Amber Care (East Anglia) Ltd

Stewton House

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

Stewton House is registered to provide accommodation, nursing and personal care for 48 older people. There were 44 people living in the service at the time of our inspection visit.

The service was run by a company that was the registered provider. The company's area manager was also managing the service and had applied to be registered by us in that role. 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. In this report when we speak about the company we refer to them as being, 'the registered person'.

At our last comprehensive inspection on 6 September 2016 the overall rating of the service was, 'Requires Improvement'. This summary rating was the result of us rating our domains 'safe', effective', 'responsive' and 'well led' as, 'Requires Improvement'. In relation to our domain 'safe', we found that there was a breach of regulations. This was because the registered person had not ensured that sufficient care staff were always deployed to enable people to promptly receive all of the care they needed. The other breach was in connection with our domain 'effective'. This was because the registered person had not established suitable systems to plan and monitor the delivery of some parts of the care people needed to receive.

After this inspection the registered person wrote to us and explained what they intended to do to address the concerns we had raised. We completed a focused inspection on 11 April 2017 when we found that sufficient progress had been made to meet the two breaches of regulations. However, we did not change the ratings of the domains in question. This was because we needed to see that the improvements would be maintained. As a result the overall rating of the service remained as being, 'Requires Improvement'.

At the present inspection the overall rating of the service was changed to, 'Good'. We found that most of the improvements had been maintained and we rated each of our domains as being, 'Good'.

In more detail, there were systems, processes and practices to safeguard people from situations in which they may experience abuse. Most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, most of the necessary provision had been made to ensure that medicines were managed safely. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs. Background checks had been completed before new nurses and care staff had been appointed. People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Nurses and care staff had been supported to deliver care in line with current best practice guidance. People enjoyed their meals and were supported to eat and drink enough to maintain a balanced diet. In addition,

people had been enabled to receive coordinated and person-centred care when they used or moved between different services. As part of this people had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from the accommodation being adapted, designed and decorated in a way that met their needs and expectations.
Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They were also supported to express their views and be actively involved in making decisions about their care as far as possible. This included having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs, although improvements were needed in the way care was planned for people who had developed sore skin. Nurses and care staff had promoted positive outcomes for people who lived with dementia including occasions on which they became distressed. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People benefited from there being a management framework to ensure that staff understood their responsibilities so that risks and regulatory requirements were met. The views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made. Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people consistently received safe care. Good team work was promoted and staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered person and manager worked in partnership with other agencies to support the development of joined-up care.

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.

Nurses and care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been supported to avoid preventable accidents and most untoward events.

Most of the necessary arrangements had been made to ensure that medicines were safely managed.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs.

Background checks had been completed before new nurses and care staff were appointed.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current best practice guidance.

People enjoyed their meals and were helped to eat and drink enough to maintain a balanced diet.

People received coordinated care when they used different services and they had received on-going healthcare support.

The accommodation was adapted, designed and decorated to meet people's needs and expectations.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Positive outcomes were promoted for people who lived with dementia.

People told us that they were offered the opportunity to pursue their hobbies and interests and to take part in a range of social activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well led.

There was an open culture and people benefited from staff understanding their responsibilities so that risks and regulatory requirements were met.

People who used the service, their relatives and staff were engaged and involved in making improvements.

There were suitable arrangements to enable the service to learn, innovate and maintain its sustainability.

Quality checks had been completed and the service worked in partnership with other agencies.

Stewton House

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 was planned to check whether the registered person continued to meet 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 2 November 2017 and the inspection was unannounced. The inspection team consisted of an inspector and a special professional advisor who was a registered nurse. There was also an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with 13 people who lived in the service and with six relatives. We also spoke with a nurse, a senior member of care staff, four members of care staff, a housekeeper, the laundry manager, the chef and the kitchen porter. In addition, we met with the deputy manager and with the manager. We observed nursing and personal care that was provided in communal areas and looked at the care records for nine people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After our inspection visit we spoke by telephone with three more relatives.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I am quite settled here now and I have my things around me and feel safe because the staff are always around. Relatives were confident that their family members were safe. One of them remarked, "They care really well here for my family member and I know they are safe." Another relative commented, "I'm very relieved to know that my family member is in Stewton House because it's a good service with a good reputation in the town which in my view is wholly deserved."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that nurses and care staff had completed training and had received guidance in how to protect people from abuse. We found that nurses and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered person and manager had established robust and transparent systems to assist those people who wanted help to manage their personal spending money. This contributed to protecting people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. However, we noted that additional steps needed to be taken to address two security issues so that people were always safe in their home. We raised our concerns with the manager who assured us that steps would immediately be taken to address the matters in question.

