

Hendra Healthcare (Ludlow) Limited

Hendra House Residential Home

Inspection report

Hendra House
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This unannounced inspection was carried out on the 20 October 2017.

Hendra House Residential Home is a care home that provides accommodation and personal care for up to 28 older people. The home is situated in a residential area of Ludlow. There are car parking facilities to the front of the building. At this inspection, there were 28 people living at the home, a number of whom were living with dementia.

At the last inspection in July 2015, the service was rated Outstanding. At this inspection, we found the service remained Outstanding.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive outstanding care at Hendra House Residential Home. People, their relatives and health care professionals told us staff adopted a compassionate and caring approach towards their work. We saw very positive interaction between staff and people throughout our inspection. People's rights to privacy and dignity were understood and promoted by staff. People were also provided with a keyworker, who the provider matched to the interests and personality of the person. Staff told us they took pride in knowing each person and knowing and understanding their needs. People were encouraged to be independent, express their views and make choices about the care and support they received. People told us they were listened to by staff and felt able to voice their opinions. They also felt actively involved in decision-making about their care and support needs. The provider and staff supported people's involvement in decisions that affected them. People continued to be supported when considering their end of life care needs, such as future wishes and cultural needs. Staff had received training in end of life care and the home had a nominated end of life champion. The provider worked closely with local funeral directors to advise or assist with the provision of services.

Leadership at the home continued to be 'outstanding.' People told us the registered manager and the management team continued to lead by example. They regularly met with people and were always available when people wanted to speak with them. People described an open and inclusive culture, where their views and opinions were welcomed and acted upon by the provider. The provider had continued to deliver high standards of performance, especially around encouraging self-development and the provision of training opportunities for staff. This meant people consistently received high standards of care. Consistent leadership at the home provided for continual improvements, which were for the benefit of people who lived at the home. The provider told us that their approach to providing high quality care and support had gained national recognition, where staff had received national and regional nominations and awards. The provider had continued to develop lasting relationships within the local community, which

included local churches, schools, and voluntary organisations. The provider was actively involved working with care organisations across the sector both locally and nationally, which involved sharing good practice and expertise.

People consistently told us they felt safe living at the home. There continued to be systems in place to protect people from abuse by ensuring appropriate referrals were made and action taken to keep people safe. Risks to people were managed in a way that protected them and kept them safe from harm. People were supported safely and their needs were met by sufficient numbers of staff. People continued to receive their medicines safely.

We found people continued to receive care and support from staff who had the skills and knowledge to meet their needs. People, their relatives and health care professionals told us they had confidence in the knowledge and skills of the staff, and their ability to meet people's individual care and support need. Staff told us they received regular supervision in the form of one-to-one meetings with the management team to receive feedback on their performance, and discuss any additional support they may need. We saw staff seeking people's consent before providing any care. When people lacked mental capacity to take particular decisions, staff took the required action to protect people's rights and ensure people received the care and support they needed. People's dietary requirements continued to be assessed and people were provided with sufficient food and drink.

People received care and support that reflected their individual needs and requirements. They were supported to spend time in ways they found enjoyable and stimulating. The provider continued to routinely listen to people's experience, concerns and complaints. People told us that if they had any concerns they would approach staff or the management team and were confident issues would be resolved. People were supported when considering their 'end of life' requirements, such as future wishes and cultural needs. Staff and managers had received training in 'end of life care' and the home had a nominated end of life champion.

Further information is in the detailed findings below.

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 remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained outstanding.	Outstanding ☆
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remained outstanding.	Outstanding ☆

Hendra House Residential 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 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.

This inspection took place on 20 October 2017 and was unannounced. The inspection team consisted of one 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.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with 10 people who used the service and 11 visiting relatives and friends. Two people we spoke with were living with dementia and therefore conversations were not in-depth. We spent time observing interaction between staff and people. We also used the Short Observational Framework for Inspections (SOFI) to help us understand the experiences of people living with dementia. We also spoke with two visiting health care professionals and a visiting hairdresser. In addition, we also contacted two local GPs and another health care professional for their views on the service.

