Stephen Geach

Oak View Residential 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:
Oak View Residential 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. Oak View Residential Care Home is registered to provide care for up to 42 people, including people living with dementia. At the time of the inspection, there were 42 people living at the service some of whom had a diagnosis of dementia.

People's experience of using this service:
• People were happy with the care they received from the staff at Oak View Residential Care Home.
• People and family members told us that safe care was provided.
• Staff were well trained and received support and supervision.
• People received support to take their medicines safely and as prescribed.
• Risks to people's well-being and environmental safety were recorded and updated when the circumstances changed.
• People's rights to make their own decisions were respected. Staff supported people to make choices in line with legislation.
• People were supported to access health and social care professionals if needed.
• People's dietary needs were assessed and where required, people were supported with their meals.
• People were supported to participate in a range of activities of their choice.
• Staff were kind, patient and responsive to people's needs. People were treated with dignity and staff respected their privacy.
• People knew how to complain and were confident that if they raised concerns, the management would act promptly to address these.
• People and staff were fully engaged in the running of the service.
• The management team were open and transparent. They understood their regulatory responsibilities.
• The management team had effective quality assurance systems in place.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:
The service was rated as Good at the last full comprehensive inspection, the report for which was published in September 2016.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Oak View Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Our inspection was completed by two 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 this type of care service.

Service and service type:
Oak View Residential Care Home in a care home registered to accommodate up to 42 people who need support with personal care. At the time of the inspection 42 people were living at the home. 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 reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

•□18 people using the service.
•□Eight people's relatives.
•□11 people's care records.
•□A representative of the provider.
•□The registered manager.
•□The deputy manager.
•□Eight staff members.
•□The chef.
•□One external healthcare professional.
•□Records of accidents, incidents and complaints.
•□Audits and quality assurance reports.
•□Records of recruitment, training and supervision.
•□We also observed care and support being delivered in communal areas and 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.

Following the inspection, we gathered further information from:
•□One external healthcare professional.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
- People and family members, we spoke with told us they felt safe at Oak View Residential Care Home. A family member said, "[Person] is very safe here, I don't have to worry about anything."
- The registered manager and staff knew what constituted safeguarding. Staff had received safeguarding training, which was updated annually.
- Staff were able to describe action they took if they suspected abuse. A staff member said, "I would report any concerns to the manager, I'm very confident they would do something." Another staff member told us, "If I had any safeguarding concerns I would go straight to the registered manager or provider. If I really needed to I would report my concerns to CQC or safeguarding team."
- There were robust processes in place for investigating any safeguarding incidents.

Assessing risk, safety monitoring and management:
- An assessment was completed for people before they came into the home. This included the use of a standard grid to provide an overview of their level of need and consider whether the home could safely provide care for the person.
- Risks to people were assessed, recorded in their care plans and updated when people's needs changed.
- On reviewing risk assessments and care plans we found the degree of personalisation in risk assessments and care plan was variable and there was evidence of standard phrases being used which were not always relevant to the topic covered. This was discussed with the registered manager and deputy manager who immediately began a review of all risk assessments and care plans. By day two of the inspection a number of these had been amended accordingly.
- Staff had extensive knowledge of people and had a clear understanding of all risks relating to specific people. They were able to describe actions they would take to mitigate risks and keep people safe.
- Risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.
- For people who were at risk of developing pressure sores we found that clear guidance was available to staff of how these should be prevented. Information included advice on regular repositioning and the provision of pressure relieving equipment, such as specialist mattresses. Where specialist mattresses were in place staff knew the appropriate setting for these for each person and there was a system in place which showed these were checked throughout the day.
- Some people were at risk of falling and this was documented in their care plans and risk assessments. Falls were monitored and actions were taken to reduce the risk of falls, for example the implementation of alert mats. Where needed, people had been provided with head and hip protectors to protect them if a fall occurred. The registered manager told us that where people expressed views not to wear head or hip protectors this was respected.