We found that that most of the necessary arrangements had been made to ensure the proper and safe use of medicines. There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and nurses and senior care staff who administered medicines had received training. We saw them correctly following the registered person's written guidance to make sure that people were given the right medicines at the right times. However, we noted that an improvement needed to be made to the way in which some medicines were stored. This was because records showed that care staff had not always checked to ensure that they were stored at the right temperature. This is necessary because some medicines lose their beneficial effect if they are not stored in the right way. We spoke with the manager about this shortfall and they assured us that the oversight would be corrected straight away.

The manager told us that suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs. However, most of the people who lived in the service and their relatives with whom we spoke raised concerns about there not being enough care staff on duty. They said that this sometimes resulted in people having to wait too long when they asked for assistance. Summarising this view a person commented, "The only thing I will

say here is about the bell ringing. It shouldn't take them as long as it does and it's not very nice if you are wanting to go to the toilet and having to wait. I would say it's the one thing everyone complains of in here. There's never enough staff to deal with it." A relative said, "On some days it's fine but when a staff member calls in sick at the last moment they don't seem to have the systems to get the shift filled and then all of the care staff are rushing around and the call bells do go unanswered for quite a long time."

We saw that the manager had established how many nurses and care staff needed to be on duty at each time of day based upon an assessment of the care each person required. They told us that there was always a nurse on duty at all times who was supported by a varying number of care staff depending on the time of day. Records showed that at all times in the month preceding our inspection visit the planned deployment of nurses had always been met. They also showed that on most days the number of care staff on duty had met or almost met the minimum level that the manager considered to be necessary. Although we were told that a small number of care staff shifts had not been filled in the month preceding our inspection visit, we concluded that in practice there had been enough care staff on duty to provide people with the assistance they needed. This was because we were assured that when care shifts had not been filled the manager and other members of staff worked flexibly either to provide care themselves or to relieve care staff from having to undertake non-essential duties. In addition, we examined records of how long it had taken care staff to respond when someone had used their call bell to ask for assistance. We found that on nearly all occasions call bells had been answered within a reasonable time. Furthermore, during the course of our inspection visit we saw people promptly receiving all of the nursing and personal care they needed.

Nevertheless, we shared with the manager the critical feedback we had received from people who lived in the service about staffing levels. They assured us that they would continue to monitor records of response times to call bells so that action could quickly be taken to address any shortfalls that occurred.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to both people all of the main checks had been completed. These had been done to establish the applicants' previous good conduct and to confirm that they were suitable people to be employed in the service.

There were suitable systems to protect people by the prevention and control of infection. Records showed that the manager had assessed, reviewed and monitored what provision needed to be made to ensure that good standards of hygiene were maintained in the service. We found that the accommodation was clean and had a fresh atmosphere. We also noted that equipment such as hoists and commodes were in good condition, had washable surfaces and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that nurses and care staff recognised the importance of preventing cross infection. They were wearing clean uniforms, had access to antibacterial soap and regularly washed their hands.

We found that the manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls. They also included practical measures such as a person being given a special low-rise bed so that there was less risk of them falling if they got up at night.

Good

Is the service effective?

Our findings

People were confident that the nurses and care staff had the knowledge and skills they needed. They also told us that nurses and care staff had their best interests at heart. One of them remarked, "I get on well with the nurses and with the carers and they know what help I need and they're happy to give it." Relatives were also confident about this matter. One of them said, "Although sometimes the staff are rushed things seem to get done and certainly I have no concerns at all about the quality of the care."

We found that robust arrangements were in place to assess people's needs and choices so that nursing and personal care was provided to achieve effective outcomes. Records showed that the manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the manager's assessment had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the manager clarifying with people if they had a preference about the gender of the nurses and care staff who provided them with close personal care.