We reviewed a range of records about people's care and how the home was managed. These included two electronic care records, six electronic medicine administration records (MAR), staff training records, quality assurance audits and minutes from resident and staff meetings.

As part of the inspection, we spoke with the registered manager, a care manager, one team leader, five care assistants, the cook, one kitchen assistant and two domestic staff.

Is the service safe?

Our findings

People continued to feel safe living at Hendra House Residential Home. One person told us, "I feel totally safe, visitors can come anytime. We were told to treat the place as our home, which I do." Another person said, "They [staff] are very good at supporting me when I'm using my walking frame. They make me feel very safe." A third person told us that they felt safe, because of the positive attitude of staff, which meant everyone got on well with each other. One relative said, "The environment is incredibly positive. People are not left to sit around and wait for death. It's a wonderful place." Another relative told us that staff made their relative feel safe and secure and couldn't do enough for them.

The provider continued to protect people from avoidable harm and abuse. Staff had received training in how to recognise, respond to and report abuse. One member of staff told us, "Any concerns I would report to the management. I could always report direct to outside agencies. However, I'm confident any concerns would be treated seriously and immediately." The provider had procedures in place to ensure any information about suspected or actual abuse was shared with appropriate external agencies, such as the local authority, police and the CQC. The care manager told us they were the safeguarding champion that staff could approach about issues or seek guidance. They in turn were able to consult with an external safeguarding consultant or the local authority directly about any concerns.

Risks to people were managed in a way that protected them and kept them safe from harm. Staff were aware of the risks people faced and the action required to minimise the risk and keep people safe. Risk was managed by all, including domestic staff, who were also a part of each person's care. This involved everyone looking out for each other, both staff and people living at the home. One relative explained how the positive intervention of staff resulted in their relative experiencing less falls since arriving at the home. They explained how the provider had introduced pressure floor pads and laser technology to notify staff immediately of their relative moving about in their room. This meant staff could respond immediately in providing support and ensuring their relative was safe from harm.

Staff explained to us about the risk enabling culture that was encouraged by the provider. One member of staff told us, "Each person has a risk assessment in place. It is important to allow people to have their independence, so we balance that against the risks they face. If people were at risk of falls we would still encourage them to mobilise and move around with their walking frames. We would support them when walking to reassure them."

People, their relatives and staff felt the staffing levels maintained at the home meant people's individual needs could be met safely. One relative told us, "As a family we are really pleased, always enough staff. When my relative uses the call bell the wait is nothing." Two people told us about their choice to remain in their rooms. They said they didn't have to use the call bell, because someone (members of staff) was always tapping on their door and popping in with a cuppa or simply to say hello. They also said if they pressed the call-bell staff were there immediately. We saw there were enough staff on duty, throughout our time at the home, to respond to people's needs and requests in a timely manner. The provider adhered to safe recruitment practices to ensure prospective staff were suitable to work with people at the home.

We looked at how people were supported to take their medicines. People told us they received their medicine when they needed them. We saw a member of staff administering medicines to people in the home. Medicines were taken individually to each person. The member of staff explained to people what their medicine was for and the dose they were required to have. The provider used an electronic medication administration system, which provided prompts and information for staff administering medicines. Records were accurate and completed correctly. Staff told us that they received training and were subject of regular competence assessments by the provider. Medication audits were also undertaken to ensure medicines were administered safely.

Before the inspection, we had received concerns about the knowledge of staff in respect of emergency evacuation procedure. The provider told us they used an external Fire Safety Consultant who provided training for all staff that included simulation and desk top exercises. Whilst most staff were able to able to confidently explain the evacuation procedures, some were not so clear about the process and what it involved. We raised this matter with the provider to address.

Is the service effective?

Our findings

We found people continued to receive care and support from staff who had the skills and knowledge to meet their needs. People, their relatives and health care professionals told us they had confidence in the knowledge and skills of the staff, and their ability to meet people's individual care and support needs. One relative told us, "Staff appear knowledgeable and well trained. Communication is excellent. I visit regularly and someone [staff] will always talk to us and let us know how [relative] has been." One visiting health care professional described staff as competent and knowledgeable.

