Etheldred Healthcare Limited

Etheldred House Care Centre

Inspection report

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Date of inspection visit:
17 August 2017

Date of publication:
27 September 2017

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

Etheldred House Care Centre is registered to provide accommodation, nursing and personal care for up to 82 people. At the time of our inspection there were 75 people living in the service, some of whom may be living with dementia. The service is divided into four 'houses' over two floors. The houses are called Strawberry House, Pear House, Apple House and Cherry House.

This unannounced inspection took place on 17 August 2017. At the last comprehensive inspection on 4 June 2015 the service was rated 'Good'. At this inspection we found overall the service was 'Good'.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.
People were looked after by staff who were trained and supported to do their job
People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

The registered manager was aware of what they were required to do should any person lack mental capacity. People's mental capacity was assessed and care was provided in their best interests. Staff were trained and knowledgeable about the application of the MCA.

People were treated by kind, respectful staff who enabled them to make choices about how they wanted to live. People and their relatives were given opportunities to be involved on a day-to-day basis about their planned care.

There was a strong commitment to developing respectful, trusting relationships. Staff all demonstrated care, compassion and empathy towards the people they supported. Staff used creative ways to engage people with the service. People and their relatives were extremely satisfied with the service they received and told us the service provided an excellent level of care and support. People and relatives consistently told us they/their family member felt cared for, valued and listened to and that their views mattered. The ethos of the service was to make people feel valued, supported and included, with an aim to enhance quality of life. Visitors to the service, including children were welcomed by staff members and were encouraged to visit. Interactions promoted wellbeing and showed staff knew people well. People were at

the heart of care.

Comprehensive care plans were in place detailing how people wished to be supported. These had been produced jointly with people living in the service, their relatives and staff. People had agreed what care and support they needed and were fully involved and engaged by staff in making decisions about their support. People were able to choose how they spent their time and what individual and/or group activities they participated with. People participated in a range of activities within the service or in the community and received the support they needed to help them to do this.

People were involved in the running of the service. Regular meetings were held for people who lived at the service so that they could discuss any issues or make recommendations for improvements. People were offered a chance to raise any other business that they wanted to. People confirmed that they were asked for their views on the service and could make recommendations for improvements if needed.

There was a process in place so that people's concerns and complaints were listened to and were acted upon.

There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people had been identified and staff knew how to minimise the risks

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff had excellent communication skills and had developed exceptionally positive, kind, and compassionate relationships with people.

People were treated with dignity and respect. People's rights and choices were promoted and respected.

People mattered, and staff 'went that extra mile' to meet their needs and wishes.

Is the service responsive?

Good

The service was responsive.

People were involved in their care and their care plans were personalised and comprehensive. They described positive ways in which staff could support each person. People received exceptionally good person centred care from staff who knew each person, about their life and what mattered to them.

People were encouraged to socialise and to pursue their interests and hobbies.

People's views were actively sought, listened to and acted on.

People and relatives knew how to raise concerns, and further actions were taken in response to improve.

Is the service well-led?

Good

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Management systems were in place to ensure that staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which continually reviewed the quality and safety of people's care.

Etheldred House Care Centre

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 checked 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.

This unannounced inspection took place on 17 August 2017. The inspection team consisted of three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, such as notifications we received and actions taken in response, contact from people and feedback from health and social care professionals.

We spoke with 14 people who used the service, 16 relatives/visitors. We looked at six people's care records, and at their medicine records. Several people living at the service were unable to communicate their experience of living at the service in detail 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 spoke with 14 staff which included care staff, housekeeping and catering staff, an activity co-ordinator, registered manager, deputy manager, administrator and an area manager for the company.

We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training, and systems for monitoring the quality of the service. We sought feedback from commissioners,

and health and social care professionals who regularly visited the service which included a GP and a district nurse and received a response from all of them.

Good

Is the service safe?