Records showed that new nurses and care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. We found that nurses and care staff knew how to care for people in the right way. An example of this was nurses knowing how to provide clinical care for people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The food here really is very good indeed and I have no complaints at all about it." Relatives were also complimentary with one of them remarking, "The food here is amazing. I come and have lunch here often with my family member and they always make me so very welcome. It's nice we can sit and eat together." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The dining tables were neatly laid, people were offered a choice of dishes and the meals were attractively presented.

We found that people were being supported to eat and drink enough to maintain a balanced diet. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this included nurses readily having to hand important information about a persons' care so that this could be given to ambulance staff if someone

needed to be admitted to hospital. Another example was the manager liaising with care managers (social workers) when a person had suggested that they might want to move to another service. This had been done so that full consideration could be given as to which other service might be best placed to meet the person's needs and expectations.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. Speaking about this a relative remarked, "The staff let me know when they've had to call for a doctor and I know that they don't hang around and get medical attention for my family member when it's needed." In addition, we noted that nurses and care staff informed people about the healthcare they were receiving. An example of this was a member of care staff who we overheard explaining to a person why their doctor had prescribed one of their medicines in terms of symptoms it was intended to relieve.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People were able to move about their home safely because there were no internal steps and there was a passenger lift between the two floors. There was sufficient communal space in the dining room and in the lounges. In addition, there was enough signage around the accommodation to help people find their way around. Everyone had their own bedroom that was laid out as a bed sitting area so that people could spend time in private if they wished. Furthermore, people told us that they had been encouraged to bring in items of their own furniture and we saw a lot of examples of people personalising their bedrooms with ornaments, personal memorabilia and photographs.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. This involved the manager, nurses and care staff following the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the manager, nurses and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered person had ensured that decisions were taken in people's best interests. An example of this was the manager liaising with relatives and healthcare professionals when a person needed to have rails fitted to the side of their bed. This was in their best interests because without them the person was at risk of rolling out of bed and falling.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered person had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The staff are very kind to me and always are polite." Another person remarked, "I've nothing to complain about really as the staff are helpful and I like to see them around because I know I'll get cared for." When we asked a person who lived with dementia and who had special communication needs about this, they approached a nearby member of care staff smiled and held their hand in an appreciative way. Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I'm in the service regularly and all I can say is that it feels homely and welcoming. I'm very confident that my family member is well treated as I'd know straight away if something was wrong and my family member would also tell me."

We saw that the service ensured that people were treated with kindness and that they are given emotional support when needed. Nurses and care staff were informal, friendly and discreet when caring for people. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we overheard a member of care staff chatting and laughing with a person about a story both of them had read in the local newspaper. The person and the member of care staff enjoyed reflecting on the events in question and anticipating how the story might develop in the future.

Nurses and care staff were considerate and we saw them making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. We also noticed that nurses and care staff had sensitively asked people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed that the manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw nurses and care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We also found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, nurses and care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw

that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff. Records showed that nurses and care staff had been given training and guidance on the importance of maintaining confidentiality and we found that they understood their responsibilities in relation to this matter.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. One of them remarked, "The staff give me a great deal of help every day and they don't mind doing it." Another person remarked, "You can have to wait at busy times of day but you can rely on them to come and help you in the end." Relatives were also positive about the amount of help their family members received. One of them commented, "I think that the care is very good indeed and I always find my family member to be wearing clean clothes and to be well in themselves."

We found that people received personalised care that was responsive to their needs. Records showed that nurses and care staff had carefully consulted with each person about the nursing and personal care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. However, we saw that some people's care plans did not describe in sufficient detail all of the nursing care they needed in order to help their skin to quickly heal when it had become sore. Although other records showed and a nurse confirmed that in practice these people had received all of the assistance they needed, shortfalls in planning the delivery of this care had increased the risk of mistakes being made. We raised our concerns with the manager who told us that each of the care plans in question would immediately be reviewed to ensure that they provided nurses with all of the information they needed. In addition, they assured us that further checks would be completed to make sure that the information was kept up to date and fully reflected the care that was delivered.

Other records confirmed that people were receiving the nursing and personal care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, changing position safely and promoting their continence.