● People who were at risk of malnutrition and dehydration had clear and up to date information within their risk assessment of how this should be monitored and managed by staff. This included information about their likes and dislikes of certain food and the implementation of food and fluid charts, so that their intake could be closely monitored.
● Equipment such as hoists and stair lifts were serviced and checked regularly.
● Environmental risk assessments and general audit checks of the home were done regularly and health and safety audits were completed.
● There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly.
● Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Staffing and recruitment:
● There were sufficient numbers of staff available to keep people safe. People and their family members felt that staff were available to them when required. All staff we spoke with also confirmed there were enough staff to meet people's needs in a relaxed and calm way and felt that they had the time required to spend with people.
● Staffing levels were determined by the number of people using the service and the level of care they required.
● The registered manager told us they would observe care, review call bell times and speak to people and staff regularly about the levels of staff available to people.
● We observed that people were given the time they required and were not rushed by staff.
● Short term absences were covered by existing staff members working additional hours or a consistent pool of agency staff who were familiar with people using the service.
● There were thorough recruitment processes in place.
● Recruitment checks were completed before staff were appointed. This helped ensure suitable staff were appointed to support people.

Using medicines safely:
● Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
● Staff had been trained to administer medicines and had been assessed as competent to do so safely.
● Medicines administration records confirmed that people had received their medicines as prescribed.
● Clear information was available to staff about how people preferred to receive their medicines.
● Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.
● There were systems in place to audit medicines systems including the application of prescribed topical creams.

Preventing and controlling infection:
● We found all areas of the home to be clean and tidy.
● There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons was available for staff and kept in secure areas of the home to ensure people's safety. Staff were seen using these when appropriate.
● The laundry room was small, although measures had been taken to ensure the risk of infection was minimised. For example, there was a dirty to clean flow for laundry and clean laundry was stored in another

room close to the main laundry room, which helped to prevent cross contamination.
● Infection control audits were completed regularly by a member of the management team and saw that actions had been taken where required.
● The staff were trained in infection control.
● There was an up to date infection control policy in place, which was understood by staff.

Learning lessons when things go wrong:
● There was a process in place to monitor incidents, accidents and near misses.
● Incidents, accidents and near misses were recorded, acted upon and analysed.
● Monthly audits for all incidents and accidents that had occurred were completed. This helped to ensure that any trends or themes identified could be acted upon to help mitigate risk and prevent reoccurrence.
● Closed circuit television cameras (CCTV) were used in communal areas of the home to ensure the safety and security of people. The registered manager used the CCTV to help investigate incidents and accidents that had occurred in the home. The registered manager stated that the use of CCTV had helped to establish the facts of an incident and allowed effective measures to be put in place to prevent reoccurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The environment and been designed and adapted to promote people's safety, however did not fully support people living with dementia or a sight impairment to be independent. For example, signs to help people to navigate around the home and to bathroom and toilets were not easily identifiable, due to there colour and design and all doors to bedrooms were identical and could only be differentiated by small numbers.
- The issues in relation to the suitability of the environment were discussed with the registered manager. The registered manager was aware that some areas of the environment may not have been conducive for people living with dementia or a sight impairment and had arranged an upcoming visit from a reputable source to get guidance and support on how the environment could be made more dementia-friendly. There was also evidence noted in the registered managers 'action plan' for the service that some changes had been implemented prior to the inspection. These actions included toilet seats of different colours being fitted and digital clocks in place around the home which highlighted the day, date and time clearly for people.
- People's rooms were secured by a key pad system to ensure that people were kept safe while in their rooms and to promote the security of their belongings.
- People had been given appropriate support to access their rooms when they wished. For example, people were made aware of the codes needed to enter their rooms and some people had been given visual prompts to help them remember these codes. People who were not able to remember the codes would always be supported by the staff.
- We saw staff were always available to support people with access to their rooms.
- The key pads on bedroom doors resulted in doors being closed while people spent time in their rooms, as per their choice or for health reasons. They could not observe activity within the home, or have spontaneous interactions with staff or visitors passing their rooms. The potential isolation linked to people's doors being closed was discussed with the registered manager who was able to demonstrate that all people in their rooms were visited by staff every one to two hours or more frequently. There was also an activities coordinator employed by the service who spent time with people in their rooms regularly to complete one to one activities. The registered manager also told us that if a person chose to have their doors open this would be accommodated.
- The home was well maintained with a calm atmosphere. People could move around communal areas and corridors freely.
- There was a communal lounge, a dining room and a quiet area so people could socialise or spend time alone.
- Floors could be accessed by stairwells and stairlifts and the flooring was suitable for people with mobility needs.

