

Sanctuary Care Limited

Asra House Residential Care Home

Inspection report

15 Asha Margh
Holden Street
Leicester
Leicestershire
LE4 5LE

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Tel: 01162662727

Website: www.sanctuary-care.co.uk/care-homes-midlands/asra-house-residential-care-home

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Asra House Residential Care Home providing care and support for up to 42 older adults living an Asian lifestyle. At the time of the inspection there were 42 people using the service.

Rating at last inspection:

Our last inspection report for this service was published on 22 June 2016 and the rating was 'Good'.

Why we inspected:

This was a scheduled inspection based on the service's previous rating.

People's experience of using this service:

People benefitted from an outstanding responsive and well-led service. Care and support was tailored to meet people's needs and to ensure flexibility, choice and continuity of care. People were involved in and consulted about all aspects of their care and support. People told us that staff had an excellent understanding of their social and cultural diversity, values and beliefs and how these might influence their decisions on how they wanted to receive care and support.

The home promoted understanding and a positive attitude towards different types of disability. Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the home was developed.

Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. People organised events at the home themselves. Photographs throughout the home showed people taking part in a wide range of activities, events and celebrations throughout the year. The home had a key role in the local community and links with other community organisations which provided information and support to people.

The culture in the home focused high-quality, person-centred care. In 2018 the home won a major Department of Health sponsored care award for 'outstanding excellence within their field of work'. Staff put people at the heart of the service and their views were at the core of home's quality monitoring and assurance arrangements. Staff were motivated by and proud of the home. Continuous learning was embedded in the home's culture.

People felt safe at the home and there were the systems and processes in place to safeguard them. People had risk assessments so staff knew how to keep them safe. The premises were safe for people. Regular

safety checks were carried out on the environment and on the equipment used. There were enough suitable staff on duty to meet people's needs. People were provided with their medicines in a safe way. All areas of the home were clean, fresh, and tidy. The provider and registered manager ensured lessons were learnt and improvements made when things went wrong.

People's social care, healthcare and cultural needs were assessed prior to them moving into the home. They told us staff supported them to access health care services when they needed to. The staff team were well-trained and knew how to meet people's individual needs. People told us they liked the food served. The kitchen catered for a range of dietary and cultural needs including vegetarian, halal, and diabetic. The home was purpose-built and provided people with spacious and accessible accommodation including a range of communal areas. Staff understood the importance of people consenting to their care and support.

The atmosphere in the home was warm and friendly. People experienced positive caring relationships with the staff team. Care workers assisted people in a kind and reassuring manner. People were encouraged to express their views and make decisions about their daily routines. They said staff helped them to maintain their independence. Staff treated people with dignity and respect. People were supported to maintain relationships with relatives and friends. Visitors were made welcome by staff and invited to events and celebrations.

For more information please see Detailed Findings below.

Follow up:

We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Outstanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-led findings below.

Outstanding ☆

Asra House Residential Care 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 team consisted of an inspector 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. Our expert by experience's area of expertise was the care of older people.

Asra House Residential Care Home is a 'care home'. 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.

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.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information provided by other agencies including commissioners who contract with the service.

During the inspection, we spoke with ten people using the service and two relatives. We also spoke with the responsible individual, registered manager, deputy manager, four care workers, the cook, and one of the housekeepers. We observed lunch and afternoon tea being served.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at four people's care records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- People said they felt safe using the service. One person said, "The staff take good care of me and make sure I am safe."
- The provider had systems and processes in place to safeguard people.
- Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people using the service.
- Records showed that staff followed the provider's safeguarding procedure when there was a safeguarding issue by making a referral to the local authority and notifying CQC.

Assessing risk, safety monitoring and management

- People had risk assessments so staff knew how to keep them safe. For example, one person needed regular turning to protect their skin and this was made clear in their risk assessment.
- If people needed specialised equipment to reduce risk this was provided. For example, some people had sensor mats by their beds to alert staff if they got up in the night.
- Staff knew how to keep people safe. For example, a care worker told us how they always assisted one person when they were walking to reduce the risk of them having a fall.
- The premises were safe for people. Regular safety checks were carried out on the environment and on the equipment used.
- Plans were in place to ensure people were supported in the event of a fire or other emergency.