We saw that nurses and care staff were able to promote positive outcomes for people who lived with dementia including occasions on which they became distressed. We noted that when this occurred staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not clearly recall which bedroom they occupied. A member of care staff gently accompanied them to their bedroom where they pointed to the view from the window with which the person was familiar. This helped the person to be reassured that they were in the right room after which they were happy to return to their armchair in the nearby lounge.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. One of them remarked, "The activities lady gets us doing things. We like the bingo and the music to keep fit and we do lots of making things like for special occasions." During the course of our inspection visit there was a lively atmosphere in the main lounge and we saw a number of people being supported to enjoy a table-top game. Other people were assisted on an individual basis to enjoy things such as reading the newspaper and completing word puzzles. In addition, we noted that the service had its own people carrier vehicle and that trips out into the local community been arranged over the summer months.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice which usually involved the chef baking them a special cake. In addition, people had been enabled to share in community commemorations. There was an example of this on display at the time of our inspection visit in that staff had prepared an elaborate display of poppies and related memorabilia to help people celebrate Remembrance Sunday.

We noted that nurses and care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. In addition, the manager was aware of how to support people who had English as their second language, including being able to make use of translator services.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Most people told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered person intended to respond to concerns. Records showed that in the 12 months preceding our inspection visit the registered persons had received 17 complaints most of which were about minor matters. We saw that on each occasion the registered person and manager had correctly followed their procedure to quickly and fairly resolve the concerns. Speaking about this a relative remarked, "I did raise a concern about my family member not being helped to eat their meal when being cared for in bed. I was pleased to see that the next time I called a member of staff was there to give the assistance they needed."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted that nurses and care staff had supported relatives at this difficult time by making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Good

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "Overall, it seems to be quite well run. Apart from being short of staff on some days it works smoothly enough I suppose." Relatives were also complimentary about the management of the service. One of them remarked, "I do indeed think that the service is well managed particularly since the new manager took over in July 2017 things seem to be very ship-shaped."

We found that the registered person and manager understood and managed risks and complied with regulatory requirements. Records showed that the manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This is so that registered persons are better able to meet all of the key questions we ask when assessing the quality of the care people receive. In addition, we noted that the registered person and manager had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. Furthermore, we saw that the registered person had suitably displayed the quality ratings we gave to the service at our last inspection.

Staff were clear about their responsibilities. We noted that each shift was led by a nurse and a senior member of care staff. These members of staff shared an office and worked closely together. We heard them discussing the nursing and personal care needed that day by each person who lived in the service. We then noted that this discussion was reflected in the tasks we saw care staff being asked to complete. In addition, we were present when nurses and a senior member of care staff met to hand over information from one shift to the next. We noted the meeting to be well organised so that detailed information could be reviewed in relation to the current care needs of each person.

People who used the service, their relatives and staff were engaged and involved in making improvements. Documents showed that people had been invited to attend joint residents' and relatives' meetings at which they had been supported to suggest ideas about how the service could be improved. We noted a number of examples of these suggested improvements being put into effect. An example of this was changes that had been made to the menu so that it better reflected people's changing preferences. Another example was changes that had been made to the calendar of social activities in which people could choose to take part.

Nurses and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the manager if they had any concerns about people not receiving safe care. They told us they were sure that any concerns they raised would be taken seriously by the manager so that action could quickly be taken to keep people safe.

We found that the registered person and the manager had established suitable arrangements to enable the service to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them guidance about their respective roles. Records also showed

that the manager had introduced a number of initiatives to help develop the service. One of these was the use of 'nurse associates'. This involved two members of care staff undertaking specialist training to enable them to complete additional care tasks that might otherwise need to be done by community nursing staff.

We noted that the registered person and manager adopted a prudent approach to ensuring the sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the manager carefully anticipated when vacancies may occur and liaised with local commissioning bodies so that new people could quickly be offered the opportunity to receive care in the service. Records showed that these arrangements had been largely successful in that relatively high levels of occupancy had been maintained. This helped to ensure that sufficient income was generated to support the continued operation of the service.

Records showed that the registered person and manager had regularly checked to make sure that people were reliably benefiting from having all of the care and facilities they needed. These checks included making sure that nursing and personal care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered person and the manager recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered person's membership of a county-wide association that worked to identify how commissioners and service providers could better develop a cross sector approach to delivering high quality care.