● People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People and family members felt the care was effective. A person said, "Coming here was the best decision." Family members comments included, "It has changed our lives for the better", "We looked at lots of homes for [person] before we chose here. We definitely made the right decision and nothing is ever too much trouble [for the staff and the registered manager]" and "I am very happy they are looking after (person) well."
● Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
● Where appropriate, there was guidance for staff in people's files which reflected good practice guidance. An example of this was advice from the speech and language therapists when people were at risk of choking.

● A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor their bowel movements.

Staff support: induction, training, skills and experience:
● Staff had the necessary knowledge, skills and experience to perform their respective roles. A family member said, "They (staff) are very competent and importantly, they care."
● Staff had undertaken effective and appropriate training in areas such as first aid, fire safety, health and safety, infection control, dementia, safeguarding and the mental capacity act.
● Staff comments included, "We get loads of training, the trainer is very good", "The training is excellent, we are constantly training" and "The training is very good quality, we get lots."
● Staff were also provided with additional training where required and were supported to gain additional qualifications.
● New staff completed an induction to the service and a probation period before being permitted to work unsupervised. Agency staff who worked at the home were also provided with an induction specific to the home.
● A staff member who had not worked in care before told us that they were completing the 'Care Certificate' This is training that follows a set of standards that have been developed for staff to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.
● Staff received one to one supervision with a member of the management team every three months to discuss their progress and any concerns they had and annual appraisals took place. These one to one supervisions and annual appraisals were recorded in detail. A staff member said, "I find the feedback really helpful." Another staff member told us, "The supervision is good, but the manager is really supportive and approachable so I can go to them at any time."

Supporting people to eat and drink enough to maintain a balanced diet:
● People were happy with the food provided. A person said, "The food is so nicely presented. It makes each mealtime a treat."
● People were supported to make informed choices about what they ate and this was supported with the help of a picture menu with the name of the dish in large print.
● People were offered alternative meals if they did not wish to have the menu choices.
● Care records and food and fluid charts demonstrated people had choice and access to sufficient food and drink throughout the day and night.

● Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
● Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively.
● Some people had been assessed with swallowing difficulties and the home had sought guidance from professionals, such as speech and language therapists when people needed specialist support with eating and drinking. The chef was aware of this and knew the food and drink consistencies that people needed.
● People were weighed monthly or more frequently if weight loss was highlighted. There were fortified drinks and soups available to supplement people's diets where required.
● There was an assortment of plate sizes. Staff knew which portion size different people needed and used plates of the right size. The registered manager was also awaiting the delivery of brightly coloured plates that had been ordered; these would help support people living with dementia to eat independently.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
● Care records confirmed people were regularly seen by healthcare professionals including, doctors, nurses, dentists and chiropodists.
● When people's needs changed, staff sought the support of health care professionals to ensure the person got the right support. For example, one person's behaviour had recently changed and staff had contacted the older person's mental health team.
● The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. This was done by providing the receiving service with up to date and relevant documentation and a verbal handover.

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 were supported by staff that understood the principles of The Mental Capacity Act 2005.
● Records of mental capacity assessments and best interest decision meetings were recorded in people's care plans.
● Care records showed people's consent had been gained to restrictions such as bedrails, CCTV in communal areas and locked doors.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 found that they were.
● We found that applications for DoLS had been submitted to the appropriate authorities and approved where required.
● The management team and staff understood their role and responsibilities in relation to the MCA and DoLS. One staff member told us, "Even if someone doesn't have capacity about some things they may be able to still make choices about others."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
● People and family members spoke positively about staff and the care provided. One person said, "The staff look after me well." A family member told us, "The care is fantastic, me and my relative are very happy."
● Written feedback from family members also confirmed this. Feedback often described people as being provided with 'kind and compassionate' care from the staff.
● Staff were friendly and polite. Staff spoke respectfully to people and ensured they were at eye level when speaking to people. Interactions between staff and people were natural and showed positive relationships had been developed.
● Staff recognised when people needed support and reassurance and provided this in a timely way.
● The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally. Information about people's life history was recorded, which supported staff to provide person centred care.
● The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Kitchen staff recognised people's cultural needs and provided food in line with these. The registered manager assured us that people of all faiths would be supported to maintain their faith where required and was able to give us an example of where this had been done in the past.

