

Risedale Estates Limited

Risedale at Abbey Meadow

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?	Outstanding ☆

Summary of findings

Overall summary

We carried out this inspection unannounced inspection on 28 February and 1 March 2017.

Our last comprehensive inspection of this home was carried out in July 2014. At that inspection we found the home was meeting all of the regulations we assessed. We judged the quality rating for the home to be "good".

Risedale at Abbey Meadow provides accommodation for up to 93 people who need personal and nursing care. The service provides support to adults who have a learning disability, physical disability, mental health needs, behaviour support needs, dementia and complex nursing needs. Specialist nurses are employed to ensure people who have complex needs receive the support they require.

The home also has one area that is used for people who are ready to be discharged from hospital but who require short term rehabilitation and/or recuperation or a period of assessment before moving to other services. This area of the home is only used in response to the Government's winter pressures planning procedures and was planned to close on the 30 April 2017.

This is a large and complex service and there were three registered managers employed in the home. 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 and associated Regulations about how the service is run. Each of the registered managers was responsible for overseeing specific areas within the home.

The registered managers and senior staff in the home were skilled and knowledgeable and provided exceptional leadership for staff. They acted as role models for staff, setting high standards and guiding and supporting staff to ensure these were met.

The service maintained links to recognised leading practitioners in supporting people who had complex needs. Staff had completed specialist training and were highly skilled to meet people's needs.

The registered provider was committed to providing people with a high quality service. They had good systems to assess the quality of the service and to identify how it could be further improved.

People valued the service provided. They were asked for their views and received high quality, caring support that was person centred and enhanced their wellbeing. The staff in the home knew people well and treated them with kindness and respect.

There were enough staff to provide people's support promptly. Care was planned with individuals and those who knew them well. People's care was provided to take account of their needs and preferences.

People were provided with a high standard of accommodation that was comfortable and was well maintained. The home had a range of equipment to meet people's needs. Where people required specialist equipment to meet their needs or to enhance their quality of life this was provided.

People received a high quality service because the registered provider was committed to the continuous improvement of the home. The registered provider invested in the home, equipment and staff development to ensure the quality of the service.

People were safe living in the home. They were protected from abuse and risks to their safety were identified and managed.

People were provided with meals, drinks and snacks that they enjoyed. Mealtimes were happy and sociable experiences and people received the support they needed to enjoy their meals.

People were supported to maintain their independence and their privacy and dignity were respected. The principles of the Mental Capacity Act 2005 were followed and people's rights were protected. 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.

Visitors were made welcome and people could see their friends and families as they wished. People were provided with a range of activities in the home and community.

People received their medicines as they required and were supported to access appropriate health care services.

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.

People were protected against abuse and risks to their safety were identified and managed.

There were enough staff to promptly provide people with the support they required.

Safe systems were used when new staff were employed to ensure they were suitable to work in the home.

Is the service effective?

Good ●

The service was effective.

Staff received high quality training that was relevant to their roles and based on best practice in meeting people's needs.

People enjoyed the meals provided and mealtimes were happy and sociable experiences for people.

Staff were knowledgeable about the Mental Capacity Act 2005, (MCA) and how to protect people's rights. The registered provider supported senior staff to specialise in understanding the MCA to ensure people's rights were protected and that the service was meeting legal requirements.

Is the service caring?

Good ●

The service was caring.

People were very well cared for. They were treated with kindness and in a caring way. People received high quality, caring support that was person centred and enhanced their wellbeing.

The staff knew people well and provided support promptly if they were anxious.

People were supported to maintain their independence and their privacy and dignity were respected.

Is the service responsive?

Good 

The service was responsive.

Care was planned and provided to meet people's needs and to take account of their preferences about their care.

People were provided with a range of activities in the home and community that they enjoyed.

The registered provider had a procedure for receiving and managing complaints.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

The registered managers and senior staff in the home were skilled and knowledgeable and provided exceptional leadership to the staff in the home. They acted as role models for staff, setting high standards and providing guidance and support to staff to ensure these were met.

The service had links with recognised leading practitioners in supporting people who had complex needs. Staff were trained in best practice and people received high quality care.

