

Oak House (Exeter) Ltd

# Oak 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

### About the service

Oak House is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The care home accommodates up to 11 people in one adapted building.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe. Comments included, "Yes I feel very safe here. Everyone is very kind and very caring here". People were supported by sufficient suitably trained and competent staff to meet their needs safely. Care was taken to recruit staff who were entirely suitable for the job. Staff turnover was low and there was a positive and stable staff team. The home and equipment were well maintained and safe. Medicines were administered safely.

People's needs had been assessed and care plans had been drawn up and were regularly reviewed. Some parts of the care plans would benefit from more detailed information about people's preferences. However, staff knew people well and knew their likes and dislikes. People and their relatives were involved and consulted about the service. People told us they were confident they could raise any concerns or complaints, and these would be listened to and addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were offered choices in all aspects of their daily lives. They were offered a varied and nutritious range of meals to suit all dietary needs and preferences.

People told us the staff were kind and caring. A person said, "Staff here are very kind, and you can talk to them". There was a wide range of activities and outings provided to suit each person's social needs. People were supported to maintain hobbies and interests and keep in touch with families and friends.

People told us they were happy with all aspects of the service. A relative told us, "The size of the home matters. It's wonderfully intimate". The provider sought people's views on the service. There were systems in place to review the quality of care and make improvements where necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Oak House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, an assistant 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at the information we had received about the service since the last inspection. This included notifications, enquires and information from the public. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with, or observed the care given to 11 people who lived in the home. Some people were living with dementia and were unable to communicate verbally with us. We observed people who were sitting in the lounge and dining room to help us understand their experience of living in the home. The registered manager (who is also the provider) was present during the morning of the inspection. We also spoke with one relative and five members of staff. We looked around the home and checked all bedrooms and communal areas.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety checks and related documents, and also policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. Comments included, "Yes I feel very safe here. Everyone is very kind and very caring here."
- There were safe systems in place to protect people from the risk of abuse. Staff received training and regular updates on safeguarding. All of the staff we spoke with understood the different forms of abuse and knew how to report abuse if they witnessed it. Comments included, "I would report it to person in charge or the manager. If they do not do anything about it, I would speak to the safeguarding team. I would also have to document it as well. Also, CQC would need to be told."
- The provider told us in their PIR, "Safeguarding is taken very seriously, and annual update training is given to all staff as well as Senior Staff attending a three-hour course each year to ensure they are aware of any changes".

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed. Staff understood the risks to people's health and knew how to protect people from expected risks. For example, where people were at risk of weight loss or dehydration, their fluid intake and weight were monitored regularly.
- Risks to people's safety due to the environment were minimised. Windows were restricted to prevent falls from a height. Most radiators were covered to reduce the risk of burns, although we noted a few radiators were not covered. We were told these had been removed for cleaning in the summer and would be replaced in the near future before the heating is switched on again.
- Records showed equipment in the home had been regularly checked and serviced by competent persons. This included fire safety equipment, lifting and hoisting equipment and gas installations.
- A relative told us, "I feel my Mum is safe here".

Staffing and recruitment

- Recruitment records showed staff recruitment practices were thorough. Gaps in people's work history had been explored. Pre-employment checks were taken up, including references and checks with the Disclosure and Barring Service (police) before new staff started work.
- There was a loyal and positive staff team. The provider told us in their PIR, "Oak House has a very stable staff base with many staff having worked for many years at Oak House". This was confirmed by the staff we spoke with. Staff told us they were well supervised and supported.
- There were sufficient staff employed to meet the needs of the people living in the home. A relative told us they were confident there were enough staff at all times and told us, "There are always enough staff around when I visit". A member of staff said, "Yes, I feel there are enough staff here – we have the right numbers and

a chef in the kitchen, so all is good." During our visit we saw there were sufficient staff to meet needs safely, and staff were attentive and observant.