Staffing

- People told us there were enough staff on duty to meet their needs. One person said, "If I buzz for help they [staff] come quickly." Another person told us, "If need the staff I just ring the call bell and they come, usually straight away."
- Staffing levels were based on people's assessed needs and were flexible. For example, if a person was unwell extra staff were put on duty.
- Care workers said staffing levels were good and they had time during their shifts to spend time talking socialising with the people using the service.
- The provider and registered manager followed safe recruitment and selection processes to ensure the staff employed were suitable to work with people who use care services.

Using medicines safely

- People were provided with their medicines in a safe way. Staff were trained and their competency assessed before they administered medicines.
- Staff knew how to administer medicines in the way people wanted them. They made sure people were ready, explained what the medicines were for, and asked for consent before giving medicines to people.

- Staff followed the provider's medicines policies and procedures.
- Medicines were stored securely and safely at the correct temperatures.
- Records showed people were given their medicines as prescribed.
- Protocols were in place and followed with regards to medicines prescribed 'as and when required'.

Preventing and controlling infection

- Staff were trained in infection control and provided with personal protective equipment (PPE) to help prevent the spread of infections.
- All areas of the home were clean, fresh, and tidy.

Learning lessons when things go wrong

- The staff team reported incidents and accidents that happened at the service.
- The provider and registered manager ensured lessons were learnt and improvements made when things went wrong.

Is the service effective?

Our findings

Effective – this means 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's social care, healthcare and cultural needs were assessed prior to them moving into the home.
- Assessments considered people's views and, where appropriate, the views of family members and health and social care professionals.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, NICE (National Institute for Clinical Excellence) guidance was incorporated into people's care plans.

Treatment and support

- People told us staff supported them to access health care services when they needed to. One person said, "If I tell the staff I don't feel well they will check me and call the doctor."
- Records showed prompt and appropriate referrals were made to healthcare professionals when required.
- People were supported by a wide range of visiting healthcare professionals including GPs, district nurses, tissue viability nurses, chiropodists, opticians, and dentists to ensure their full range of healthcare needs were met.

Staff skills, knowledge and experience

- The staff team were well-trained and knew how to meet people's individual needs. One person said, "The carers are excellent. They know how to get me up safely using the hoist."
- New staff completed an accredited induction course followed by ongoing training including annual refresher courses to ensure their skills remained up to date.
- The home had a 'policy of the week' and a 'question of the day' which staff discussed at handover in order to learn and reflect on their work. A care worker said, "They're [the managers] always testing us and getting us to think."
- The registered manager tailored courses to meet the needs of the staff team. For example, she held workshops to help staff complete records and understand the terminology used by health and social care professionals.
- Staff were supported through regular supervisions, observations, and appraisals.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food served. One person said, "The food is suitable for me and is beautiful. It's very healthy food and nicely presented." Another person told us, "I like it, it's mostly vegetarian meals, sometimes meat too, I occasionally have meat."
- The kitchen catered for a range of dietary and cultural needs including vegetarian, halal, and diabetic.
- People's nutritional needs were assessed and met. If people needed specialist support with their nutrition they were referred to healthcare professionals, for example dieticians and/or the SALT (speech and

language therapy) team, and staff followed their advice.

- People had choices at mealtimes and drinks and snacks were offered throughout the day.

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

- People told us they liked how the home looked. One person said, "I have a lovely big bedroom with my own shower and toilet. I can make myself at home there if I want time on my own."
- The home was purpose-built and provided people with spacious and accessible accommodation including a range of communal areas.
- The home was subject to ongoing improvement and re-decoration. People were involved in choosing colour schemes when bedrooms and communal areas were re-painted.

Ensuring consent to care and treatment in line with law and guidance

- 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 Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support.
- If a person was subject to a deprivation the registered manager sought authorisation from the local DoLS team in keeping with their legal responsibilities.

Is the service caring?