The registered provider was committed to providing people with a high quality service. They identified challenges that the service could face and areas that could be further improved and took action to address these.

People valued the service provided. They were asked for their views and their suggestions were listened to and used to improve the service they received.

Risedale at Abbey Meadow

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 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 took place on 28 February and 1 March 2017 and was carried out by two adult social care inspectors, two experts by experience and a specialist advisor who had experience of supporting people who have complex nursing care needs. An expert by experience is a person who has personal experience of using or of caring for someone who uses this type of care service.

Our visit to the home on 28 February was unannounced. At that visit we concentrated on speaking to people who used the service, their visitors and the staff on duty. The lead inspector for the service returned to the home on 1 March 2017 to look at records relating to how the service was managed.

During our inspection we spoke with 35 people who lived in the home, 15 visitors, 6 members of the nursing team, 10 members of the care team and five ancillary staff. We also spoke with two of the registered managers employed in the home, three members of the home's management team and with the registered provider's managing director and director of nursing.

Some people who lived at the home were not easily able to tell us their views about their care. 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 talk with us.

Before our inspection we looked at the information we held about the service, including notifications the registered managers had sent to us about significant events that had happened in the home. We also contacted local health and social care agencies who had knowledge of the home to gather their views about the service.

Is the service safe?

Our findings

People who could speak with us told us that they felt safe living in the home. They told us that this was because the staff helped them to feel safe. One person told us, "I'm as safe as the Rock of Gibraltar, I couldn't be any safer. It's the attitude of the people". Another person told us they felt safe because there were staff available to assist them and said, "There's always someone at hand".

Visitors to the home told us that they were confident their relatives were safe. One visitor told us, "I think [my relative] is safer here than at home. You can't fault this place, it's really good".

We saw that people who could not share their views with us were relaxed and comfortable around the staff working in the home. Staff were patient and attentive and supported people to maintain their safety.

The staff we spoke with told us that they had completed training in how to support people safely. One staff member told us, "We [staff] are trained well on safety".

Before we carried out our inspection we received a concern that there were not enough staff to support people who lived in one area of the home. During our inspection we asked people who lived in the home, the staff on duty and visitors we spoke with if there were enough staff deployed to meet people's needs.

Most people we spoke with told us that there were sufficient staff employed to provide their care promptly and we also observed this during our inspection. People told us, "I don't have to wait" and said "There's always someone here".

The home had a call system that people could use to call for staff when they needed assistance. Most people we spoke with told us that the staff attended promptly when they used their call bells. One person told us, "The staff come quickly if I ring the bell".

One person said the staff did not always respond promptly when they used their call bell and one person told us the staff appeared "busy". However these concerns were not raised by anyone else we spoke with and throughout our inspection we saw that people in all areas of the home received their care promptly.

Visitors we spoke with told us they had never noticed a time where there were not enough staff working in the home. One visitor told us, "They seem to have plenty of staff" and another told us, "I've had no concerns, [my relative] is well cared for and there always seems to be enough staff".

All of the staff we spoke with told us that there were enough staff to meet people's needs. They told us, "We can be busy at times, but there's always enough staff" and said, "There are definitely enough staff".

We spoke with the registered provider's director of nursing. She said staffing levels were planned taking account of the number of people living in each area of the home and the level of support individuals required. She said the registered managers were able to increase the number of staff working in an area if

this was required to meet people's needs. This was confirmed by the two registered managers we spoke with.

During the inspection we saw, and people told us, that the staff had time to sit with people and engage them in conversation. We saw that the staff were patient and gave people the time they needed. The staff and visitors we spoke with said that this was "usual" for the home.

The home provided nursing care and supported people who had complex needs. The home employed trained nurses, who had the specialist skills and knowledge to plan and deliver high quality care. The nurses were supported by assistant practitioners and care assistants. There were enough, suitably skilled and qualified staff to support people who lived in the home.

The home also employed a range of ancillary staff to provide meals, activities and to ensure people lived in a safe, clean and comfortable environment.