- People told us staff were available if they needed assistance. Call bells were answered promptly. A person told us, "I have never used the bell in my room as I am in the lounge all the time and the carers are popping in and out of here. They don't keep you waiting for long in fact they are quite quick".

#### Using medicines safely

- Staff who administered medicines received training and annual updates to ensure they understood safe medicine administration practice. They were observed by a senior member of staff at least annually to ensure they continued to follow safe practice.
- Medicines were being stored, administered and disposed of safely, and people received their medicines as prescribed. Stocks levels were checked each month.
- The home received good support from the local pharmacy. The pharmacy had visited in recent months to carry out a review of their medicine administration procedures. Their report showed safe systems of medicine administration were in place.
- There was a medicines policy in place. Staff had easy access to this document if they needed further information about medicines administration.

#### Preventing and controlling infection

- All areas of the home were clean and free from odours. Comments from people included, "I think they keep the home clean and I haven't noticed any obnoxious smells" and "It is clean and so is my room."
- Staff were observant and noticed if there were any odours and acted quickly to address the problem. There was a cleaner employed who ensured all areas were clean and fresh. Staff had received training and regular updates on infection control.
- Staff followed safe practice when providing personal care. A member of staff told us, "We wear gloves and aprons and sometime the mask if necessary". There were safe systems in place for disposal of soiled items.
- Safe systems were in place to ensure all personal clothing and bedding was washed to prevent cross infection. All personal items were labelled, and care was taken to ensure clothing was returned to the right person.
- The local Environmental Health department inspected the kitchen on 29 November 2018 and found the home followed good food hygiene standards.

#### Learning lessons when things go wrong

- The provider was unable to give any examples of learning lessons when things went wrong because there had been no medicines errors, serious injuries, complaints or concerns in the last year. However, significant changes that had been planned for the home had been halted after potential risks to people's well being had been identified. This showed that the provider was able to identify potential issues and take action to prevent these where possible.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 needs were assessed before they moved into the home to ensure the home was suitable and could meet their needs fully. This information was used to help staff draw up a plan of the person's needs.
- Care plans had been drawn up in paper format, and there were also computer care plans in place. These covered all areas of need and gave clear and easy to read information to staff.
- Some people were living with dementia and were unable to tell us about their care plans. However, one person told us, "When I first came here they asked me certain questions. Discussed and agreed to provide the help when or if I needed it. Also, what I can do for myself and where help was not needed. They told me if I wanted alterations I just ask them."
- The provider told us staff had received training in oral health from visiting dentists and other courses. Following the inspection introduced a daily recording system for staff to document the oral health care given.

Staff support: induction, training, skills and experience

- Staff told us they were well trained. Comments included, "All the training is good", and "Our training is refreshed every year like moving and handling, infection control etc – most of it is covered in the one-day course we do. I have an NVQ 3 that I have done through here as well". A relative told us, "The staff are very well trained".
- The provider told us in their PIR, "A large number of the staff working at Oak House have a qualification in nursing/care. For example, nine members of staff qualified as nurses in India. Three members of staff have a Level 4 qualification in Leadership and Management in Care and the majority of the remaining staff have a NVQ3." They told us that any new staff recruited without relevant qualifications would be given appropriate training leading to a relevant qualification.
- The provider also told us, "All staff members have a one-day course each year to update the core aspects that they should know which include basic life support, complaints and conflict management, equality and diversity, fire safety, health and safety, infection control, information governance, manual handling, protection of vulnerable adults and safeguarding and emergency first aid".
- If a new member of staff was appointed without any previous care experience or relevant qualifications they were expected to complete a nationally recognised qualification known as the Care Certificate within the first 12 weeks of employment.
- All staff received an annual appraisal and one-to-one supervisions for staff. A senior member of staff told us, "Supervisions are done by [registered manager] and myself every three months. If people have any issues in the meantime they are free to come and talk to us. We do an appraisal every year with them". Records showed not all staff had received individual supervision every three months in the last year. The provider