New staff completed initial training to prepare them for their new role. As part of this, they worked alongside more experienced colleagues, and were given time to read and ask questions about people's care needs. The provider told us that in order to improve the induction process for new staff, they intended to design a bespoke induction programme for all new recruits, which would include the care certificate. The care certificate is a nationally recognised qualification in social care. Staff told us they continued to receive training and support that was specific to the people they supported. They were encouraged by the provider to undertake any training that was relevant to their role. Most staff we spoke with had either obtained or were studying towards obtaining nationally recognised qualifications in social care and dementia at management and practitioner levels. One member of staff said, "I think training is very good. We are encouraged and it is all classroom based. We use an external training agency. I certainly feel I have enough training for my role."

Staff told us they received regular supervision in the form of one-to-one meetings with the management team to receive feedback on their performance, and discuss any additional support they may need. One member of staff told us, "I feel very valued and supported by the provider." Another member of staff said, "There is always someone available to provide support and guidance."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The provider and staff had an appropriate understanding of people's rights under the MCA. They explained that most of the people currently at the home were living with different levels of dementia, however the majority were able to make their own decisions. We saw completed consent forms in people's care files had been obtained. The provider understood the purpose of, and process for, applying for DoLS authorisations, should these be required. People were supported by staff to make their own decisions. We saw staff seeking people's consent before providing any care. When people lacked mental capacity to take particular decisions, staff took the required action to protect people's rights and ensure people received the care and support they needed.

People's dietary requirements continued to be assessed and people were provided with sufficient food and

drink. People told us they had enough to eat and drink, and that they enjoyed the food provided, which was all home-cooked. One person told us, "It's very good food here, we have a daily choice. If I ask for something else I get it." Another person said, "The food is good. They come around and ask me what I want. There are plenty of choices and plenty to eat and drink. They also encourage me to eat as much as I can." We spoke to the cook who was able to tell us about people's individual dietary needs, such as gluten free and diabetic diets. Staff confirmed people's weight were regularly monitored and appropriate referrals made if concerns were identified.

People were supported to regularly consult other healthcare professionals to meet their specific health needs. One relative told us, "They monitor the health of my relative on a daily basis, followed up with GP involvements. We are fully informed and consulted." The home's staff had developed positive relationships with local GPs, and district nurse teams. The home was attended regularly by chiropodists, physiotherapists and opticians to meet people's needs. The home was also involved in an oral hygiene pilot, known as 'care to smile.'

Is the service caring?

Our findings

People continued to receive outstanding care at Hendra House Residential Home. People, their relatives and health care professionals told us staff adopted a compassionate and caring approach towards their work. One person told us, "I never wanted to or thought I would end up in a home. The fact is I have never looked back." One relative told us, "It is out of this world. I pop in after work usually, because that suits me best to visit my relative. Always a cup of tea follows you up (to their relative's bedroom). You are always made welcome, however busy they [staff] are. It is one big family and we are all part of it." Another relative said, "The elderly people are loved and cared for as though they were their own relatives." A third relative said their family member had been at the home for several years. They never took the place for granted, because they [relative] went out on regular trips, they were happy, stimulated and were always laughing and singing.

Staff greeted people warmly upon seeing them for the first time that day. Staff took time to sit and chat with people. This enabled people to develop and maintain positive relationships with staff. People were clearly at ease in the presence of staff, who they approached freely. At meal times, the provider ensured staff were provided with a cooked meal, which they ate in the dining room sharing a table with people who lived at the home. Staff were able to engage people in conversation, that involved humour and serious debate. This promoted an inclusive environment for people who lived at the home. People were also provided with a keyworker, who the provider matched to the interests and personality of the person. Staff told us they took pride in knowing each person and knowing and understanding their needs.

