop their skills and knowledge further.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care from staff who understood how to support their physical and mental wellbeing in a holistic way. People were empowered to make choices and have as much control as possible. People were involved in planning their own care and making decisions about how their needs were met. Staff were passionate about ensuring people were treated with love, care at the end of their life and that

their wishes were respected.

People lived in a service which had a visible person-centred culture and where people were clearly at the heart of the service. The registered manager and clinical lead were both skilled and motivated, and worked successfully together to lead the service. People's views were valued and acted upon to help ensure they received a service that was tailored to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Seymour Court Nursing and 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

One inspector and a specialist nursing advisor.

Service and service type

Seymour Court Nursing and Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all information we have received since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and ten relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, clinical lead, housekeepers, care workers and the chef. We also spoke with seven professionals and two visitors.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to review information shared by the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection risks in respect of the premises had not always been assessed and all steps taken to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The outside area had been redesigned in consultation with people and relatives. The area was now safe and secure, and checks were completed to ensure it remained so. A new call bell system had also been implemented so staff were alerted when external doors were opened.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- People moved freely around the home and were enabled to take everyday risks. Risk assessments recorded what actions staff needed to take to reduce any risks to people.

Using medicines safely

At our last inspection aspects of proper and safe management of medicines were not met. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- When a person used an 'as required' medicine on a regular basis, this was reviewed with a GP. Appropriate records were in place for people who administered some or all of their own medicines.
- Prescribed creams and lotions were recorded accurately. Medicine administration records (MARs) for insulin administration were clearly printed and had the relevant timings and instructions on them. These reflected the information in people's care plans.
- Blood monitors were checked regularly for accuracy. "Thick and Easy" products were now stored in cupboards so people could not access them alone.
- All staff had undergone further medicines training and were aware of the responsibilities of staff who administered medicines and that they worked under the direction of the registered nurses.
- Staff were knowledgeable about people's individual needs related to their medicines.
- Relatives told us people received their medicines as prescribed.

Staffing and recruitment

- Some staff recruitment records contained gaps in the information recorded. Staff had Disclosure and Barring (DBS) checks in place, but information about who the referees were, was not always clear. The registered manager told us they discussed new staff's career history with them but this was not always recorded fully in their application forms, as required.

We recommend the provider reviews their recruitment processes to ensure there are clear records and they are in line with legal requirements.

Following the inspection, the provider told us action had been taken to rectify the gaps.

- There were sufficient staff to meet people's needs safely. People told us there were enough staff on duty to meet their needs.
- Staff were not rushed and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and knew how to report any concerns they had.
- Safeguarding was discussed at staff and residents' meetings.
- People and relatives felt people were safe living in the service. One relative told us, "When I was ill, I couldn't come for a while, but I knew [...] was looked after."

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control training.
- Clear processes and procedures were in place and adhered to by staff to help ensure people were protected from cross infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. Records showed appropriate action had been taken to reduce the risk of a similar incident occurring in the future.
- The registered manager told us learning was also taken from incidents that had happened in the provider's other homes.

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 now remained 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

- The registered manager kept up to date with best practice and ensured current information and guidance was available for staff. A relative confirmed staff followed best practice when supporting their family member who was living with dementia.
- The registered manager took a holistic approach to assessing people's care and support. This helped ensure staff considered the whole person when supporting them.

Staff support: induction, training, skills and experience

- People, relatives and professionals were complimentary about the staff team and their skills and knowledge. One relative told us, "All the staff are very helpful, they are worth their weight in gold."
- New staff completed a thorough induction which included shadowing experienced staff, as well as completing training. Existing staff had recently refreshed their knowledge by re-completing their induction.
- Staff told us they had the training and skills they needed to meet people's needs and plenty of opportunities to develop further. Comments included, "In the last year, since I started, I have done so much; and so much training too. I can follow the nurses around and see what they are doing. They will ask us to come in and help them which means I can develop my skills. They asked me to be a senior. They offer me lots of opportunity."
- A presentation had recently been given to staff about a nurse associate role. Nursing associates are new members of the nursing team who provide care and support to people using health and social care services across England. The role was developed to bridge the gap between health care assistants and graduate nurses and provide a route for career progression to those who wish to become a registered nurse. One staff member told us they were keen to take up this opportunity. The provider was supporting this opportunity for staff.