Our findings

Caring – this means 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

- People experienced positive caring relationships with the staff team. One person told us, "All the staff are very good with their attitude including the cooks and the cleaners. They are all so friendly and kind."
- The atmosphere was homely and people said they felt valued. One person said, "The staff are very caring. They treat me like I was their family member."
- We saw two care workers assisting a person to move from an armchair to a wheelchair. This was done in a kind and reassuring manner.
- When one person became distressed the registered manager listened and provided comfort. She then asked a care worker to sit with the person to ensure they were supported and cared for.

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

- People were encouraged to express their views and make decisions about their daily routines.
- People said staff helped them to maintain their independence. One person told us, "The staff know how independent I am but they are there if I need them."

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect. One person told us, ""The carers respect my privacy. When I'm in the shower they stay behind the shower curtain until I'm ready for them to help me."
- Staff knew how to maintain people's privacy and dignity when supporting them. They told us they knocked on bedroom doors before entering and ensured that curtains were closed and people covered up when they were providing personal care
- People were supported to maintain relationships with relatives and friends. Visitors were made welcome by staff and invited to events and celebrations.
- People's personal information was stored in keeping with the provider's confidentiality policy. Staff knew how to keeping people's personal information confidential.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care

- Staff involved people and their relatives in their care and support plans, so they felt consulted, empowered, listened to and valued.
- Records showed that people, and where appropriate their families, were involved in creating care support plans. These were based on people's views of how they wanted to be supported with family input where relevant.
- Care and support plans were reviewed and changed in line with people's needs. For example, one person's mobility improved and they progressed from using a walking frame to using a walking stick. Records showed staff spent time with them showing them how to use each new aid and re-wrote their care plans accordingly.
- Staff used innovative and individual ways of involving people in their care and support. For example, the 'resident of the day' initiative enabled people to consider and comment on all aspects of their care and support as their needs were reviewed in conjunction with staff from a range of departments.
- The 'resident of the day' attended the home's '10 at 10' meeting along with representatives of all the home's departments. This meant people could also share their views with non-care staff about issues such as catering and the premises.
- The home had gone the extra mile to find out what people have done in the past and encouraged them to use their skills and knowledge if they wished to.
- For example, two people using the service had a background in education and teaching and wanted to make use of their skills and experience. They were tasked with supporting residents' meetings and contributed to the agenda and minutes.
- One of these people attended staff meetings and took part in non-confidential discussions. The registered manager said they gave the staff 'pep talks' when they felt it was necessary and this was well-received.
- Reasonable adjustments were made and support provided to encourage independence.
- One person told us, "The staff take me upstairs. I don't use the lift because I want to stay fit. The staff understand that." Another person said, "When I go to my [place of worship] the staff make sure I have my [walking aid] with me so I can get around."
- Staff had assisted one person, who was living with sight loss, to get a bus pass. Another person, also living with sight loss, had a care plan explaining to staff how to assist them at mealtimes without compromising their independence.
- The home had handrails throughout to make it easier for people to move around. If people needed handrails in their bedrooms there were fitted on an individual basis to suit people's requirements.
- People told us that staff had an excellent understanding of their social and cultural diversity, values and beliefs and how these might influence their decisions on how they wanted to receive care and support.