Our findings

People told us that they felt safe because staff were always around. One person said, "Always someone about [staff], got a buzzer and they come quickly and when I am in the lounge they comes as soon as I can catch their eye." Another person said, "Very good, I like it, quiet and peaceful, I feel safe holding hands [with staff]." A third person said, "Night staff roam around, that is when you might feel unsafe but you don't here." A fourth person told us, "The way I am looked after makes me feel safe, they [staff] sit and chat." A relative said, "[Family member] is safe with bed rails, they [staff] are careful with hoisting, always two of them."

People had individual risk assessments in place. Risks identified included, but were not limited to: people at risk of falls, moving and transferring risks, poor nutrition and poor skin integrity. Environmental risk assessments showed measures were taken to minimise risks. For example, making sure areas were well lit, avoiding trailing leads and keeping corridors clutter free to prevent trip hazards. Staff understood and were aware of the risks and action to be taken to reduce these risks.

Staff we spoke with were aware of their roles and responsibilities and knew how to keep people safe from the risk of harm. Staff received training and were able to describe the types of harm that people might experience. They also told us about the actions they would take in response to any event where a person was at risk of harm. This included reporting the concerns to the management team of the service and to external agencies, which included the local safeguarding team. A member of care staff said, "There may be a change in a person's behaviour." Another member of care staff gave a similar response and added that people may become quiet and withdrawn or may not eat. The provider had safeguarding and whistle blowing policies and staff were actively encouraged to challenge poor practice and raise concerns with senior staff. One member of staff told us, "I have reported poor practice to the [registered] manager and it was dealt with."

People, relatives and visitors told us, and we saw that there were sufficient numbers of staff available. People's safety and wellbeing was promoted because staff developed positive and meaningful relationships with people and spent time with them. The atmosphere in the service was calm and organised. Staff worked in an unhurried way and responded to people's individual needs at a time and pace convenient for them. People were supported by staff with all their needs, such as having time spent one to one, socialising, going out and attending appointments. These working practices were all incorporated into the dependency tool and used to calculate and review staffing levels. One person said, "Staffing works alright, it is sufficient, same (numbers) at nights and weekends." One member of staff told us, "There is enough staff and we all work well together."

All appropriate recruitment checks continue to be completed to ensure fit and proper staff were employed, including robust checks for volunteers working in the service. Staff had police and disclosure and barring checks (DBS), checks of qualifications, identity and references were obtained.

People told us that they were satisfied with how their prescribed medicines were managed and received them at the appropriate times during the day. One person told us if they were in pain, "I tell the nurse and

she gives me pain killers." Another person said, "Meds [medicines] I have a pain killer in the morning, have a blood pressure tablet and I am sure I could ask for more if I needed it." A relative told us, "Staff can anticipate when [family member] is in discomfort and are able to give them their prescribed pain relief."

People continued to receive their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge and spoke knowledgably about people's medicines. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were any allergies. People's medication was reviewed regularly with their GP. Monthly audits of medicines management were carried out with actions taken to follow up any issues found.

Good

Is the service effective?

Our findings

People were being cared for by staff who had received the required training. One relative said, "[Family member] has only been here a short while but it is very good, they [staff] have given us lots of advice on [family member's] health and how they are going to manage it." Staff told us that they had attended training in a range of topics. One member of care staff described their induction training and this included working alongside more experienced staff members. They also told us that their induction training included fire safety, safeguarding and moving and handling. On-going training included caring for people living with dementia, health and safety training and infection control. The registered manager confirmed and staff training records showed that all of the staff had attended the provider's required training.

Members of care staff told us that they continued to receive the support to do their job, which they said they enjoyed doing. One member of staff said, "I love it here, everyone is so supportive." They told us that they worked well as a team and had excellent support from the management team in the service. Another member of staff said, "We can go and speak with any member of the management team at any time. They are all very supportive." This support included informal and one-to-one support. The one-to-one support included discussions about staff training needs and the standard of their work performance.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager continued to make applications to the appropriate local authority when they believed a person was being deprived of their liberty. The applications were based on assessments of people's capacity to make informed decisions. These included, for instance, decisions where they were to live and how they were to be looked after. The manager had received one authorised application and was waiting the outcome of the other DoLS applications that had been submitted to the local authority. In the mean time we saw that people were provided with care that was in their best interests.