We saw very positive interactions between staff and people throughout our inspection. The provider used a silent call-bell system to avoid disturbing people, which staff responded to by use of portable devices. People told us they were reassured and content as staff were always the same, with little turnover. One person said, "Having consistent staff makes such a difference, everyone knows everyone here, they know all of our ups and downs, they take care of us." The provider also explained they never used agency staff as permanent staff were always prepared to work additional hours to cover absences, like sickness. Staff told us they didn't want people to be looked after by someone they [people] didn't know, or who didn't know them.

Staff told us they had been involved in a dementia training programme, where relatives had been invited along to improve their own understanding of the needs of people living with dementia. One person told us, "It is particularly refreshing to see the attention they [staff] give to people that do need help, and who suffer with dementia. They listen to them, talk to them and treat them with understanding, smiling all the time whilst comforting them." We saw one person start to become anxious, whilst sitting in the main lounge. Staff immediately spoke with the person, stroking their hands, maintaining eye contact to help ease their anxiety before they became too upset. This had a very positive effect. People were treated with kindness and compassion at all times.

People and their relatives told us staff continued to respect people's rights to privacy and dignity. We saw staff spoke to and treated people in a professional and respectful manner, meeting their personal care

needs discreetly. One person said, "My health and personal needs are fully catered for. They [staff] are completely respectful with full regard to my privacy. They never enter the room without knocking." Another person told us, "When I'm having a wash, I'm always made to feel comfortable by staff. They are very respectful. Also the place and the residents who live here are always clean."

People were encouraged to be independent, express their views and make choices about the care and support they received. People moved independently around their home on their own or with the assistance of staff. One relative told us that their relative had spent a lot of time on their own. However, staff had encouraged them to spend more time in the lounge and had 'buddied' them up with another person, who was chatty and active. The resulting friendship had significantly improved the quality of life of their relative, because they [relative] had become involved in every day activities at the home and were more stimulated as a result. Another person told us they had been recruited to write the home's newsletter, which involved getting other people who lived at the home to 'chip in' with stories. They told us this gave them a purpose and the opportunity to get to know everyone living at the home.

Staff were able to explain to us the importance of people retaining their independence to support their well-being. One member of staff said, "We give people choices all the time, such as eating or dressing. We encourage people to do as much as they can, so that they can remain independent as this is their home." Another member of staff told us how they encouraged people to be independent, by promoting 'use it or lose it.' While they always respected people's choices and decisions, they believed it was very important for people's well-being to be active and stimulated.

People told us they were listened to by staff and felt able to voice their opinions. They also felt actively involved in decision-making about their care and support needs. They told us they had been fully consulted and involved in reviews of care. The provider and staff supported people's involvement in decisions that affected them. People told us they had the choice of whether they were supported by male or female staff when receiving personal care.

Throughout our time at the home, we saw staff consulting with people about their routine care, such as how they wanted to spend their time or where they wanted to go next. The provider held 'residents' meetings' to provide people with another means of sharing their views on the service, as a group. One person said, "We are encouraged to give feed-back on how things can be improved. I have been asked on several occasions." One relative told us, "We are fully consulted about everything. At meetings we are encouraged to give our opinions and suggest improvements." The provider told us staff had recently completed further training with regard to respecting each person's privacy, dignity and human rights. As a result staff have developed a greater understanding of meeting individual needs in relation to people's age, gender, culture and race.

People continued to be supported when considering their end of life care needs, such as future wishes and cultural needs. Staff had received training in end of life care and the home had a nominated end of life champion. People's end of life wishes were documented and reviewed. People were encouraged to discuss and consider whether they had Do Not Attempt Resuscitation requirements and the provider worked collectively with GPs, families and independent advocates. The provider told us they worked closely with local funeral directors to advise or assist in the preparation of the deceased, before a viewing by the family.

Is the service responsive?

Our findings

People continued to receive care and support at Hendra House Residential Home that was developed around their individual needs and requirements. One relative told us, "They first visited my relative in hospital and interviewed the family as part of assessing their [relative's] needs. We then went through a cooling off period to decide whether the home suited our relative. Our relative now gets a lot of stimulation. We get an activities list, so we know what is going on. Our relative has been out on outings and regular entertainers visit."