told us they had instead met with staff on an individual and group basis to discuss proposed changes in the home. Staff told us they were well supported and could speak to a senior manager at any time if they needed advice or support.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. A relative told us, "The food is excellent. It really is wonderful. We have some amazing chefs". A person living in the home said, "I can choose what I like to eat. Everything is beautifully cooked, and we have our big meal at lunch time and at tea I might have a sandwich if one is available but usually we have cake".
- People were offered a choice of meals each day. Staff were aware of people's likes and dislikes and any special dietary needs. We asked a chef how they checked if people enjoyed the meals and they told us, "They cannot all tell you whether they like it or now, but I spend time talking to the residents and their families."
- People were offered hot drinks at regular intervals during the day. Staff assured us people maintained good hydration levels. If people were at risk of dehydration their fluid intake levels were monitored. However, we noted people were not able to help themselves to cold drinks when they were sat in the lounge or dining room. The provider told us, "Those residents who are able to request a drink are always made one by the staff whatever time of day or night it may be". They also told us people were given water in their bedrooms at night.
- One person told us, "I am not sure we can have drinks or snacks when we like and not sure if we would be given any if we ask. They tend to stick rigidly to times for all meals and mid-morning and mid-afternoon tea or coffee." The provider told us, "If any resident requests a snack be that sandwich biscuit or cake it will always be provided for them. However, the substantial evenly spaced meals and drinks throughout the day ensure that the residents have a good varied diet. There is always a bowl of fruit in the dining room which any resident can help themselves to".
- If people were at risk of choking and required their meals to be pureed the cook ensured that people had the same home cooked meal as other people. Each food item was pureed individually and placed on the plate so that the different colours and flavours were separated.

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

- The home was well maintained, attractively decorated and furnished. People were encouraged to bring personal items to furnish their rooms and make them feel homely.
- People had equipment to help them move around safely. There was a stair lift to help people get up and down stairs safely. Hand rails and grab rails had been installed to help people move around more easily. There was ramped access to the patio at the back of the house. However, the house is a period property and, while it has been adapted as far as possible, some parts of the house may present access difficulties for wheelchair users. The provider told us in their PIR, "Oak House is a Grade 11 listed building and therefore physical accessibility has to be carefully considered".

Supporting people to live healthier lives, access healthcare services and support

- The staff were observant and noted when people were poorly. They liaised closely with relevant health specialists to ensure people received effective treatment. A relative told us they were confident staff would ring her mother's GP promptly if needed. They said, "Absolutely no question. If she is poorly they will ring".
- The provider made referrals to the Primary Health Care Team to ensure appropriate care and treatment. They had made referrals to health professionals such as the Speech and Language Team (SALT), physiotherapy and palliative care teams.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications had been made to the local authority for those people whose liberty had been restricted. However, these were on the waiting list for assessment.
- Staff understood each person's capacity to make decisions about their daily lives. The provider had employed an independent social worker to carry out Mental Capacity assessments and best interest decisions for each person.
- The provider had introduced a 'consent to care' form to provide evidence that people had been consulted about their care needs and agreed to the care set out in their care plan. If a person lacked capacity a family member or friend who had legal authority (such as Lasting Power of Attorney) had been asked to read and sign this consent form.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Staff were gentle, patient and attentive. We observed staff interacting with people and saw they spoke softly to people, maintained good eye contact, and made sure people understood what they were saying. They sought people's agreement where possible before they gave assistance. A person said, "Staff here are very kind, and you can talk to them."
- Staff knew people well and understood the things they liked, including those people living with advanced dementia. For example, a member of staff said, "Smiling and body language is important to me – just responding to their needs properly. I sat with a couple of ladies the other day and did a crossword and they thanked me so much." An activities organiser told us, "I love to visit here. The people are very special."
- People were treated as valued individuals regardless of their backgrounds, beliefs or differences. The provider told us in their PIR, "The workforce at Oak House are very diverse with many nationalities working together to provide care to our residents. The one thing that any member of staff employed by Oak House has to have is empathy and a willingness to always learn both from their peers and the residents they care for".
- The home had received thank you cards from friends and relatives praising the staff for their care. Comments included, "Thank you for all of your hard work and caring approach. You always treat my Mum with great kindness and respect. I appreciate your efforts and patience".