We checked whether staff were working within the principles of the MCA. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS.

People gave us positive feedback about the quality of food at the service. Comments included; "Food is all good, there is always plenty of it [food]," "There is always a choice of food, variety, and as much as you want

including second helpings, plenty of drinks and food is very good, I have plenty to eat."

We found that people were helped to maintain their nutritional health. Our observations showed that people were offered choice of food and independence was promoted. One person went to the food trolley and told staff what they wanted to eat. After they had eaten they placed their dinner plate in the sink. Another person was shown the meal options and then they were encouraged to eat the choice of meal they had made. We noted that a pureed food was attractively presented. Adapted cutlery and plate guards were used to help people eat independently. Staff provided people with guidance in their use and gave lots of encouragement and praise as they ate. We saw one member of staff who knelt down and gave a person eye contact and said, "Look what I have for you." They ensured that person could see what was on the plate before placing it in front of them. Staff provided people with reassurance about their health condition and that they were able to eat their desert by saying, "You have had your [name of medication] and you can eat it, try it, it is okay and only eat half if you want."

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, a dietician and physiotherapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being. Feedback received from the GP was very positive about the healthcare staff provided. They told us that there was always a member of staff to support their visit who was knowledgeable about the person. One person told us, "I had a fall when I went out but saw the doctor on my return, got my own dentist and the chiropodist comes to see me." One relative told us, "The staff are quick to get a GP in if you need one."

Outstanding ☆

Is the service caring?

Our findings

People, visitors and relatives said staff were very friendly and approachable. People and relatives gave extremely positive comments about the nature and approach of staff. One relative told us, "Kindness of the staff and the way that they look after [family member] and they treat them as a friend." Another relative said, "Staff are very patient, really helpful and they are incredibly pleasant." Other relative comments included; "Caring element is important and all of them [staff] really care," "It is good knowing [family member] is in fulltime excellent care and getting 24 hour attention, I cannot fault the staff they are very nice," "[Family member] has just been admitted, they [staff] have been amazing, I came and chose here, they [staff] are nice and polite and explained everything and have given me a telephone number and told I can ring anytime," and "It is wonderful, so inviting and everyone is friendly, I have booked my bed." People's comments included; "Staff are very good, they always have enough time to help wash and dress me, they are very kind," and "Staff are all very friendly and some are nice looking [smiling and referring to some of the male members of staff]."

People received a consistently high standard of care because staff put people first and continuously looked for new ways to further their care and quality of life. People, relatives and professionals spoke about the exceptional quality of care provided at Etheldred House Care Centre. They consistently spoke about how the service had a great reputation in the local area. One person said they chose to live here due to the reputation. They had also had friends who spoke highly of the service. One person said, "This is one of the nicest homes, I am so lucky," and another said, "I think it's perfect here." One relative said, "I have been very satisfied [with the care], staff here are very caring, the nurses are very professional and they interact with all residents and their families."

Speaking about the staff team, a GP commented very positively that staff were over whelming very caring and that people are looked after very well. They also were very complimentary that they [staff] looked at each person holistically and always acted in people's best interest. One relative said, "The continuity of the caring staff means they have been able to anticipate and cope with [family members] changing needs and put equipment in place." Another relative told us, "Nurses are very friendly and always give me an update [on family member]."

There was a very happy and calm atmosphere in the service. Staff developed positive, caring and compassionate relationships with people. Staff were seen showing some people affection including a hug and a supporting hand on their shoulders when walking alongside them. When this happened people's facial expression changed and staff were rewarded with smiles. One member of staff told us, [name of person] is just like my grandma and as you can see loves a hug."

