Brook Lane Rest Home Limited

Brook Lane Rest Home

Inspection report

290-292 Brook Lane
Sarisbury Green
Southampton
Hampshire
SO31 7DP

Tel: 01489576010
Website: www.brooklaneresthome.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

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?	Outstanding ☆

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 1 and 2 and 3 October 2018.

Brook Lane Rest Home is a care home without nursing for up to 25 people. On the day of our inspection there were 25 people living at the service. It specialises in care for older people who may be living with dementia.

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

There was a registered manager 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.

At the last inspection on 19 and 24 February 2016, the service was rated Outstanding.

We met and spoke with most of the people living in the service during our visit. However, some people were not able to fully verbalise their views. Due to people's needs we spent time observing people with the staff supporting them. Others could tell us about the care and support they received. Staff told us and we observed staff using other methods of communication with people who could not verbally express their views, for example by the use of pictures.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. For example, one of the provider's values included choice. Recorded into each resident/family meeting held a documented about how people were given choice in nearly every aspect of the service. This included choice over menus/meals, and activities. The service was extremely well led. People lived in a service where the provider's values and vision were embedded into the service, staff and culture. People, relatives and staff said the providers were approachable.

The provider, registered manager and management team were open and transparent and were very committed to the service and the staff but mostly to the people who lived there. They told us how recruitment was an essential part of maintaining the culture of the service and told us about how some people were involved in the recruitment of new staff. This ensured people had a say over staff who worked in the service.

The provider, registered manager, deputy manager provided excellent leadership to staff; and had considerably improved the life experiences of people who lived at Brook Lane Care Home. The providers and registered manager were passionate and committed to developing a service where people received

genuinely person-centred care. People were supported to develop close relationships with each other and with all the staff. The management created a warm and relaxed environment and we observed a strong caring relationship between people and the management team including the provider. People knew about the management team and staff's family's and interests which helped maintain these relationships.

People remained safe at Brook Lane. People who could, said they felt safe living there. One person said; "I do feel safe with the staff" and relatives, staff and professionals agreed people were safe.

People received their medicines safely by staff that had received regular updated training. People were protected by safe recruitment procedures. This helped to ensure staff employed were suitable to work with vulnerable people. People, relatives and the staff team confirmed there were sufficient number of staff to help keep people safe. Staff said they were able to meet people's needs and support them when needed.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

People continued to receive care from a staff team that had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. The provider had a comprehensive training programme in place. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's wishes for their end of life were clearly documented. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and held full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People received care from a dedicated staff team who were kind, caring and compassionate, and who demonstrated they would go the extra mile for people when necessary. Staff valued people. The staff had built strong relationships with people. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People's equality and diversity was respected and people were supported in the way they wanted to be. People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

People lived in a service which had been designed and adapted to meet their needs. The provider monitored the service to help ensure its ongoing quality and safety. There were quality assurance systems in place to help monitor the quality of the service, and identify any areas which might require improvement. The provider's governance framework helped monitor the management and leadership of the service. The

provider listened to feedback and reflected on how the service could be further improved. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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

This service is Good.

Is the service effective?

Good

This service is Good.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The service worked to create a warm, caring environment for people, supporting the development of strong relationships with each other and with care staff.

People's dignity was respected and promoted. The service viewed ageing positively, as a continued stage of development and growth.

The service recognised the importance of continued links with the 'outside world' promoting people's right to continue to be supported by their family carers if they wished.

The service ensured the person receiving care was at the centre, and supported to express their views about all aspects of their care.

Is the service responsive?

Good

This service is Good.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The providers and registered manager had a clear vision about how they wished the service to be provided, and ensured the vision was understood and shared with the staff team. They were continually striving to enhance the care and quality of the service.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The views of people and those important to them were central to the running and development of the service. They were fully involved and supported to contribute fully. Their views were valued and led to improvements.

Staff were valued and motivated to develop and provide quality care. They felt well supported and fully involved in the running and development of the service.

Quality assurance systems drove improvement and raised standards of care.

Brook Lane Rest Home

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.

The inspection was undertaken by one adult social care inspector on the 1, 2 and 3 October 2018 and was unannounced on day one.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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. At our last inspection of the service in February 2016 we did not identify any concerns with the care provided to people.