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

- There was a strong emphasis on the importance of eating and drinking well. Following a workshop about nutrition and hydration the registered manager reviewed feedback from residents, families and staff. They also reviewed current good practice, observed mealtimes, and reviewed data within the home, such as falls. As a result, actions were identified and shared with staff to improve people's experiences. This included employing a nutrition and hydration monitor to monitor and meet people's needs in this area.
- People told us they liked the food and were able to make choices about what they had to eat. One person told us, "The other night the soup was too salty, so they took it back and brought me another."
- People were able to choose where they ate their meals. One person told us, "I sit in the lounge sometimes

to eat but sit in the dining sometimes for a change."

- People were offered assistance if they needed it. Relatives were also involved in mealtimes, if they wanted to be. A relative who regularly supported their family member to eat explained, "Staff always ask if I'm OK to help, they don't expect it."

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

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A relative confirmed, "They are always on the ball, if there is the slightest thing wrong, they're on it really quickly"; and one person added, "They get me a chiroprapist, a dentist and an optician."
- The clinical lead had introduced champions within the staff team for key subjects such as medication, dementia and skin integrity. These staff were responsible for monitoring records and staff practice and ensuring these reflected best practice. Healthcare professionals told us the staff team had achieved excellent outcomes regarding people's skin integrity.
- Healthcare professionals told us the home engaged well with them to the benefit of people. They told us the staff followed their advice and ensured relatives were kept up to date.
- A healthcare professional told us they had been invited to attend team meetings and staff training to help increase staff knowledge, for example in spotting early warning signs of deterioration of someone's health.
- Information about the support people needed to maintain their oral health was detailed in their care plans. Information about best practice in oral health care was displayed in the home.

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.

- When people lacked the capacity to make certain decisions, mental capacity assessments had been completed and DoLS applied for, where appropriate.
- A relative confirmed they had been involved in best interests' decisions on behalf of their family member. Staff told us they knew people's preferences and used these to inform any best interests' decisions they had to make.
- People told us staff always asked for their consent before providing care or support.

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

- People benefitted from living in a home that was regularly adapted and changed to meet their needs. Several people had been enabled to move to other rooms based on their preferences or needs.
- The registered manager and providers were keen to ensure the service continued to meet people's needs

and involved people in these decisions. One person had taken responsibility for buying winter plants for the new courtyard and a water feature had been installed as one person and their relative liked to listen to the sound of water.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were at the heart of the service, staff truly cared, were motivated to deliver exceptional care and often went the extra mile. For example, one person wanted to visit the grave of their granny to lay some flowers. The staff ensured they knew the location of the grave for the person to visit but also arranged for the local pub the person used to work in to be open for the person and their friends to have a drink. Whilst there, the person wanted to look in the church they used to attend. They were supported to do so and spent the afternoon singing hymns with some people who were practising in the church.
- There was consistently positive feedback about the exceptional culture of the service created by the management and staff. For example, two relatives told us, "We consider ourselves to be very lucky. We are in here every day and can't praise it enough. You can't create an atmosphere like this unless it comes from the top. I love it here. They are lovely people and I wish I could work here!" A staff member also confirmed, "The management are really hands-on." A compliment received by the service from a relative included, "I will never forget our trip to Mount Edgcumbe, at the height of our dark days. It was very kind of you all." The registered manager told us, "It's about recognising human life. It's about living life, right up to the end." The registered manager and clinical lead acted as role models of this ethos which was evident in the service and embedded in each staff member's approach.
- There was a bubbly, happy atmosphere in the service. Everyone knew each other very well and conversations and laughter flowed easily throughout the service, making it feel like a close-knit community. Professionals told us they enjoyed visiting the home as it had a positive feel to it. A relative told us there was "Something special" about the service and feedback received by the service included, "A wonderful afternoon in a home full of love and laughter", and "I left with a happy heart!"
- Respecting people's diverse personalities was core to the values of the service. The service was clearly made up of unique individuals who staff understood and cherished. Whilst we were unable to obtain feedback from the person, a relative explained their family member could challenge staff at times but, "The staff say her smile brightens their day." A professional confirmed, "They allow people to be who they are. Staff see and respect people's individuality."
- People and relatives overwhelmingly told us how kind and compassionate the staff were. People were happy and relaxed in the home and regularly sought staff support, which was provided without hesitation. We observed a staff member attend to someone whose arm was causing discomfort. They knew immediately which arm it was, reassured the person whilst rubbing the arm, and with consent, gently moved them. Another person had recently experienced a bereavement. Staff were acutely aware of the person's emotions and needs. They provided them with love and care and the opportunity to go out, according to their needs.