- One person said, "My beliefs are different to other people here but I do not feel isolated. The staff understand my beliefs and take me to [place of worship]. They know what food I can and cannot eat and about my customs. And they include me in their own festivals and events."
 - The multicultural multilingual staff team knew how best to meet people's care, social and cultural needs and were trained to promote equality and diversity.
 - Staff conversed with people in their first language if people wanted this. For example, care plans were discussed with people and families in their first language which aided communication and helped to ensure people received personalised care.
 - People told us they felt part of care planning because of this. One person told us, "They [the staff] sit down with me and we discuss how I want the staff to help me. We do this in Gujarati as that's best for me."
 - Staff understood the cultural diversity of people within the Asian community and supported them with their varied values and beliefs.
 - The home celebrated a range of festivals and religious events including Eid, Diwali, and Vaisakhi. People told us they enjoyed taking part in the different events regardless of their own cultural backgrounds. One person told us, "We learn all about each other here."
 - The home had a strong focus on celebrating key world events both Asian and non-Asian. For example, on Remembrance Day people had a talk on the role of Asian people in World War 1.
 - Staff know how to meet people's preferences and addressed people's needs in relation to protected equality characteristics. For example, one person liked to worship with others from their own faith so a staff member arranged for a group of people from their local place of worship to come to the home and use the prayer room.
 - The home had two welcoming and dedicated prayer rooms and staff ensured people's religious needs were met in the home and in the wider community.
 - Care plans made it clear that if a person was seeing a visiting professional who did not speak their language the home would supply a staff member to interpret if this was necessary.
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- The staff understood the needs of different people and groups of people, and delivered care and support in a way that met those needs and promoted equality.
 - The home sought to promote understanding and a positive attitude towards different types of disability. The registered manager said. "We are 'one home' and everyone here is equal."
 - For example, to ensure people living with dementia were understood and supported at Asra House, the registered manager arranged dementia support training for people and relatives.
 - Information about dementia in different languages was made available in the home and people and relatives were given contact details for dementia support groups in the community.
 - Some staff were 'dementia champions' and had a key role in ensuring the needs of people living with dementia were continually met.
 - Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the home was developed. Equality and diversity and discussed this in meetings and one-to-one supervision sessions to help ensure they understood their responsibilities to provide a non-discriminatory service.
 - The provider's equality and diversity lead provided information, resources and training on equality and diversity. Further equality and diversity training, covering LGBT, race, and caste issues, had been commissioned and was being delivered at Asra House and other homes in January and February 2019.
 - The sessions were planned to be interactive, provoke good discussions, and dispel negative assumptions with a view to making the provider's homes as welcoming as possible to people from a wide range of backgrounds.
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- Arrangements for social activities, and where appropriate, education and work, were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible.

- People organised events and activities at the home themselves. For example, they invited local radio personalities into the home to entertain them. The registered manager said, "They [the people using the service] invited them and then they told the staff!"
 - Photographs throughout the home showed people taking part in a wide range of activities throughout the year. One person told us, "We do exercise classes here to keep us active."
 - The home had links with Learning for the Fourth Age (L4A), a local charity which provides learning opportunities to older people receiving care. L4A had recently facilitated a baking activity at the home. One person said, "We made bread. Two ladies came and demonstrated and then we had a go."
 - Some people took part in individual activities supported by staff on a one-to-one basis. For example, one person enjoyed gardening and another liked to help with housework.
 - Each day people and all the home's staff had a 'Together at 4pm' meeting where they stopped what they were doing for a few minutes and socialised with each other in the lounges.
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- The home had a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained.
 - The home had links with local temples, mosques and gurdwaras and supported people to attend these places of worship.
 - Local organisations including the police and the fire service visited the home to talk to people about community and safety issues.
 - The home had links with other community organisations including Vista (which supports people with sight loss) and LOROS (which provides hospice services). This meant people at the home had access to their support services where necessary.
 - Visiting professionals said the home focused on providing person-centred care and support, and achieves excellent results. Where they had completed 'Professionals and Visitor Feedback Forms' their comments were positive. For example, one visiting healthcare professional wrote, "Staff very professional and helpful. Always willing. Manager and her team excellent." A social care professional wrote, "It was evident through care records, discussion with staff, and with [client] that their needs [including cultural needs] are being met." They stated their client was 'very happy' at Asra House and had 'an excellent rapport' with the staff.
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- The home had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard.
 - The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.
 - People were assessed about their ability to understand written and other information and had communication care plans so staff knew how best to share information with them. For example, if a person was living with dementia, or was partially sighted, staff had guidance on how best to communicate information to them. This meant people had access to information in an accessible form.
 - The home had an innovative approach to using technology and people were involved in decisions about how it is or could be used.
 - People had access to the internet and staff supported them to use it. For example, one person regularly 'Skyped' their relatives who lived abroad and it was in their care plan for staff to set this up for them.
 - The home used cordless phones so people could use them in the privacy of their rooms if they wished. If people had difficulty holding the phone, or did not wish to, staff switched the device to 'speakerphone' to make it easier for them to use.