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

- Where people were able to express an opinion, their views were sought by staff. A person told us, "Staff are always eager to know if I am okay. They tell me if I want any alterations to say so."
- People and/or their relatives or representatives were involved in care planning and reviews. A relative told us, "Staff talked to me about her care plan and I am involved in the reviews".
- A member of staff told us, "It is about the communication here in a dementia home. We communicate really gently and hold their hands and make sure they know we are here for them".

Respecting and promoting people's privacy, dignity and independence

- During our inspection we saw staff treated people with respect. Comments from people included, "Staff always knock on my bedroom door before coming in. I am fairly independent, but they do ask me before doing anything if it is okay for them to do it. They are compassionate and if I was upset or worried they would take me somewhere more private like the conservatory to talk to me".
- Staff explained how they ensured people's dignity was respected at all times. Comments included, "Just things like waiting outside if they want to do things on their own. Encouraging them to wash themselves.

Cover the other part of the body with a towel. I will ask and talk through what I am doing when doing personal care".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan that covered all areas of needs. While some aspects of the plans contained good detail, some areas were more basic. For example, people's usual daily routine such as times of waking or going to sleep were not always covered, or their preferred personal hygiene routines. After the inspection the provider told us, "Oak House will be moving to a fully computerised system for all aspects of personal care from the 4 November which should ensure that all aspects of care are clearly found in one place". They planned to review and improve the plans to provide greater detail of each resident's care needs.
- Staff we spoke with knew people well and understood each person's needs and preferences. Many of the staff had worked in the home for several years, and therefore they did not need to refer to the care plans regularly for information about each person. Staff described how they asked people what they wanted, for example a member of staff said, "We always ask people what they want to wear and what they want to do".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home used various tools to help them meet communication needs. An activities calendar was displayed in the hallway using pictures as well as large text to show the regular activities on offer. Staff used pictures to help people choose the meals they wanted to eat.
- One person who was unable to communicate verbally appeared to respond appropriately to our questions by nodding their head. A member of staff we spoke with reassured us that the person understood some verbal communication and staff tried to understand their responses where possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were detailed plans in place covering people's social needs. The activities staff had gathered a wide range of information about people's life story, their families, employment, hobbies and interests. This information had been used to help staff plan a range of activities each week to meet each person's needs.
- The home continued to provide an excellent range of activities each day. On the morning of our inspection a drama therapist visited the home to provide group activities. In the afternoon an activities organiser provided a range of activities either on an individual basis, or for small groups. This included making cakes, doing puzzles, reading to people, and art.
- One person was a talented artist and had painted many lovely pictures that had been framed and

displayed in their bedroom. Another person used to love to paint, but as their dementia had progressed this was no longer possible. Instead the staff knew the person loved reading Beatrix Potter books and so regularly read the books with the person. They also described how they would sit with people, hold their hands and chat to them about their families and the things they were interested in.

- The provider told us in their PIR, "Oak House has always offered a wide range of activities for the residents. Every week there are visits to Oak House from professionals who provide dramatherapy, aromatherapy, exercise to music, singing and mind stimulating sessions as well as poetry reading from students of Exeter University, hairdressing and art sessions.

- People were supported to go out to social activities if they wished. Some people went to the cinema during special screenings for people with dementia. One person who enjoyed singing was supported to attend singing sessions in a local church. Another person who loved shopping, was regularly taken into the city centre where they would visit favourite shops and cafes.