- People were supported to maintain important relationships. A relative explained, "My in-laws were invited to the home, as they had been involved in my father's life. Staff provided afternoon tea so [...] wasn't missing out on his relationship with them." Another person had been supported to send a video message to a close relative who was at the end of their life, as they were unable to visit them. A visitor, whose parent lived in the service, told us staff used their skills to successfully support the wellbeing of the parent not living in the service; and that this was imperative to the success of the placement. Staff were often heard asking people about their family members with genuine interest and discussing any new news about them.
- Staff showed genuine warmth and love for people. People told us, "All you have to do is ask for something and they do it", "The staff are good, they help you. If you need anything, they get it" and "They even buffer my shoes for me!" A relative added, "The staff are lovely, they are like family to her. It's like she's got all these daughters around her!" Staff clearly cared about and valued their relationships with people. A staff handover record noted, "We are all going up to say goodbye to [...] as she is leaving tomorrow, and we are not going to be here."
- The service took time to get to know people well and adopted a strong person-centred approach to meeting people's wellbeing needs. This had resulted in particularly positive outcomes for people which often went beyond what professionals expected. One person who had been very poorly when admitted to the home, had regained their health, been supported to develop daily living skills and was keen to move back home. The staff were proud of the outcome for the person and the registered manager told us, "[...] did a speech and presented staff awards at a recent presentation evening." A professional told the clinical lead, "You have done absolute miracles with [...]." Another person who could become anxious when their family member had to leave had been offered a room with a far-reaching view. This reflected more closely the openness of their family home. This had helped reduce their anxiety and improve their wellbeing. When asked what was discussed in residents' meetings, one person replied, "Our wellbeing, really; and they do listen."
- Staff used their knowledge of people and their relatives to make them feel special and part of the home. We saw staff of all roles singing special songs with or to people and taking time to discuss the recent football results with a relative. Each staff member understood how important their role was to the wellbeing of the people living in the service. A member of the housekeeping team told us, "I like to encourage people to come out of their rooms to see the entertainers, you can see the enjoyment on their faces" and "If someone asks what it is for lunch, I go and find out."

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

- People lived in a service which had a strong, visible person-centred culture, where peoples' views were clearly at the heart of the service. A professional told us the staff team worked very creatively to understand people's views and support their decisions. The registered manager had developed a range of tailored approaches to ensure one person, who had particularly complex physical, psychological and social needs, was able to express their views about their care. Feedback about the service from relatives included, "It's all about the residents."
- The registered manager and staff acted as strong advocates for people to have their views heard and respected. They had ensured each person was registered to vote at an impending election and had invited three local MPs to visit the home to talk with people. The registered manager told us, "These people built Plymouth, they need to have a say about what happens to it."
- Another person had experienced a bereavement. Staff were extremely passionate about ensuring the person's decision to attend the funeral was realised, despite the complexities of their health and the journey. They told us, "We are in the process of making it possible to travel across the country with them. We have all said we will go so they manage to get there."

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people receiving support demonstrated dignity and respect at all times. A healthcare professional told us they felt the warmth of the staff and the environment ensured each person, through varying levels of care and need, was treated with the utmost respect and dignity.
- People and relatives confirmed they were treated with respect and dignity. One relative commented, "Staff make it quite clear this is the residents' home and the staff only work here."
- People were supported to maintain as much independence as possible. A healthcare professional confirmed staff were effective at supporting people to maintain their independence whilst managing any related risks.