Improving care quality in response to complaints or concerns

- People and their relatives were encouraged to raise concerns or complaints. There were systems in place

to respond to and learn from any complaints received.

- Records showed that all complaints, even relatively minor ones, were taken seriously. For example, one person said they did not like the radiator cover in their room. The register manager arranged for a maintenance worker and a care worker to explain to them the importance of the radiator cover to the person's safety. The person accepted this explanation.
- The home learnt from this complaint not to make changes to a person's bedroom without explaining what they were doing first.
- The registered manager and the provider reviewed complaints received to see if there was any learning from these that could be used to improve the quality of care.
- When serious, formal complaints were received the registered manager and provider carried out thorough investigations and, where necessary, involved the local authority, CQC and other agencies to ensure an independent and objective approach.

End of life care and support

- People were supported at the end of their lives to have a comfortable, dignified and pain-free death. Staff were skilled at helping people and their relatives explore and record their wishes about care at the end of their lives, and to plan how they would be met so that they felt consulted, empowered, listened to, and valued when their end of life care plans had been written and reviewed.
- People's needs regarding language, communication, ability to understand and capacity were acknowledged and met when decisions were made about their end of life care.
- The home was responsive in enabling people to engage with their religious beliefs and/or preferences at the end of their lives. For example, some people's relatives came from abroad to spend time with people at the end of their lives. Staff understood the importance of this, advised relatives on the travel documents they needed, and accommodated them at the home where necessary. One relative stayed at the home for a month to be with their family member.
- Before a person's funeral, if their relatives wished, the hearse was brought to the home. The registered manager said all the staff and the people using the service stood outside the home to pay their final respects to the person.
- The home worked closely with a local hospice and GP surgery to help ensure people experienced a comfortable, dignified and pain-free death. The end of life care provided was personalised and based on best practice.
- Staff were trained in end of life care and understood and met the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Staff engaged in end of life care were supported by the managers and each other with empathy and understanding.

Is the service well-led?

Our findings

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Leadership and management

- People told us they were happy at Asra House and proud of the home. One person said, "This is the best home in Leicester. I think that and so do my relatives." Another person told us, "I feel very lucky to be in such a wonderful home. [The registered manager] and staff know exactly what we need."
- A relative told us, "The staff are approachable and we can raise things with them. We were very relieved to find this place for our loved one." A care worker said, "The residents are happy because they feel it's their home. It's as simple as that."
- The atmosphere in the home was warm and friendly with a sense of community and belonging. We observed that people had formed friendships with each other and were enjoying social opportunities within the home.
- In 2018 Asra House won a national 'Care Team Award' at the Great British Care Awards sponsored by a number of organisations including the Department of Health. The purpose of the awards is to pay tribute to staff who have demonstrated 'outstanding excellence within their field of work'.
- To win the award the staff team had to demonstrate many competencies. These included being well-led, having a shared vision and agreed goals, demonstrating good practice in personalised care and support, showing a commitment to equality and diversity, and including people in the development of the service. This was evidence of the home's exceptional and distinctive character.
- During our inspection visit we saw how staff put people at the heart of the service. Their views were considered to be invaluable and we were encouraged to talk with as many people as possible. The registered manager told us, "It's their home and they're the ones who can best tell you what it's like here."
- People told us they knew the registered manager well and saw her on most days. One person said, "[Registered manager] comes and talks to me nearly every day. If she's busy she'll wave instead. She makes me feel I matter."
- The registered manager told us that if she was away from the home people and relatives liked to know where she was. Consequently, staff had devised a 'Where is the Manager' poster. This was displayed in reception, in Gujarati and English, to let people know where the registered manager was and what activities she was engaged in on behalf of the home, such as attending meetings or training. This was an example of the registered manager's accountability to those who lived and worked in the home.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Governance systems were embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service.