During the inspection we met all the people who lived at the service and spoke with 13 people in detail about their care. Some people living at the service were living with dementia which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore, staff used other methods of communication, for example by providing visual prompts. Others were able to tell us about the care and support they received. As some people were not able to comment specifically about their care experiences, 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 living in the service.

We also looked around the premises. We spoke to the provider, registered manager, deputy manager, a healthcare professional, six staff and six relatives. We looked at records relating to individual's care and the running of the home. These included four care and support plans and records relating to medicine administration. We also looked at the quality monitoring of the service.

Good

Is the service safe?

Our findings

The staff team continued to provide safe care to people. People able to say, told us they felt safe with the staff who supported them. Some people who lived in the service were not all able to fully express themselves due to living with dementia. People were observed to be comfortable and relaxed with the staff who supported them. One person said; "I do feel safe with all the staff." Relatives agreed people were safe.

People had sufficient numbers of staff around to help keep them safe and to help ensure people's needs were met. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults. We observed staff meeting people's needs, supporting them, and spending time socialising with them.

People were protected from abuse and avoidable harm as staff understood and put into practice the provider's safeguarding policy. All staff completed training in safeguarding to help minimise the risk of abuse to people and staff knew how to recognise and report abuse. Relatives and people all agreed they had, "Nothing to worry about."

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff covered Equality and Diversity and Human Rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People continued to receive their medicines safely from staff who had completed medication training. Systems were in place to audit medicines practices and records were kept showing when medicines had been administered. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol, had records in place to provide information to guide staff in their appropriate administration.

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls or skin damage and if people were at risk of choking. They showed staff how they could support people to move around the service safely and how to protect people's skin, for example. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and knew when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People's accidents and incidents were documented. People, when needed, had been referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their health care needs.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The fire system was checked including weekly fire tests and people had personal evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order

to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and registered provider had an ethos of honesty and transparency. 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.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs. One professional said how the registered manager had provided training on hydration to other services in the area after they had developed an effective system to support people in Brook Lane.

People were supported by staff who had received training to meet their needs effectively. The provider had ensured staff undertook training the provider had deemed as 'mandatory'. This included dementia care and fire safety. New staff confirmed they'd competed training that covered Equality and Diversity and Human Rights. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported and received regular supervision and team meetings were held. This kept them up to date with current good practice models and guidance for caring for people with a learning disability. One staff said; "Couldn't believe how much training we received before we started working alongside people. It was brilliant."

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records held details on the professionals involved in their care. For example, GPs. People's health continued to be monitored to help ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, the community nurse team visited the service to support people with their skin integrity. Senior staff assisted the visiting professionals to enable them to communicate any treatment back to all other staff. This helped the staff and people receiving treatment receive the advice and support needed to maintain people's health and what treatment had been completed. Staff consulted with healthcare professionals when completing risk assessments and people identified as being at risk of pressure ulcers had guidelines produced to assist staff care for them effectively.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. Menus were displayed for people to read. Also, people were either verbally informed or staff used pictures to support people make a choice each day. People identified at risk of future health problems through weight loss or choking had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with appropriate food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in a safe consistency and in accordance with people's needs and wishes. Care records recorded what food people disliked or enjoyed. The chef confirmed they were made aware of people's special diets. People, visitors and staff commented on the high-quality food provided.

People were encouraged to remain healthy, for example people did activities that helped maintain a healthier lifestyle. For example, chair exercise to maintain their mobility.

People's care files showed how each person could communicate and how staff could effectively support individuals. Staff demonstrated they knew how people communicated and encouraged choice whenever

possible in their everyday lives.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding. This showed the provider was following the legislation to make sure people's legal rights were protected.

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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care needs. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that continued to be maintained, and planned updates to the environment were recorded.

Outstanding ☆

Is the service caring?

Our findings

The provider's values were 'a commitment to the core values of privacy, dignity, independence, choice, rights and fulfilment.' All staff were fully aware of these values and said they were embedded into the care they provided at the home. All staff agreed that the service lived up to the providers values and we observed staff providing highly sensitive person-centred engagement, particularly for people living with dementia. We observed how staff had an extremely good understanding of people's needs. Staff used this understanding to reduce distress when people became upset or distressed.