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 has now remained the same. 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 received personalised care from staff who understood how to support their physical and mental wellbeing in a holistic way. One person confirmed they had found staff to be particularly sensitive to their needs.
- The registered manager ensured they and staff took time to develop an in depth understanding of people.
- People were empowered to make choices and have as much control as possible. Staff members confirmed they did their best to do everything they could for people and this was reflected in the feedback received from people, relatives and professionals.
- People were involved in planning their own care and making decisions about how their needs were met. People and relatives were aware of people's care plans. A relative told us, "I'm involved all the time. If anything changes or needs to be changed, I'm informed." Professionals confirmed people's care plans reflected their needs and were kept up to date.
- The provider told us they were constantly reviewing new technology to improve the service provided. They had recently implemented an electronic care planning system and were planning to implement an electronic medicines administration system. This helped the whole team monitor whether people's needs had been met according to the tasks described in their care plans.

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

- The registered manager and staff team were focused on ensuring people enjoyed life. Regardless of the complexities of their health, the staff team found a way to ensure people were able to do things that were meaningful to them. Staff explained, "We do our best to get people what they want, if it's a trip to the Barbican or anywhere, we try to make it happen. People are regularly asked if there is anywhere they would like to go or do."
- One person was supported to go to a favoured tailor on a regular basis and others had been supported to visit places and events that were meaningful to them and their family, such as a local beauty spot, a local bike race or a family member's grave.
- People's religion and beliefs were respected and opportunities to worship as a group or individually were regularly provided.
- Staff spent time with people during the day, chatting, listening to music or providing support with pastimes. The service was in the process of recruiting an activities co-ordinator.

End of life care and support

- A healthcare professional described the end of life care in the service as "amazing"; telling us staff

provided what people wanted and worked well with family members at this time. Compliments received by the service confirmed this; they included, "Thankyou for the love and care you gave to [...] and us, it was beyond anything we could wish for" and "Words are not enough to express how thankful we are for your kindest support to us at the most difficult time of our life. Thankyou for all you did. Without you we wouldn't be able to do it."

- People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. Staff were passionate about ensuring people were treated with love, care and dignity at this time. They confirmed, "We have all the information we need about their wishes and preferences. If there were certain wishes, we would fulfil them 100%."
- A family room was available for anyone who wanted to stay at the home. A staff member told the registered manager about a relative who was staying, "I have told them not to worry about any toiletries or anything, we can provide all that; and I have told them we will get them breakfast in the morning."
- One person who was at the end of their life, had requested to see people who regularly visited the home to deliver religious services, as they had built a relationship with them. The staff spent some time trying to track the people down, to ensure the person's wishes were met.
- Staff members had attended specific training from a local hospice on providing end of life care.

Improving care quality in response to complaints or concerns

- The registered manager told us they valued complaints and concerns as they were an opportunity to improve the service.
- The registered manager understood that building trusting relationships was important for people and relatives to feel confident raising any concerns they had. People and relatives told us they trusted the staff and registered manager and would feel confident raising a concern.
- Any complaints were investigated and responded to. Records showed action had been taken in response to complaints and improvements made.

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.

- The service identified people's information and communication needs by assessing them. Two people sometimes required pictures to help them understand information and these were available to staff.
- The registered manager told us they were planning training on the AIS so staff could gain a deeper understanding of its requirements.

Is the service well-led?

Our findings

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

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

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

At our last inspection, issues in respect of the outside of the building and medicines had not been identified and acted on. At this inspection we found improvements had been made and these were no longer a concern.

- The home and senior staff were highly regarded by local professionals. Professionals gave positive feedback about the registered manager and the clinical lead, how they led the staff team and the outcomes they achieved for people. The clinical lead had won the 2019 'Care Home Nurse of the Year' at the local authority Excellence in Care awards. One professional described the clinical lead as one of the best nurses they worked with; and another professional wrote a statement for us detailing the exceptional working practice of the clinical lead.
- The registered manager and clinical lead worked successfully together to lead the service. Their roles and that of the staff team were clearly defined; however, they told us they were happy to challenge each other to improve the quality of the service.
- The service inspired staff to provide a quality service. Staff at all levels understood their role and worked as a team to support people's health and wellbeing.
- The staff team were positive about the leadership of the service. Staff comments included, "I think the management do a marvellous job here", "All of the managers are approachable, and they are open and honest. I could go to the manager if there was a problem and I know they would take any ideas on board. No-one is afraid to speak up", and "We are really well supported. I have never been supported so well in a job."
- The provider had developed systems and processes to monitor the quality of the service. Where areas for improvement were identified, changes had been made and were shared with staff.
- The registered manager had ensured accreditations, such as the five star food hygiene rating and an accreditation for providing a quality end of life care to people, were maintained.