The management and staff at the service had a strong, person centred culture. The ethos was that of an extended family. Staff comments included; "This is their [people who live at the service] home and we work in it. They don't live in our work place," and "We treat people like we would like to be treated. If they are safe and happy, then I am happy." There was a quote on the wall in the shape of a tree that said "In the dementia house, to promote and maintain the equality and dignity of people living at the service a mural of

'family' tree had been created. The branches of the 'family' tree led to photographs which showed people who were living or who had lived at the service, with the saying, "Together we are one family." People and staff were seen to spend time looking at the photographs and remembering friends as they walked down the corridor.

Families of people who were no longer at the service were encouraged and welcomed to still visit the service. People and visitors told us that they thought it was lovely and important to their well-being for the service to remember their loved ones. One relative said, "We are still involved in the home and help with the fund raising it's such a caring home." The café provided a space for relatives to be where their loved one had been and to talk of their experiences with other relatives in a safe and positive way. The café had a coffee machine and snacks available and people were made welcome.

Genuine friendships had been created and this was extended to people's families who were welcome at the service and able to be as involved in the person's care as much as the person wished them to be. There were friends and family popping in throughout the day. Relatives all told us that there were no restrictions on visiting. One relative said: "I am welcome to visit anytime. They always provide hospitality but I can always go and help myself to a drink."

Within one of the houses we saw a tree of wishes. This was a mural on the wall where people were encouraged by staff to write their wish on a card, which was in the shape of an apple. These wishes were used when it was the persons turn to be 'resident of the day.' One person had put 'chocolate' as their desired wish. Staff showed us that chocolates were placed in a bowl near the person and there were additional ones in their room. One relative told us, "Kindness of the staff and the way that they look after [family member] is wonderful and they treat them as a friend." Another relative said, "Staff are very patient, really helpful and they are incredibly pleasant."

We found that staff went the 'extra mile' as they told us they loved working at the service. One member of staff said "We work as one big happy family. They are all like my own relatives." Staff had volunteered to come in on their day off to support people who wished to go to see a football match of their favourite team, go shopping or even take a trip to their local pub. Staff continued to support the home and regularly came in with their own families to take part in parties and fetes being held at the service.

Staff provided people with activities for them to take part in that they enjoyed. For example after lunch one person, who suffered from escalating anxiety, was kept busy by staff and was encouraged to help the member of staff take the trolley back to the kitchen. Keeping busy helped deescalate the person's anxiety. Staff were heard giving them praise by saying, "Well done you are being a great help." The person gave a big smile as they continued to push the trolley along the corridor. We observed another person who was walking along the corridor was becoming anxious and held out their arms. The housekeeper noticed this and asked the person, "Would you like a hug [person's name]." The person responded by saying, "I do." The housekeeper then gave them a hug at which point the person gave a big smile and had a chuckle.

In the lounge a person living with dementia looked happy and content cradling their 'Doll.' They were smiling and talking to the doll about what was happening. They said to the doll, "We will take a walk later." Dolls are seen as a tool used for people living with dementia. They are thought to invoke happy memories of parenting and can bring a person a real sense of well-being. The staff explained that the doll gave the person great comfort and peace of mind, improved their emotional wellbeing and made them more confident and happy.

Relatives spoke about people whose lives and well-being had improved since they came to live at the

service. For example, one relative said, "They [family member] have been able to remain independent, since they came here and their health has improved no end. They have really settled into the home. I am so grateful for all the staff that have allowed them to remain independent." Another relative said, "My [family member] now joins in all the activities and is so much happier being around people. It was the best decision we made [to come to the service]."

Staff demonstrated to us an excellent understanding of each person's individual care, support needs and backgrounds. Staff explained how they read people's body language and facial expressions to ascertain what support or assistance the person required. We saw that these interactions by staff were often rewarded with a smile or a hug by the person. Care plans contained information about people's life histories from childhood, working life and family, and this helped staff with understanding people's lives.