Relatives commented; "Wonderful here! Like a family. I have recommended the home to others who have since moved in!" Another said; "We had two relatives here. One has since passed away. As soon as we came through the front door we were made to feel very welcome. They (The management) were so enthusiastic about the home when they showed us around. Every staff member was engaged with people but still took the time to speak and welcome us!" Another said; "They visited dad in hospital and did a pre-admission assessment. They got down to dad's eye level and spoke to him about his life and interests. Good people skills!"

We observed, and people told us, that staff worked with them in a caring and person-centred way. For example, we observed one person become upset and distressed at times. The staff provided reassurance, stayed with the person and supported them until they became settled and where happy and smiling again.

People, relatives and professionals all agreed the staff and management were exceptionally caring. The registered manager and provider had developed a strong culture in the home of supporting each person as an individual. All the staff we spoke with said the management team had excellent knowledge of the people they supported, and their likes and dislikes. For example, staff understood the needs of each person we spoke of, and knew about their background, history and how to use this to support activities or interests and what or who was important in their lives. For example, one couple who were living apart had arrangements so a spouse could visit and stay all day for as long or a little as they wished. They said; "They invite me for breakfast, lunch and tea! I can come whenever I like and stay as long as I like. I eat my meals with [person's name] which is lovely as I miss them so much at home." They went on to say that at times their relative was confused but the staff are; "Very patient."

People were also supported to develop close relationships with each other and with all the staff. The management created a warm and relaxed environment and we observed a strong caring relationship between people and the management team including the provider. People knew about the management team and staff's family's and interests which helped maintain these relationships.

Birthdays are a special event and are personalised for each person. For example, during our visit one person was celebrating a birthday and we saw how the cake was made and designed to reflect the person unique personality. There was lots of laughter and interaction, including singing, between people and with the staff. Some people living at the service chose to socialise in each other's rooms, which encouraged friendships. Staff had genuine concern for people's wellbeing, and worked together to ensure people received good

outcomes and had the best quality of life possible.

People said of the staff; "The staff are very kind and very patient" and "Wonderful" and "Very, very caring." A professional commented on what a pleasure it was visiting this home.

People were supported to maintain close family relationships. The registered manager told us, "We welcome relatives and visitors at any reasonable time. We have facilities for relatives to stay overnight if their family member is unwell or nearing the end of their lives."

Without exception, people we spoke to told us they received a high level of professional care and kindness that supported them to live fulfilled lives and feel they mattered. Feedback we received from all relatives and visitors confirmed care at Brook Lane encompassed the whole family.

During our visits we saw staff acknowledge each person as they went past them, so nobody felt they were not noticed or cared for. There was a happy atmosphere in the home where people looked and felt included. Staff were seen to listen to people's views and respected them.

One experienced carer said; "One of the best homes I have every worked in." While another said; "I was welcomed and supported from when I first walked in by everyone."

People's care plans were held electronically. Staff carried a small electronic device which enabled them to immediately log what people have eaten, drunk, activities completed and people's wellbeing. This technology proved effective in monitoring people's fluid intake which supported staff in helping people to maintain good hydration levels. The management team were then able to log on and see at any time that each person, who required their fluids to be monitored, had taken on sufficient fluid and a variety of fluids. It could highlight if insufficient fluid was taken by individuals. This was particularly important if fluid intake was vital to people's care and welfare.

People's care records contained videos if a person has a particular care or medical need. For example, to provide the necessary care to someone if they had a catheter or colostomy the video explained to staff why the catheter or colostomy was in place, the cleaning and care of the catheter or colostomy site and the care of the person as well. This use of technology created ways to maximise the quality of care that people received.

Brook Lane had participated in a "Soul Midwives" training course. This training promoted that "Every dying person, is the most important person in the world. All are cared for as if they are a cherished friend or family member. A Soul Midwife has the skills, time and specialist knowledge of the dying process to make a huge difference at the end of life." Staff had completed as part of this training "TLC training" which staff confirmed was "designed to enhance the care offered by staff to people at the end of life." Staff confirmed the training was about caring compassionate support for the dying and those with progressive or life-limiting illnesses. Information about the "TLC" training included "a unique examination of the stages of dying and offers simple tools and gentle therapeutic techniques to aid comfort and offer support." A relative commented, about the end of life care their relative received; "Nothing they couldn't offer for end of life care for my dad."