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

- The registered manager and clinical lead worked well together to carefully balance people's right to live life to the full, with their duty of care to keep people safe and maintain their health. This had produced good outcomes for people. People and relatives commented, "It's the perfect place" and "I wouldn't change anything."

- The registered manager promoted a positive culture in the staff team. Good practice and achievements within the staff team were celebrated regularly. There was also a staff awards ceremony each year. The registered manager said, "As a result we have a workforce who want to be here and that impacts on the residents." Staff were proud and motivated to work for the service, telling us, "It is my dream job. It is such a rewarding job" and "I feel passionate about my job."
- The service's relationship with people's friends and families was valued and used to improve the service. Two relatives wanted to contribute more to the life of the home, so had been invited to contribute to supporting people with their interests and pastimes.
- Staff told us they felt valued and were empowered to suggest new approaches and ideas. Feedback to the service from a staff member included, "I feel my opinion counts and I feel respected amongst nurses and management." The registered manager told us new staff roles, such as the nutrition and hydration monitor and a second nurse to support the service at busy time, were implemented as a result of direct feedback from staff.

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

- The provider and registered manager empowered people to be involved in improving their care and the service wherever possible. One person had attended a meeting for the chefs from all the provider's homes. They described people's experiences and highlighted the importance of mealtimes to people. Other people were involved in the supervision of staff. They told us their opinions were listened to and acted on.
- People's views were valued and acted upon to help ensure they received a service that was tailored to their needs. People told us they saw the registered manager most days and she always asked how they were. A relative confirmed, "They always ask if we're happy. I know if I raised anything they'd take it on board."
- The diversity within the people living at the service and the staff team was valued. A staff member confirmed, "They are flexible around the needs of staff and that's why people stay." This had resulted in a more diverse staff team. One person particularly appreciated this telling us, "They are very broad minded. They are from all walks of life."
- The registered manager understood the challenges staff could face within their role and had taken a holistic approach to promoting staff wellbeing. They told us, "It's vital to look after staff." They had implemented a variety of measures to help ensure staff received the support and information they needed to remain well. Staff members told us how the registered manager's approach had had a positive impact on them.
- The registered manager and clinical lead had developed a supportive culture within the team that enabled staff to ask for and receive support when they needed it. The registered manager told us, "We have to recognise we all need support and need to talk." One staff member commented, "It feels like one big family. I can go to anyone, staff or management, with anything." Another staff member had been encouraged to reflect on a difficult experience they had had at the service. They reflected, "The kindness, compassion and support I received from the nurse, carers and cleaners was fantastic and heart-warming. We care about each other as much as we care from the residents."

Continuous learning and improving care

- Information was used to aid learning and drive improvement across the service in order to improve the service for the people living there. Professionals told us staff were very open to feedback and changed things as a result to benefit people.
- The registered manager had supported staff who had worked at the home for some time to re-do their induction and care certificate. They told us this was to enable staff to refresh their knowledge and keep up to date with current practice.

- Staff were encouraged to suggest better ways of working. A staff member told us, "We discuss if things could be done differently and we get listened to."
- The management team attended external workshops and development opportunities to help maintain their competency within the sector and to ensure the service was delivered in line with best practice.
- Following the inspection, the registered manager and provider immediately took action regarding gaps in staff recruitment files. The registered manager also shared information about specific actions they planned to take following other suggestions and ideas that had been discussed during the inspection.

Working in partnership with others

- The provider engaged positively with stakeholders to the benefit of people living in the service.
- Each professional we spoke with told us senior staff were very involved in people's care and worked well with them to support people's care.
- The registered manager told us the registered managers of all four of the provider's homes met each month to discuss improvements as well as how they could learn from one another. This involved sharing best practice, ideas and changes to records.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. 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.