- The registered manager and staff followed the provider's system of regular audits and checks. The responsible individual visited the home at least monthly to carry out compliance checks and the provider's quality assurance team carried out an annual audit.
- The home's action plans, following the provider's 2018 annual audit and residents' quality assurance survey, showed a commitment to continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements.
- The provider's values, Quality, Integrity, Diversity, Ambition, and Sustainability, were displayed in the home and central to the way it operated. Staff were taught about the values during their induction and encouraged to reflect on them as they went about their work.
- The registered manager and staff understood the importance of working openly and transparently with CQC and other agencies and reported incidents and accidents without delay.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager did out of hours 'spot checks' on the home to ensure it was running well when she was off-duty. She told us that during her last 'spot check' at 11.20pm, she found a care worker making curry and rice for two people who fancied a late-night snack. She said that was a positive sign that staff always went out of their way to meet people's needs.
- The registered manager went out of her way to be flexible to meet people's and relatives' needs. For example, she altered her working week so she could meet with people and relatives at times to suit them despite normally being off-duty on those days.
- Staff were motivated by and proud of the service. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. There were high levels of satisfaction across all staff.
- The '10 at 10' meeting we observed showed staff from every department contributing to the discussion and taking part in decision-making.
- A flip-chart from a recent staff meeting on improvements at the home showed staff acknowledging how they had contributed to these.
- There was no hierarchy amongst the staff team and all the staff we spoke with felt part of a team, each with their own important roles.
- The kitchen manager was the home's representative for the provider's national staff council where staff got together to share knowledge and feedback on the services they worked for
- Another member of the kitchen staff liaised with a local place of worship on behalf of the home and set up joint prayer meetings in the home with people and visitors.
- The staff team were multicultural and multilingual. If they needed support with written and spoken English this was provided at the home.

Engaging and involving people using the service, the public and staff

- People using the service were involved in the running of the home at every level from their attendance at the '10 at 10' meeting, to assisting in the recruitment of staff and providing formal feedback of the quality of the service provided.
- People told us they had been consulted on the recent redecoration of the home. One person said, "We wanted the rooms painted in lighter colours and that is what was done."
- A care worker told us, "The residents are very involved in everything we do. We don't make any decisions without speaking to them first, there'd be a riot if we didn't include them. They know it's their home."
- People's feedback on the home led to publicised actions which showed they'd been listened to. We saw 'You said – We did' posters in the home in both English and Gujarati setting out how the home had responded to issues people had raised. For example, some people had found the presence of visitors in communal dining areas at mealtimes intrusive. As a result, the registered manager had asked visitors not to

interrupt mealtimes as people wanted to have their meals in peace.

- The home's 2018 residents' quality assurance survey, completed by 42 people, showed they were 100% satisfied with all aspects of the home.

Continuous learning and improving care

- Continuous learning was embedded in the culture of home. For example, the 'question of the day' helped staff to keep their skills up to date. On the day of our inspection staff were discussing the side-effects of a medicine and what to do if these were observed.
- Staff were 'champions' in key areas including Dementia, Cultural Activities, Continence, and Nutrition and Hydration. This meant they took the lead in their chosen specialism and raised it profile in the home.
- After reviewing falls and their causes the home introduced a system whereas anyone suspected of having a urine infection was immediately tested so that antibiotics could be promptly requested from the GP.
- Good practice guidance and research from organisations including NICE was available in the office. The registered manager said this was used to improve the quality of care. For example, following NICE guidance on preventing dehydration, the home introduced day and night drinks trolleys to encourage people to remain hydrated always.

Working in partnership with others

- The home was an important part of its community and had developed links to reflect the changing needs and preferences of the people who use it.
- Staff worked in partnership with faith leaders from local temples, mosques and gurdwaras to ensure people's cultural needs were met.
- Police officers visited the home regularly to talk to people about safety. At a recent meeting they discussed safeguarding with people and told them how the police could support them if they experienced abuse.
- The fire brigade had also visited recently to educate people about fire safety and the risk that Diwali candles and incense sticks could pose. The registered manager said people now used battery-powered scented tea lights for their celebrations instead.
- Staff had good relationships with health and social care professionals who had left positive feedback about the quality of the service provided.
- The home had a track record of being an excellent role model for other services. The home shared good practice ideas with homes owned by the same provider and welcomed visits from those who wanted to see how it had achieved such successful outcomes.