All of the staff we spoke with said they had completed training in how to identify and report abuse. They told us they would be confident speaking to one of the senior members of staff in the home if they had any concerns about a person's safety. One staff member told us, "We [staff] are trained in safeguarding [protecting people from the risk of abuse]. We know that it's our responsibility to report any concerns. We can go to our shift leaders, to the senior nurse, to the manager [registered manager] or to the directors. There are so many people we can speak to, there's no excuse for anyone not to raise a concern".

Providers of health and social care services are required to report any allegations of abuse to the local authority, responsible for managing allegations of abuse, and to the CQC. The registered managers of the home had notified us of any concerns raised and from these we could see appropriate action was taken in response to concerns.

Risks to people's safety had been identified and actions taken to manage hazards. We saw that risk assessments had been completed, giving guidance for staff about how to support people and maintain their safety. We saw that the risk assessments were used to allow people to make choices about their lives and how they spent their time, while managing risks to their safety.

People who lived in the home required support from staff to manage their medicines. We saw that medicines were stored and handled safely and clear records were kept of the medicines staff had given to people. People we spoke with told us that they received their medicines as they needed.

We looked at the systems used when new staff were employed. We saw that thorough checks were carried out to ensure new staff were suitable to work in the home.

People made many positive comments about the standard of the accommodation provided. People told us that their rooms were comfortable and well maintained. One person told us they had been "impressed" by the standard of the environment and told us, "The building is first class".

The registered provider had good systems for checking the safety of the premises. Regular checks were carried out by suitably qualified staff on the premises and equipment to ensure people were safe. We saw the home was decorated and maintained to a high standard.

Is the service effective?

Our findings

People told us that the staff working in the home were skilled and provided a high standard of care. One person told us, "The staff do their job well, the care here is very good" and another person said, "The staff are very skilled". Relatives we spoke with told us the staff were "marvellous" and said, "They do a good job". One person said, "I could not ask for more. My husband is well cared for by all the staff".

We saw that people received a high standard of care because the staff were highly skilled and had a very good understanding of how to support people. All of the staff demonstrated that they knew people well and how to support them in a positive and respectful way. They knew how people showed they were anxious and all of the staff we observed provided people with support promptly and in an appropriate way to help to reduce their anxiety. The staff understood how their own behaviour could affect the wellbeing of people they were supporting. They maintained a calm atmosphere and we saw this helped people to feel comfortable and relaxed in the home.

The registered provider had their own qualified team who provided training for staff. This meant the training could be provided in response to the needs people who lived in the home.

Senior staff had also been supported to access specialist training and to link with individuals and organisations that developed best practice in caring for people living with dementia or who experienced behaviour that could challenge the service. They used the skills and knowledge they gained to develop training for other staff to improve their knowledge and skills in supporting people who had complex needs.

All of the staff we spoke with told us they had completed training appropriate to their roles. One staff member told us, "We have regular updates on care and new ideas". Another staff member said, "I had a new introductory training when I came back to work after my maternity leave. It meant I could be brought up to date with all the changes".

The staff told us that the registered provider supported them to identify additional training that would improve the quality of the care they provided. One staff member told us that, if they identified training they wanted to complete, "We only have to put in a request".

Staff were supported to develop in their careers. The registered provider supported staff to complete qualifications including as an assistant practitioner and to complete nursing qualifications. This helped to ensure that the registered provider had appropriately qualified and skilled staff available to provide the care people required.

The staff told us that they felt well supported in their roles. One staff member told us, "I think we receive exceptional support" and another said, "I have never felt so well supported".

The registered provider had identified that the processes for supporting staff who worked at night could be improved. They had introduced a new process for supporting staff where each night senior nurses visited all

of the homes owned by the registered provider, providing support and overseeing the quality of the services. Each senior nurse had identified an area of special interest in which they were very knowledgeable. At the night visits the senior nurses checked how staff were caring for people, gave support as staff needed and assessed how well the staff were performing related to their area of special interest. This helped to ensure staff were supported to provide high quality and effective care throughout the night.

Most people we spoke with told us they enjoyed the meals provided in the home. People told us, "The meals are good, you get a good variety" and said, "The food's good, there's a choice and you get enough". One person said they did not always enjoy the meals but told us "That's just my taste, generally I think we do alright".