People had been involved in developing their care plans that were individual to them and covered a range of needs, such as personal care, dietary, and mobility. Staff told us people's care plans, which were electronic, included information about their personal backgrounds and preferences, together with guidance on how to meet individual's specific care needs. This enabled them to get to know and understand people needs professionally and personally. Staff told us that the benefits of using electronic care plans and the medications systems included being able to maintain accurate and live person centred care plans and risk assessments, clear evidence of audit trail and evaluations, accident and incident information and analysis, instant access to all medical information and the ability to minimise risk of medication errors. It also enabled staff to minimise their time spent on recording data, and allowed them spend time developing effective relationships with people.

People continued to be involved in activities and stimulation of their choice. A range of activities were organised at the home, which people could choose to join in. People were able to identify their own preferences regarding activities through 'resident meetings' or with the home's activities co-ordinator. As well as individual activities, monthly activities plans were developed to identify and celebrate events throughout the year. The activities list for people had been designed with large print and illustrations to ensure that everyone understood the planned events, especially those living with dementia. The home provided transport by way of a mini bus that had a tail lift to accommodate all physical abilities. Other transport was also made available by the provider to ensure no one was excluded from external activities.

People told us about the day trips they went on, which include garden centres, the seaside, supermarkets, trips to the local countryside, and fish and chip suppers out. Some people also told us about being taken to professional football matches by the provider. One person said, "There are loads of outings in a mini coach. There is a library and plenty of things to do. We have entertainers coming in. It's all good fun and fine." People and families were actively involved in fund raising to support the home in providing activities and stimulation for people.

The provider continued to always listen to people's experiences, concerns and complaints. The provider had a complaints policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received. People told us that if they had any concerns they would approach staff or the management team and were confident issues would be resolved. One relative said, "Where we have raised issues, they have always been addressed. The management also come back to you a few weeks later to ensure we were still happy and there were no repeat incidents." The

provider held regular 'resident and relative meetings,' where people were encouraged to raise concerns or suggest where improvements could be made.

Is the service well-led?

Our findings

The provider continued to provide leadership that was 'outstanding.' People told us the registered manager and the management team continued to lead by example. They regularly met with people and were always available when people wanted to speak with them. People described an open and inclusive culture, where their views and opinions were welcomed and acted upon by the provider. For example, people told us they had been consulted about furnishings and decoration in the home. When purchasing new chairs for the lounge area, people were invited to talk to suppliers and try out various chairs. They told us they were the ones that made the choice, and in addition, they choose the colour of the walls and the carpet in the lounge. People consistently told us they were happy and content and felt they belonged to a family, which included people, relatives and staff. One person told us, "It's totally outstanding, such a friendly place." One relative told us, "It's absolutely great and very open. Staff are very welcoming." Another relative said, "Staff are extremely nice and welcoming. There is always plenty of staff. When I have raised matters, the management respond to them straight away. Our relative is definitely safe here."

One health care professional told us they would recommend the home and would have their own family here. They described a good relationship with the provider, where staff were quick to seek advice and guidance. Another health care professional described the home as excellent, and that people could not be cared for better.

Staff told us there was an open culture within the home and as a result, they would be confident to raise concerns directly with the registered manager. One member of staff told us, "If there are any issues, you can go straight to the management team and it's sorted. They are very understanding and supportive even with personal issues." Staff told us how the provider ensured staff didn't have to provide their own meals whilst at work and were encouraged to dine with people. Staff received vouchers and flowers to celebrate special occasions, like Christmas and birthdays. They described occasions where the provider had taken the team out for meals to celebrate their achievements and awards the service had won. As a consequence, there was little turnover of staff. One member of staff said, "The boss is absolutely brilliant, extremely supportive of staff." The care manager had been in post since 2010, which provided for consistent leadership at the home.