Supporting people to express their views and be involved in making decisions about their care:
● Most people living at Oak View Residential Care Home required some level of support to make informed decisions. Records confirmed that relatives were involved in meetings to discuss their views and were involved in decisions about the care provided. A relative said of the staff, "They connect with families. They listen and discuss. They include us in her care."
● Although unable to make some decisions, staff respected decisions people could make. For example, if people wanted to join in activities or spend time in their room.
● Where needed, people were supported to access advocates. An advocate is someone who can speak up on behalf of another who is unable to do this for themselves.
● Staff ensured that family members and others who were important to people were kept updated with any changes to the person's care.
● Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories and their preferences. Staff used this information when talking with people.
● The registered manager was aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a

disability or sensory loss can access and understand information they are given. Documents could be given to people in a variety of formats for example, easy read, large print and pictorial.

● Staff understood people's communication needs. One staff member told us "[Person] is unable to communicate but can make decisions using their eyes and picture cards."

● Peoples care records highlighted the communication needs for people and guided staff as to how best to communicate with people. For example, one person's care file stated, '[Person] speaks very quietly and doesn't like loud noise. Staff are to speak softly and explain what they are doing step by step.'

Respecting and promoting people's privacy, dignity and independence:

● Staff treated people with dignity and respect and provided compassionate support in an individualised way.

● Staff used people's preferred form of address and recognised promptly when they were anxious, using distraction and re-directional support to help reduce this for them in a discreet manner.

● People's right to privacy was protected and respected. One member of staff told us that when they provided people with personal care they would ensure that the door and curtains were closed and cover them up.

● Some people's bedrooms overlooked a playing field which could be accessed by the public, therefore these windows had been fitted with one-way view glass. This allowed people to still be able to see out of their windows without being seen.

● Staff handovers and discussions about people and their care needs took place in private areas and records were stored securely and confidentially.

● People were supported to be as independent as possible in some areas of their lives. For example, mobility aids were provided as required and people were supported to remain safe when mobilising independently with the use of head protectors for those people who were at significant risk of falling. Plans were in place to help people to regain some independence, which included the purchasing of different coloured plates to support people to eat.

● People's care plans provided some information for staff about what people could do for themselves and where additional support may be required. For example, one stated, 'I am able to wash my teeth independently.' Another stated, 'With verbal prompts [person] can wash their hands and face.'

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Staff knew the people they supported well and could describe how they wished to receive care.
• Staff involved people and their family members where appropriate in their support. They gathered information from a variety of sources to ensure that the support plans implemented were based on the individual's needs and preferences.
• Care plans were in place for all people which highlighted their specific needs. Additionally, the deputy manager was in the process of completing detailed individual activity plans for all people living at the home. Five of these were viewed during the inspection and were found to contain detailed and person-centred information in a condensed format. Information included, the level of support required for each activity, what people enjoy doing, subjects of interest the people had to help staff engage with them and details of all equipment required to support the person. Information in this format was easy to follow and was particularly helpful to new or agency staff to help ensure appropriate and person-centred care could be provided in a timely way.
• Staff were responsive to people's changing physical and emotional needs. For example, during the inspection when a person became particularly agitated this was noticed by staff who immediately provided distraction to the person by engaging with them in a conversation on a subject the person had interest in.
• An activities coordinator was employed by the service and people were provided with a range of activities.
• The activities coordinator kept a daily record for each person which included information about activities they had been offered, if activities had been declined and people's general mood. This helped them to establish what activities people practically enjoyed and helped to ensure that all people were offered appropriate emotional and physical stimulation.
• Regular resident's meetings gave people the opportunity to make suggestions about any future activities provided.
• People who remained in their rooms were offered one to one activities regularly; such as reading, singing, music, hand massage and games. We were also told by the registered manager that people had been visited in their rooms by the 'pat dogs', a donkey from the local donkey sanctuary and school children when they had visited the home.
• Group activities were also organised which included; visits from external entertainers, arts and crafts, music, quizzes, baking and exercises.

Improving care quality in response to complaints or concerns:
• The provider had a robust complaints policy in place which was understood by staff.
• No formal complaints had been received since the previous inspection. However, the registered manager was able to demonstrate that any complaints received would be investigated robustly; in a timely way and appropriate action had been taken were required.
• The registered manager stated they aimed to make themselves as available as possible to people and

visitors, meaning any issues could be addressed promptly before people felt the need to make a complaint. This was further supported by an electronic logging out system for visitors which allowed them to rate the service immediately following their visit. This system would notify the registered manager if a visitor had rated their visit as 'inadequate or requires improvement' to allow the registered manager to act on concerns in a timely way.
• Information on how to make a complaint had been provided to each person when admitted and was displayed within the home.
• Family members told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively.
• The service had received a number of compliments about the service and the care provided.