People told us the staff provided them with drinks and snacks at any time they requested them. One person told us, "If I want a cup of coffee late at night I just ring and they'll bring it". Another person said, "They will even make me some toast if I ask them at any time of the day. I like that". A visitor we spoke with confirmed they had seen people being provided with food any time they requested it and said, "Snacks are always available".

We saw that people enjoyed the meals served during our inspection. They were given a choice of drinks, meals and desserts. Some people required assistance from staff to enjoy their meals. We saw that this was provided patiently and discreetly. Mealtimes were happy and sociable occasions that people enjoyed.

The registered provider was implementing a project to enhance people's experience of mealtimes. People who lived in the home, their relatives and staff who knew people well had been involved in looking at how meals and mealtimes could be improved. Catering staff had completed training in person centred care to increase their awareness of how the meals provided could enhance people's lives.

Some people required specific diets to support their health. We saw that the staff on duty knew individual's special requirements and meals had been provided that took account of individual's needs. One person we observed required a special diet to maintain their health. We saw that their dessert had been prepared to look the same as the other desserts provided, although the ingredients were chosen to meet their special requirements. This meant the person could enjoy their dessert without attention being drawn to their specific needs.

The staff knew people well and used their knowledge of individuals to enhance their mealtime experience and to support people to enjoy their meals. One visitor told us that their relative had not been eating enough due to their complex needs. They said the staff had noticed that their relative would eat if food was available for them to pick up and to eat while they walked around. The visitor told us that the staff provided small plates of various items that their relative liked and that they could pick up and eat as they walked. They said this had increased the amount their relative was eating.

Some people were not able to eat and received their nutrition through a tube that took the food directly to their stomach. Where it was safe and appropriate we saw that the staff or people's relatives also placed small amounts of food in the person's mouth for them to be able to enjoy the taste. The staff we spoke with understood how to identify that the person was able to safely have food placed in their mouth in order to ensure they were not at risk of choking.

Some people who lived in the home were not able to make important decisions about their care and lives. We looked at how the registered provider protected the rights of people who could not make or express their own choices. 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that people's rights were protected because the staff who supported them had a very good understanding of the MCA and the MCA Code of Practice. People were given choices about their lives in a way that they could understand. The staff knew how people communicated their wishes and respected the decisions people made. Where people were not able to make an important decision about their lives, the principles of the MCA were followed and decisions had been made in the individual's best interests by appropriate people.

Where people required restrictions on their choices or movements in order to protect them the registered managers of the home had applied for appropriate DoLS. We saw the restrictions were assessed to ensure they were the best way to protect the person and the least restrictive option available.

The registered provider had supported a senior manager to specialise in the MCA to ensure they had the most up to date knowledge of the legal requirements to respect people's rights. The senior manager was available to support and guide staff to make sure they had good understanding of their responsibilities and the importance of adhering to the principles of the MCA to safeguard people's rights.

People who could share their views told us that the staff asked their permission before providing their care. They told us that they could refuse care if they wished and said the staff in the home respected the choices they made.

People who lived in the home and the relatives we spoke with told us that the staff were "very attentive" and contacted people's doctors, as they required, if they were unwell.

Some people required support from specialist health care services. We saw that their care records included guidance for staff based on the advice given by the specialist services that supported them. We also saw that the staff on duty in the home provided people's care in line with the advice received. People were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

Everyone we spoke with told us that the staff employed in the home were "kind", "friendly" and "caring". People told us that the staff provided a high quality of care to people and treated people in a respectful way. One person told us, "I'm amazed with the staff, nothing is too much trouble for them. It's as good as being in your own home". Another person said the staff were, "very caring and very, very friendly". We were also told "They [the staff] are very helpful, if you want anything they'll help you". A relative who visited the service regularly told us, "The way they [staff] treat these residents is really nice to see."

Throughout our inspection we saw that the staff in all areas of the home treated people in a kind and caring way. We heard people enjoying laughing with the staff and saw how this enhanced people's wellbeing.

Some people experienced anxiety and we saw the staff were calm, patient and skilled at supporting people. The staff knew people well and knew how to offer reassurance to people to help them to feel less anxious.

One person had an item that gave them comfort and reassurance. We saw the staff ensured this was where the individual wanted it to be placed and treated it with care and respect. We saw that people received high quality, caring support that was person centred and enhanced their wellbeing.