Staff communicated with people in a respectful way and were knowledgeable about how people liked to be supported. When a staff member came into the room to speak to a person, they knelt down to the person's level and established good eye contact before speaking. A relative speaking about the quality of staff interactions with their family member said, "They will go in and put their arms around them."

The service had a pet dog named Lexi. She had been purchased to become the homes 'president pet' and to aid people's well-being. We saw photographs of Lexi sitting on people's knees as they stroked her. People and relatives told us how much they enjoyed having Lexi around. One person said, "It's lovely when she sits on my knee and I can stroke her. It reminds me of my own pet." We saw that Lexi had her photograph on the board, within the reception area, along the side those of the management team. Their role was titled as 'Impawtent Pet'.

People's religious beliefs were supported. People and their relatives told us the vicar from the local church visited regularly. They held a service, and visited people in their rooms, if they wished. In line with people's beliefs, they prayed and comforted people receiving end of life care and their families.

People were consulted and involved in decisions about their care and signed their care plans to confirm they agreed with them. Each person had a key worker who co-ordinated their care, and looked after their wellbeing. They reviewed and updated each person's care plans with them regularly. A range of information for people/relatives was provided all around the service to inform and empower people to be involved in decision making. For example, information about a variety of health conditions, about impartial advisory and advocacy services and how to recognise poor practice or abuse and contact details to report concerns.

Residents [people who live at the service], relatives and friends meetings were held regularly. Staff created a safe space in the service for everyone to have the opportunity to share ideas and explore their feelings in relation to the care provided. The registered manager explained that relatives often experience a range of emotions resulting from their loved one moving into the home and the person usually has a decline in their health. Relatives met regularly and could be involved in setting items for the agenda. Minutes were available following the meeting. Recent minutes talked about up and coming activities and outings.

The registered manager told us that they were waiting for their work to be assessed to achieve the Gold Standard Framework (GSF). The GSF is a nationally recognised model that enables good practice to be available to all people nearing the end of their lives. People were asked about where and how they would like to be cared for when they reached the end of their life. Staff told us how they sensitively involved the person and those important to them in compiling an end of life care plan. This captured their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in

the future, when they may no longer be able to express their views. The GP was very complimentary about people's end of life care at Etheldred and also told us that staff are so compassionate and ensure that people have a pain free end to their life.

Good

Is the service responsive?

Our findings

People, relatives and visitors consistently gave us feedback about how the service was personalised to meet people's individual needs. We saw that where people's first language was not English, staff were provided with translation cards that provided them with some basic words to be able to communicate with people. The service also employed staff whose first language met the needs of the people living at the service.

People living with dementia received best practice care because staff demonstrated a good understanding of how the different types of dementia affected people. The service had dementia champions who met regularly and discussed ways of improving people's individual care. For example, for people living with dementia, they discussed how to present food in various ways that enabled and encouraged them to eat. As a result of those discussions staff obtained take away food boxes from a local take away to serve burgers and chips. They also got some cream coloured sheets of paper to wrap fish and chips in. Staff told us that people who had eaten their meal in the boxes and out of paper had thoroughly enjoyed it. One member of staff said, "I think they felt they were on their holidays and there was lots of smiles all around."

Staff had an understanding of people's backgrounds and supported people to pursue their interests and hobbies. Staff also encouraged people to try new things and learn new skills. Staff knew each person's choices, wishes and preferences. One person said, "There is always something to do." Another said, "I always like to join in whatever is going on. Stops me getting bored." Hobbies, interests and activities that were offered included, sing a longs, coffee mornings, flower arranging and zoolab (reptiles and small animals are brought into the service). Trips out had been arranged to Anglesey Abbey and local garden centres.

People's cultural and spiritual needs were met. One person told us about church services and said, "Church service Wednesday morning and there is a rotation of denominations. They are extremely well attended." One relative told us that when a person was unable to attend the funeral of a loved one, "Staff were really good, we all sat down, staff brought flowers, said prayers and gave us lunch, they were amazing. We had a funeral service at the same time as it was going on in the church."