End of life care and support:
• Staff told us no one in the home was very near the end of life, although we saw that discussions had been held with healthcare professionals when a person's health had declined.
• There was evidence that care at the end of people's lives was planned for. For example, peoples care plans contained an 'End of Life Choices' record which included information such as a person's preference for burial over cremation and details of specific music and prayers the person would like.
• The registered manager and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Quality performance, risks and regulatory requirements:
• People and their family members felt the service was well led and all told us they would recommend the home to others.
• The registered manager demonstrated an open approach and encouraged staff to do the same. Where people had come to harm, relevant people were informed in writing, in line with the duty of candour requirements.
• The previous performance rating was prominently displayed in the reception area and on the providers website.
• The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
• Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff via the staff computerised application. This helped to ensure that staff knowledge was regularly refreshed and that staff were kept up to date of any changes to policies.
• There were quality assurance procedures in place to aid the smooth running of the service. These processes included the completion of audits for care plans, cleaning records, medicine administration, environmental audits, training and infection control.
• All completed audits resulted in an action plan being completed, where required. These were discussed with the provider and timescales for work to be completed, agreed.
• The registered manager felt supported by the provider who visited the home regularly.

Managers and staff being clear about their roles; Planning and promoting person-centred, high-quality care and support:
• There was a clear management structure in place, consisting of the provider, the registered manager and the deputy manager; each of whom had clear roles and responsibilities.
• Staff understood their roles and were provided with clear guidance of what was expected of them at each shift. Staff communicated well between themselves to help ensure people's needs were met. One staff member said, "I love working here, we all get on well and work as a team."
• Staff understood the provider's vision for the service. Management and all staff expressed an ethos for providing good quality care for people, that was based around their needs.
• All the staff spoken to, including agency staff, were very positive about the running of the service and spoke highly of the provider, registered manager and deputy manager. Comments included, "It's very well run, I would recommend the home to work at and live at", The management are definitely good and they do treat

people and staff really well" and "It's very well run; I've worked in different homes but wouldn't want to work anywhere else."
• The provider and registered manager were very much involved in the day to day running of the service and were available to staff, people and family members.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• People and their families were given the opportunity to be fully involved in the running of the service.
• The management team created opportunities for people to provide feedback. For example, people had regular reviews, during which they could provide feedback about the care and the service received. Regular meetings were held for people who used the service and their families and quality assurance questionnaires were sent to people, families, staff and professionals annually. On reviewing the feedback from the latest questionnaires all feedback was positive.
• The management team monitored all feedback received. For example, information from the latest quality assurance questionnaires was collated and action was taken where required.
• Where people had made suggestions or shared ideas about the running of the service, these were taken seriously by the management team, considered and if appropriate acted upon.
• Friends and family members could visit at any time. A family member said, "They [staff] are so welcoming and lovely. I feel like part of a family, nothing is ever too much trouble." Another family member told us, "There are no visiting restrictions. I visit at odd times but I'm always made welcome." For family members who were not able to visit as frequently as they would like a video call system was being arranged to allow them to still be able to engage with people via the internet.
• Staff were recognised for their achievements and contributions and felt valued. One told us, "I feel valued and appreciated by the management."

Continuous learning and improving care:
• There was an emphasis on continuous improvement.
• The registered manager monitored complaints, accidents, incidents and near misses and other occurrences on a monthly basis or more frequently if required. If a pattern emerged, actions would be taken to prevent reoccurrence.
• Staff performance was closely monitored by the management team.
• All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others and community involvement:
• The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
• Staff supported people to attend local community events and to access activities and support from external agencies.
• Links had been developed with a local school and a 'pen pal' scheme had been set up. People living at the home often received letters and drawing from the children that attended the school and people had also been given the opportunity to attend the school's assembly.
• The registered manager explained that when the home was visited by the virtual reality dementia tour bus to provide training to staff, this opportunity was offered to the local community too. The virtual reality dementia tour bus simulates what a person with dementia may experience. This had been well received and therefore was going to be repeated later in the year.