People who lived in the home and their visitors were encouraged to share their views about the care provided. One visitor told us they had experienced "no problems at all" and said they could "express any concerns or 'niggles'". We saw that as staff carried out their duties they asked people if they were alright and if there was anything they needed.

All of the staff we spoke with told us they were confident people were well cared for in the home. One staff member told us, "I'm 100% confident people are well cared for" and another said, "I think people are very well cared for here".

People told us that the staff in the home supported them to maintain their independence. We saw that the staff gave people the time to carry out tasks themselves and gave guidance as individuals required. Some people used items of equipment to help them to move around the home independently, we saw the staff knew the items people required and ensured these were available when they needed them. One visitor told us that their relative's independence had "very much improved" since they moved into the home.

We saw that the staff in the home helped people to maintain their dignity. People were supported to dress appropriately and people looked well-groomed and well cared for. Visitors we spoke with told us that their relatives always appeared well cared for. One visitor told us, "[My relative] Always looks clean and well dressed". Another visitor said their relative "always looks well cared for".

The staff in the home took appropriate action to protect people's privacy. People were supported to move to private areas if they required support with their personal care and the staff ensured doors to toilets and bedrooms were closed while people were using them. We also saw that the staff knocked on bedroom doors

before entering, to respect people's privacy.

People who could speak with us said that, if they required support to express their views or wishes, they would ask friends or a relative to assist them. Some people required support from an independent person to ensure their views were shared with the staff in the home. The registered provider had links with local advocacy services and with the Independent Mental Capacity Advocacy service. Advocates are people who are independent of the service who can support people to make important decisions and to help them to express their wishes. Independent Mental Capacity Advocates support people who are not able to make important decisions themselves and who do not have support from anyone other than paid staff to help represent their views.

Is the service responsive?

Our findings

People we spoke with told us that the service was responsive to their needs and said the staff listened to them, asked them for their views and included them in decisions about their care. They told us that the staff knew them well and knew how they wanted their care to be provided. One person told us, "The staff listen to me, they ask me what I want" and a visitor we spoke with said, "The staff know [my relative's] needs well, they asked about her life history and preferences and listen to us when we make suggestions about her care".

Each person who lived in the home had a care plan that detailed the support they required and gave guidance for staff on the choices they had made about their lives. People who could speak with us and the visitors we spoke with told us they had been included in developing the care plans. They said the care plans included those things that were important to the individual. One person told us "The staff know me well" and a relative told us, "I was included in filling in the care plan and it includes information about [my relative's] interests".

The nursing and care staff we spoke with told us the care plans gave them good information about how to support people. They told us the care plans were reviewed regularly and were always updated if the support a person required changed. This meant staff had up to date information about how to support individuals.

The care plans we looked at gave detailed information for the staff about the individuals they were caring for. We saw that people's care was provided as specified in their care plans. We also saw that the staff knew people well and knew the things that were important to them in their lives. This was confirmed by all the people who lived in the home and visitors that we spoke with.

The home employed activities coordinators who were responsible for leading on planning and providing activities for people. People who lived in the home and their visitors told us they knew the activities coordinators and commented on how good they were at their roles. One person told us, "[Named activities coordinator] is very good".

People who could speak with us told us about a range of activities that they enjoyed in the home and the community. People told us, "We went to the pub last week" and said, "We went out to a show". Visitors we spoke with also confirmed that their relatives were supported to attend activities that they enjoyed. One relative told us, "[My relative] has been out to the pub and to a show and enjoys the activities provided in the home as well".

One person told us they had just returned from an activity provided in another part of the building and said, "There's always something you can join in, it's up to the individual".

Two people told us that they were not supported to take part in appropriate activities. One told us "there's was nothing to do" and the other person said "It's boring". We discussed this with the activities coordinator responsible for the area of the home where the two individuals lived.

The activities coordinator discussed how they had offered to arrange support for the individuals to follow interests outside of the home and had asked for their suggestions of activities that they would like to take part in. They also showed us records of the activities the individuals had taken part in and photographs of them enjoying activities in the home and in the community.