The registered manager contacted the Alzheimer's Society to obtain a booklet on "This is me" for people living with dementia. This provides staff with information on a person life so far, including family, previous home and background. It also includes "The following routines are important to me." This provides staff with important information about the person and what may worry them, upset them and how to communicate with them. This is helps staff understand the person living with the dementia particularly if the

person was no longer able to say themselves how they like to be cared for.

Staff respected and promoted people's privacy, dignity and independence. There was a 'dignity champion' in post, with responsibility for promoting people's dignity at the service. Staff encouraged and supported people to be as independent as possible. Staff knelt and spoke to people on their level if they were sitting, so they could communicate effectively. They moved around speaking to people and offering choice. For example, where people would like to sit, choice of drinks and if people would like to go to their rooms.

Equality and diversity and human rights was understood and people's strengths and abilities valued. LGBT (LGBT, is an initialism that stands for lesbian, gay, bisexual, and transgender) information was made available to people. Leaflets and information about a variety of topics were available in different formats for people. People's religious needs were met and this included a small multi faith area for people. Regular communion was held in the home, some people attended church and others were supported to maintain relationships with people who practiced their faith.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by a staff team who were responsive to their individual needs. People had a pre-admission assessment completed before they were admitted to the service. The provider confirmed this helped to enable them to determine if they were able to meet and respond to people's individual needs.

People's care plans were person-centred and held detailed information on how each person wanted their needs to be met in line with their wishes and preferences. People's records also held information on people's social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any deterioration in people's general health or dementia was identified and specialist advice was sought. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were given verbal choices while others were shown visual clues to make choices from.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. The management team assured us their own policies reflected this to ensure people were treated equally and fairly.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. The Accessible Information Standard is a framework put in place 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. Information was provided to people in a format suitable to meet their individual needs. For example, picture menus and a list of activities planned were displayed for people to see and read what was going on.

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, records showed they had been fully investigated and responded to. The provider had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates, for example family members, available to them to help ensure people who were unable to effectively communicate, had their voices heard and this information could be provided in a format of people's choice.

People were assured an end of life that was pain free and dignified. People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life, so people's wishes were respected. Professionals said people had their healthcare concerns addressed and attended to at this time, as the provider and staff were always willing to seek advice and support.

People took part in a range of activities and an activities coordinator arranged a range of activities people enjoyed. People also went out on frequent trips, often with the provider. External entertainers visited the service and staff also arranged everyday activities for people. Resident meeting minutes recorded people

thanking the provider and staff on; "How nice if was visiting the garden centre in the car with X (the provider)" and how much X (person who lives in the home) loves "going out with staff to walk the dogs and enjoys coming back to the home to cuddle the cat."

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well led. The registered manager and provider were available throughout our inspection.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. For example, one of the provider's values included choice. Recorded into each resident/family meeting held a documented about how people were given choice in nearly every aspect of the service. This included choice over menus/meals, and activities. The provider, registered manager and management team were open and transparent and were very committed to the service and the staff but mostly to the people who lived there. They told us how recruitment was an essential part of maintaining the culture of the service and told us about how some people were involved in the recruitment of new staff. This ensured people had a say over staff who worked in the service.

There was a strong management structure which provided clear lines of responsibility and accountability. The provider and registered manager both spoke with pride and passion about "their home." They discussed the quality of care provided by the staff team, giving a comprehensive presentation about their service. The management team had an open-door policy, they were visible and people and relatives knew who they were. They worked alongside people and with staff most days. They knew the people who lived there very well.

People spoke freely and happily about the relationships they had built with the provider, registered manager and deputy manager. This was observed during our time at the service and included the management team very involved in participating in the activities during our visits. Comments from people were very positive and included in a survey returned to the home; "I have no hesitation in recommending Brook Lane. [Registered manager's name] is a 1st Class manager who gives 100% in everything she does."

Feedback from relatives included, "It is like a big family working here together" and "I know both the provider and registered manager as they are always around whenever I visit." Another said; "The management are all very good. Don't know what I'd do without them" and "X (The provider), nothing they couldn't offer for end of life care for my dad. This included a member of the registered managers family sitting with dad, they became part of our family and remain so now. I can't speak highly enough of them as a family." All surveys returned said 100% they would recommend Brook Lane. The resident/family meeting records how one relative, who spend Christmas at the service with their spouse, said "how happy they both were to spend Christmas together as husband and wife" and went onto say what an amazing place Brook Lane is.