Staff knew about the provider's whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enabled staff to report any concerns or poor practice. Staff told us they felt the home was well-led and they were valued by the management team. They told us they all had a shared vision and passion of delivering person centred care. Health care professionals praised the management and staff team's knowledge of the people they supported, and the provider's commitment to meeting people needs.

Staff told us they had received support and direction from the provider to succeed in their work. The home had an ethos of investing in staff development. In fact two of the homes five key strategic objectives evolved around developing staff. There were opportunities for staff to progress by the availability of training at all levels and individual champion roles in specialised areas. These champion roles included adult safeguarding, falls prevention, oral health care, dementia care, end of life care and activities. These roles

were undertaken by the care manager, lead practitioner, team leader or in the case of 'activities' a designated care assistant. This enabled staff to develop specialist skills in these specific areas. Each of the key areas were then regularly discussed at senior management team meeting. The provider told us that the system had evolved over the past three years, and that staff also moved from being a champion in one area to another in order to gain a fuller understanding of that subject as part of their career progression. In addition, the home champions attend meetings with other specialist champions where information and best practice was identified and shared. This meant that the provider was able to develop a multi skilled senior management team, where the quality of service delivery in these areas was continually improved for the benefit of people.

There were effective leadership programmes for the management team. For example, one of the managers was working towards a nationally recognised qualification at level five. They had also recently completed the level five end of life management training. In addition the other managers had completed the level four dementia management programme during 2017. Staff told us they were encouraged to put forward their own ideas for training. They felt valued and part of a successful team. This demonstrated that the provider continued to keep up to date with training and best practice in social care.

There continued to be systems in place, which monitored and assessed the quality of the service provided, in order to drive continual improvement. The provider completed audits and checks to enable them to monitor and improve the quality of people's care. As part of this, they checked the health and safety arrangements, medication, accidents and falls reported and infection control measures and procedures. For example, falls and near misses were reviewed by the management team to identify potential risk and measures to minimise risk.

There were regular meetings, where people were able to feed-back about what they wanted and any concerns about the quality of services provided. Questionnaires were made available to people and relatives to provide comment on the quality of services and where improvements could be made. For example, the provision of a sound system, and changing seating arrangements to enable people in the dining room and lounge to hear what was being discussed and agreed at 'resident meetings.' Additionally, changes to meal-times were made following a suggestion to provide people more time to consume and enjoy their meals. A regular newsletter was also provided for people and relatives, which included current developments, resident and staff news and planned activities.

The provider had continued to deliver high standards of performance, especially around encouraging self-development and the provision of training opportunities for staff. This meant people consistently received high standards of care. Consistent leadership at the home provided for continual improvements, which were for the benefit of people who lived at the home. The provider told us that their approach to providing high quality care and support had gained national recognition, where the provider and staff had continued to receive national and regional nominations and awards, which were used as an effective benchmark. For example, the provider was recently rated as the 12th highest rated home for the elderly in the country by an independent evaluation service. The home had been rated as excellent by all of the 40 people who responded during the past two years. The home had also retained a Platinum Award for infection control by the local authority. The provider continued to maintain a history of compliance with the requirements of regulations under the Health and Social Care Act.

The provider had continued to develop lasting relationships within the local community, which included local churches, schools, and voluntary organisations. The provider remained accredited to a number of schemes and initiatives. These included being a member of the National Skill Academy for Investors in People, Shropshire Excellence in Business Awards, and Best Employer in Social Care. Recently the home has

encouraged the involvement of a local mother and toddler group, the local infant school, the cubs, brownies and students completing their Duke of Edinburgh Awards to engage with people living at the home. People were also encouraged to take part in local groups and societies away from the home. These included keep fit classes, bridge club and local churches for spiritual needs.

The provider was a Skills for Care Employers Champion and a Director of Shropshire Partners in Care. They were actively involved working with care organisations across the sector both locally and nationally, which involved sharing good practice and expertise. The provider had also shared their knowledge and experience of all aspects of their business operations individually and at national conferences. The provider told us that staff had taken part in information videos promoting social care apprenticeships throughout the country.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This meant that we were able to monitor any trends or concerns.