One activities coordinator told us, "We try very hard to find something to interest our residents. I always go around and ask what they would like to do".

People who wished to were able carry out tasks that they enjoyed before moving in to the home. One person told us, "I do like washing up, so I help them out with this". A visitor told us, "[My relative] is going to show one of the carers [care staff] how to grow tomatoes in the summer because he always grew them at home". One person enjoyed baking and had been supported to work with a member of the catering team to make cakes that were shared with, and enjoyed by, other people who lived in the home.

We saw that people were supported to take part in a range of activities and were included in developing the activities that were arranged in the home and community.

People told us that their friends and relatives could visit them at any time they wished. Visitors told us they were always made welcome in the home. They told us they could make themselves a drink when they visited, could have a meal with their relatives and could take part in the activities provided. One visitor told us, "We can visit whenever we choose and it's okay if even three or four people turn up together to visit [my relative]".

Some people who lived in the home needed very specialised equipment for staff to be able to support them with aspects of their care or to enhance their quality of life. We saw that the registered provider had purchased equipment to ensure people received a high quality of care and that their quality of life was maintained. One relative we spoke with confirmed that the registered provider organised for appropriate equipment to be provided and said, "Everything [my relative] needs is provided".

The registered provider had a procedure for receiving and managing complaints about the service. A copy of the complaints procedure was displayed in the home. People we spoke with told us they had not needed to make a formal complaint about the service provided. People told us that, if they had any concerns, they could speak to a member of staff and they would take action to resolve the issue. One person told us "I don't have to complain. If I ask for help or advice for my husband, they deal with it very quickly". Another person told us they had, "No concerns at all".

Is the service well-led?

Our findings

Everyone we spoke with told us that the home was well managed. People who lived in the home and their visitors commented on the atmosphere and said the home was "welcoming" and "open". One person said, "It's a good atmosphere, it's positive and very relaxed and there is a general kindness in how people are treated".

Everyone spoke highly of the service and quality of care provided. One person told us the service was "excellent" and another person said, "You can't fault this place, it's really good". Another person told us, "The standards here are very high".

People told us that they valued having the home in their local area. One person told us, "We're so lucky this service is here" and a visitor to the home said, "This is the best place ever".

All of the staff we spoke with said they felt "valued" and told us they were proud of the home and the quality of care they provided to people.

The registered provider employed three registered managers, each responsible for specific areas of the home. Each registered manager had specialist skills and knowledge relevant to meeting the needs of people living in area they were responsible for. The registered managers were supported by senior nurses who also worked with care staff providing guidance and support to ensure people received a high standard of care.

Senior staff in the home had been supported to develop links with individuals and organisations that were at the forefront of developing best practice in supporting people who had complex needs. These included links with Dementia Care Matters and Stirling University to develop skills in caring for people living with dementia. They had used these links to identify best practice and to develop training for all staff in how to support people in a person centred way.

We saw how the registered managers and senior nurses provided leadership to the staff working in the home. They acted as role models for staff, following the principles of best practice in how they supported people and setting high standards for staff to work to. The senior staff worked with the care teams, assessing the quality of the care they provided, to ensure that this was in line with best practice principles and the training that staff had completed. We saw that the staff understood the importance of spending time with people. In all areas of the home the staff gave people their attention, listening to them and responding promptly. One person we spoke with commented on how this was important to them. They told us, "They [staff] often sit and have a natter in between their work. If you ask them something they answer you right away, they don't say I'll be back in 5 minutes". We saw that the care provided in the home was of a very high standard because the registered managers and senior nurses provided guidance and support to the staff to drive improvement and enhance people's experience.

The registered provider's managing director and director of nursing told us that quality was central to the organisation's culture. They were committed to investing in the service and in the staff employed and to the

continuous improvement of the home. The focus of the service was on providing people with high quality, personalised care and the registered provider had well established systems to assess the quality of the service and to identify where it could be further improved.

People told us that they had been asked for their views about the service provided. They told us the staff team in the home listened to them and took action in response to their suggestions. One person told us that one of their favourite activities was going out for meals with a staff member. They said they had been asked where they wanted to go and this was arranged for them. A visitor we spoke with told us they had been included in developing and reviewing their relatives care. They said they were asked to meetings where the care plan was discussed and told us the staff "listen to us when we make suggestions about [my relative's] care".