- A relative told us they were always welcomed by the staff whenever they visited, and they felt the staff cared for the whole family as well as the person. They told us, "The staff are really caring. They will go out of their way to help me. We are very much a team". They also said, "The staff are thoughtful. For example, they will get her a glass or a serviette if they notice she needs one. It's the little things that make a difference". A person told us, "My son and daughter in law pop in they are made welcome". A member of staff told us, "We discuss ideas with people and their families and we ensure families know if anything has happened to their relative and keeping them involved as much as possible. Making sure they know everything".

- People were supported to follow their chosen faith. A local vicar visited monthly to provide a religious service in the home. Staff supported people to attend local religious establishments if they wished.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint. The complaints procedure was displayed in the hallway. This laid out the process for making a complaint. People were also given a copy of the complaints procedure when they moved into the home.

- The home had received no complaints in the last year. Comments included, "I have not had to make a complaint. If I am unhappy I would approach a member of staff. If it was serious I would talk to my son and daughter in law". A relative told us they would speak with the registered manager or any of the staff if they had a complaint or concern.

#### End of life care and support

- There were no people receiving end of life care at the time of this inspection. Care plans contained detailed information about people's preferences for care at the end of their lives.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, staff and relatives told us there was a warm and welcoming, open atmosphere in the home. A relative told us, "The size of the home matters. It's wonderfully intimate".
- There was a stable and positive staff team, many having worked in the home for a number of years. People told us this was important to them as it meant they knew the staff well. Comments included, "I think staff are happy here as the majority are regulars. Occasionally we have new ones but not that often."
- Staff spoke positively about the atmosphere in the home. Comments included, "It's a good setting here. It's a small home. A good employer and a good deputy and everyone is good here. We get to know all the residents very well get the time to spend with people and no-one wants to leave a good employer".
- The home had been recognised for the good care it provides. The provider told us in their PIR, "Oak House was asked to provide an article for The Parliamentary Review for Care 2019. This enabled Oak House to highlight the high standards of physical, mental and social care provided at Oak House to its residents and to impart and share this knowledge with others".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider has notified us of all accidents, injuries and significant events that may affect the running of the home.
- The provider understood their legal duty to be open and honest and open if anything went wrong. There have been no serious incidents or concerns raised about the home since the last inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff told us the home was well managed. A member of staff told us, "The quality of care I feel is much better here than anywhere else. There is never a problem with resource from [provider]. She treats her staff very well not just internally but also outside of work with any personal or health issues."
- The provider of the home was also the registered manager. There was an assistant manager and senior care team which ensured there were clear lines of responsibility and accountability.
- The provider told us in their PIR, "All aspects of care are regularly reviewed, and any areas of improvement identified and addressed in a timely way. The stable staff team are of the utmost importance in ensuring consistent good practice and care is delivered at all times".
- Monitoring systems were in place to ensure all areas of the home ran smoothly. These included audits on

medicines, environment, infection control and care plan reviews.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views on the service were sought in various ways, including questionnaires to people and their families and friends. Copies of the most recent questionnaires were seen, completed in January 2019. The responses were entirely positive. Comments included: "I think the standard of care, understanding and love given is exemplary. Also, I have always been made to feel welcome and can think of no better place for my friend to be", and "My mother frequently tells me how happy she is at Oak House and how the nurses do so much for her. I have total peace of mind, knowing she is well cared for."
- The provider told us in their PIR, "All staff have equality and diversity training and understand that respect for others is essential. They went on to say, "I assure myself that the staff I employ understand these human right principles by a combination of life experience, education and monitoring their work". There was an Equality and Diversity policy in place relating to staff employment.

Continuous learning and improving care

- Staff told us training and continuous learning was encouraged. Comments included, "The employer's support – she is more than happy to send the staff for training and fund it. I did my NVQ level 4 and [the provider] paid for that. As a senior person I feel we are meeting the best care for our residents".

Working in partnership with others

- The home has worked with local organisations such as local health and social care organisations to ensure people receive good care and treatment.