Pre admission assessments were completed to ensure people's care and support needs were planned, discussed and agreed to make sure that the service could meet their individual requirements. One relative said, "I feel involved in the care [decisions] and communication is good, you can talk to management if needed." A personalised care and support plan is put in place, following the assessment and a decision has been made that they are able to meet the person and the person and/or their family think that Etheldred House Care Centre is the place for them.

Staff compiled a detailed life history about each person in consultation with them and family members and these were used to look at the activities programme and ensure they reflected people's choices. Staff were mindful that not everyone was keen on group activities, staff therefore spent dedicated one to one time with people. People told us had supported them in completing a crossword, playing a board game, having a manicure or just having a chat. One person who had previously been an accountant helped the administrator to count money and place the money in bags ready to be taken to the bank.

Comprehensive personalised care plans were clearly laid out, up to date and were regularly reviewed. Staff told us they accurately reflected people's their current care needs, which helped them recognise changes in a person's physical or mental health. Peoples care plans showed what they were able to do for themselves and then what support was required by the staff to manage their care and support needs.

Staff told us that they had time to read people's care and support plans. They said that if they needed updating to reflect people's current needs, the nurses and senior staff would respond to this and this would be actioned. One staff member talked us through how they had raised concerns about a person's weight. The registered manager had listened to this and in response; this had involved input from a dietician. The person's care plan was updated with the guidance provided by the dietician as a result.

Staff were responsive to people's individual needs. A person who liked to lie in was having a late cooked breakfast in the dining room. This was in accordance with their care plan and preferences. Staff noticed when another person woke up and offered them a coffee and they also replaced another person's drink, which had gone cold.

There were regular opportunities for people and relatives/visitors to raise issues, concerns and compliments. People said they felt happy to raise any issues with the registered manager and were confident it would be dealt with straightaway. One person said, "We have no complaints whatsoever." Another person said, "The [registered] manager always listens to what we say and will always put things right. We can raise concerns at any time." Relative's comments included; "When you make a suggestion, it's acted on," "I've never heard anyone speak bad of the home, or not meet a person's needs," and "I regularly give written feedback to the home. I have no complaints."

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Records, and our discussions with the registered manager, showed us that notifications continued to be sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

People and relatives spoke about the strong leadership at the service. A relative, referring to the registered manager said, "[Registered] manager is so lovely and approachable in looking after families and friends and they involve you in everything." Another relative said, "[Name of manager] is very approachable, efficient and knows their stuff." A third relative told us, "[Name of manager] is really lovely and you feel you are walking into a five star hotel, they are so nice and so integrated with her staff and they show her respect." A GP told us how passionate the registered manager was about the service using words such as "dynamic", "driven" and "enthusiastic." They also told us the registered manager will always fight for the best care of the people. Staff made comments about the manager including, "Very approachable," "Helps on the floor if needed," and "[Name of registered manager] is very encouraging we are like one big family." The registered manager said, "I want Etheldred to strive for excellence." They used words such as "empowering", "respect", "independence" and "compassion".

We saw that regular staff meetings were held, and minutes showed staff feedback and ideas were sought and they actively participated in decision making. Staff told us they felt valued and that they were able to make suggestions to improving the service. One staff member said, "The manager actively encourages you to bring forward any ideas."

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops and pubs. People from the local community also took part in the weekly church service. The local school come and perform and put on plays for the people to watch.

There were quality assurance systems in place that monitored people's care. We saw that the manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medicines and health and safety. Our discussions with the manager highlighted that they had identified that care planning was an area that required some action to ensure they provided the detail for staff to meet people's needs. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Members of care staff were aware of the whistle blowing procedure and said that they would have no

reservations in using this. A member of staff told us, "That is where you report any concerns you have if you think someone is being harmed or neglected and you feel nothing is being done. We can ring you [CQC] if we needed to."