A professional said how the registered manager now offered and supported other homes in the area if they did not obtain a satisfactory CQC report. This included help with hydration needs of people and falls prevention. They went onto say how working together had reduced the number of admissions to the local A&E department. This was through providing additional staff training on taking people's observations, for example blood pressure and pulse, and no longer calling the 999 service each time.

A local paper printed a thank you from relatives of people who had passed away and had lived at Brook Lane. One said; "Thank you for looking after my husband in the last year of his life. He was treated with kindness, dignity and humour for which we are grateful." While another said; "Your home is run perfectly. Your management and nurses and caring team have been ace!"

People benefited from a management team who worked with external agencies in an open and transparent way and there were positive relationships fostered. They worked in partnership with key organisations to support care provision particularly the community nursing team. Close working relationships with local professionals had seen a reduction in hospital admissions. The increased auditing and monitoring of falls had also impacted in a positive way on people's care and prevented admissions to hospital. They also proactively supported people to develop strong community links. For example, some people still attended a local day centre to meet friends and a local school visited people in the home to sing and interact with people who lived there.

People and their relatives were consistently asked for their views about all aspects of the service, including the safety and quality of the support provided, environmental improvements, activities and menus. They were kept well informed about developments through resident meetings. One relative told us, "They ask me if everything is ok." Quality assurance surveys had been developed based on the CQC's key lines of enquiry, and there were regular meetings for people and their relatives. At one meeting people asked if new staff could be introduced to everyone on their first day. At that time new staff spent the first week in the office doing an induction, reading care plans and completing training. Since this request staff are now introduced to people on their first day in the service and as previously said are involved in staff recruitment.

The service had a clear policy on equality and diversity and staff received training on this topic. The registered manager gave us examples of how the service had provided support to meet the diverse needs of people using the service, including those related to sexuality and faith. People's individual preferences were identified through discussion with them or their relatives if appropriate. Their preferences were documented in care plans if they wished this information to be shared, and understood and respected by staff.

The service promoted effective monitoring and accountability. The provider was at the home most days and played an active role in monitoring the quality and safety of the service alongside the management team. Monthly management meetings were held to review complaints, call bell response times, accidents/incidents and any errors in medicine administration. This provided an opportunity to analyse the situation, the actions taken and identify any learning and further action required. A comprehensive programme of audits was carried out looking at areas such as infection control, medicines administration, health and safety, care plans and activities. The computerised planning system gave the provider, registered manager and deputy manager an oversight of the support being provided to people. We were told how this information can be looked at any given time day or night and see what care is being provided at that time.

Staff were caring, motivated and hardworking. Staff spoke positively about working with the provider and the service. They said they were supported and felt listened to. Questionnaires were sent to staff so they could have their say on the service. Staff told us they were very well supported. Staff were able to contribute to the development of the service by expressing their views through staff surveys, at supervisions and staff meetings. Regular staff meetings provided an opportunity for staff to be updated about any changes or developments and to put forward their ideas about how things might be improved or done differently. Staff said; "I am encouraged and feel able to speak out at team meeting."

Staff said; "The management are always on the shop floor to help and support, they will do care if needed.

They are always sitting and chatting with people." There was a focus on empowering staff and valuing their individual skills and strengths outside of their caring role.

Staff received regular recorded supervision including formal observations looking at the support provided, including their interaction, understanding and knowledge of people. Any training needs were identified and discussed in supervision. The observations were carried out with all staff working at the service. Additional support was provided by staff in 'champions' roles, with responsibility for medicines, nutrition and hydration and falls prevention. These staff took an additional interest in a specific area of care, kept up to date with new developments, reviewed performance and promoted best practice within the team. Staff were encouraged in their career pathway and enrolled on further vocational courses. For example, staff had completed the "Souls Midwives" training in end of life care.

The providers and registered manager were continually striving to enhance the care and quality of the service. Investing in the home meant the environment continued to look well maintained. Every year the provider and registered manager discussed improvements or upgrades. They were in the process of changing one room into a room suitable for relatives to stay over when needed. They recognised that some relatives lived some distance away from the home and at times due to deteriorating health of their loved ones they wished to be close by.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider was fully aware of and had implemented the Care Quality Commission (CQC) changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.