The directors of the organisation lived in the local area and were involved in all aspects of the service. Senior managers and the directors of the organisation carried out regular unannounced quality monitoring visits to the home to assess the quality of the service provided. During these visits they spoke with people who lived in the home, their visitors and the staff on duty to gather their views and to identify if there were areas of the service that could be further improved.

While we were carrying out our inspection we saw that training was being provided for senior managers in safe moving and handling. The director of nursing told us that this training was being provided to ensure the senior managers had up to date knowledge and skills so they could assess how staff used equipment while they were carrying out their quality monitoring visits.

The registered provider had also improved the systems for monitoring the quality of care provided during night time hours by introducing visits by a senior nurse to check the quality of care and to provide staff with any additional support they required. Each senior nurse had an area of specialist knowledge and, as well as providing guidance for staff, assessed how well the staff were performing related to their area of special interest. We saw that areas the senior nurses had assessed included staff knowledge of how to respond to an emergency in the home and how to support people who experienced behaviour that could challenge the service. Where the senior nurses found staff required additional guidance to improve their practice they had arranged for additional support or training to be provided.

The systems to assess the quality of the service also included senior staff in all areas of the home checking care records to ensure they were up to date and written in a respectful way, checking the safety of equipment and the environment and speaking to people who lived in the home and their visitors to check if they were happy with the care provided. We saw that where issues were identified these had been addressed promptly. The systems used to assess the quality and safety of the service meant the registered provider identified areas that required attention so these could be addressed.

During the inspection we saw that the registered provider had maintained the environment to a high standard, continued to invest in staff training and development, improved the support provided to staff working at night and provided specialist equipment to meet people's complex needs and to enhance people's quality of life.

The registered provider also invested in the staff team, giving staff opportunities to complete additional qualifications and to follow career pathways. The registered provider's director of nursing had identified that there would be difficulties in employing enough trained nurses to ensure people's needs would be met in the home. They had supported staff to complete assistant practitioner and nursing qualifications to fill the roles required. This helped to ensure there were staff with the appropriate specialist skills to support people

in the home.

The registered provider worked in partnership with local health care services to ensure people received the support they required. There was one area of the home that was used to support the local hospital in response to the Government's winter pressures planning procedures. This was only used when required by the local hospital. It provided care for people who were ready to be discharged from the hospital but who required short term rehabilitation and/or recuperation or a period of assessment before moving to alternative services. People who used this part of the home told us they greatly appreciated the service being available. One person told us, "It's fantastic that we've got this place". Another person said, "It's much better here than in the hospital".

All of the staff we spoke with told us that they felt well supported by the registered provider. They told us that they could request additional resources to provide people with the highest quality of care and their requests were agreed. One staff member told us they had asked for equipment to improve how an activity could be provided for people in their rooms. They said their request had been agreed "immediately" and the equipment had been purchased. The staff member said, "I have never had a request for new equipment turned down, it's always been agreed".

Most of the people we spoke with said they knew the registered manager responsible for the area of the home where they, or their relative, lived. We saw that people were comfortable approaching the registered managers who were on duty during our inspection.

Some people told us they didn't know the registered manager responsible for the area where they lived. They told us they knew the senior nurse who oversaw the area and said, "[Senior nurse] is amazing". Everyone we spoke with told us the management team were very approachable and always had time to listen if they wished to speak to them.

The home was purpose built to support to people who had complex care needs and provided a high standard of accommodation. People told us they appreciated the quality of the environment and said, "This is an exceptionally high quality environment".

The registered provider and management team had developed a culture in the home that supported staff to report any concerns about the performance or behaviour of other members of the staff team. From the records we held we knew that, where staff had witnessed practice that did not meet the registered provider's standards, they had reported this and the senior managers in the home had taken action to address the concern raised.

Providers of health and social care services are required to notify the CQC of important events that happen in services such as serious injuries, applications to deprive a person of their liberty and allegations of abuse. The registered managers in the home had notified us of significant events as required. This meant we could check that appropriate actions had been taken.