Caring Homes Healthcare Group Limited

Moorlands Nursing Home

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

Moorlands Nursing Home provides nursing and residential care for a maximum of 41 older people, some of whom are living with dementia. There were 31 people living at the home at the time of our inspection.

The inspection took place on 10 May 2017 and was unannounced.

There was a registered manager in post. 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.

At our last inspection on 25 and 30 November 2015 we found the provider was breaching legal requirements in relation to safe care and treatment and person-centred care. People at risk of pressure damage, dehydration and unstable diabetes were not adequately protected from harm. Care was not always responsive to people's individual needs and people did not have access to appropriate activities.

The provider sent us an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection the provider had taken action to address these concerns and meet the relevant regulations. Any risks involved in people's care had been assessed and recorded. Where risks had been identified, staff had implemented appropriate measures to reduce the likelihood of harm. Care was responsive to people's needs and people had access to appropriate activities. People's needs were assessed when they moved into the home and kept under review. The care people received reflected their individual needs and preferences. People told us staff respected their choices about their care and staff had involved people and their relatives in developing their care plans.

People felt safe at the home and when staff provided their care. Relatives were confident that staff considered all available options to keep their family member safe. There were enough staff on each shift to meet people's needs. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. People were protected by the provider's recruitment procedures. There were plans in place to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. People's medicines were managed safely.

People were supported by staff who had the skills and experience they needed to provide effective care. Staff attended all elements of core training during their induction and refresher training at regular intervals. Staff had access to further training relevant to the needs of the people they cared for and nursing staff had access to clinical training and ongoing professional development. All staff attended regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed.

People enjoyed the food provided and were involved in developing the menu. People's feedback about meals and mealtimes was encouraged and their suggestions were implemented. People's nutritional needs had been assessed and were known by care and catering staff. The registered manager and staff had implemented measures that had improved the support people received to maintain adequate hydration.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's care issued by healthcare professionals was implemented and recorded in people's care plans.

People were supported by caring and compassionate staff. People told us they had developed positive relationships with staff and enjoyed their company. Staff supported people to maintain relationships with their friends and families. Staff treated people with respect and maintained their dignity. People were supported to remain as independent as possible.

People's needs had been assessed before they moved into the home and were kept under review. Care plans had been developed which detailed the support people required and how they preferred their care to be provided. People said staff understood and respected their choices about their care.

The range of activities available to people had increased since our last inspection. People told us they enjoyed the activities provided and relatives said they were encouraged to attend events at the home. Staff had arranged visits from groups within the local community and events celebrating the different cultures represented by people living in the home.

People were given information about how to complain and felt able to raise concerns if they were dissatisfied. Complaints were responded to appropriately and used as opportunities to improve the care people received.

The registered manager had created an inclusive culture and encouraged the contributions of all those involved with the home in improving the quality of care people received. People and their relatives told us the registered manager provided good leadership and had driven improvements at the home since taking up their post. Staff said the registered manager was supportive and valued them for the work they did.

The provider had effective systems of quality monitoring and improvement. Key areas of the service were audited regularly to ensure appropriate standards were maintained. Where shortfalls were identified through the quality monitoring process, action had been taken to address them. The registered manager and senior staff had established effective links with health and social care professionals to share information and to ensure staff adopted best practice. The standard of record-keeping was good. Care plans were reviewed regularly and staff maintained detailed daily records for each person.

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.

There were enough staff available to meet people's needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and experience they needed to provide their care.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People enjoyed the food provided and were involved in developing the menu. People's nutritional needs had been assessed and were known by staff.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported

them.

Staff treated people with respect and maintained their dignity.

Staff supported people in a way that promoted their independence.

People were supported to maintain relationships with their friends and families.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans were person-centred and were regularly reviewed to ensure they continued to reflect people's needs.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in activities and events and maintain links with the local community.

Complaints were managed appropriately and used as opportunities for improvement.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership and had driven improvements at the home.

The registered manager had created an inclusive culture in which the contributions of all those involved with the home were encouraged.

The provider had established effective systems of quality monitoring and improvement.

Moorlands Nursing 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 was 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 10 May 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned 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 reviewed the PIR before our inspection to ensure we addressed any areas of concern.

During the inspection we spoke with eight people who lived at the home and six relatives. We spoke with the registered manager, the provider's regional manager and seven staff, including nursing, care, activities and catering staff.

We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the service, including the provider's quality assurance reports and audits.

Good

Is the service safe?

Our findings

At our last inspection in November 2015 the provider was breaching Regulation 12 of the Health and Social Care Act (RA) Regulations 2014 Safe care and treatment. People at risk of pressure damage, dehydration and unstable diabetes were not adequately protected from harm.

At this inspection the provider had taken action to address these concerns and meet the relevant regulations. Staff carried out assessments to identify any risks involved in people's care. Where risks had been identified, staff had implemented measures to reduce the likelihood of harm. For example pressure relieving equipment had been obtained for people at risk of pressure ulcers and repositioning regimes had been implemented. Staff had considered how they could support people to maintain adequate levels of hydration and had implemented measures to achieve this. For example staff had introduced a 'hydration trolley', which they took around the home at regular intervals during the day. The trolley contained a range of drinks, such as smoothies and juices, designed to encourage people to take on fluids. The registered manager told us this measure had proved successful in supporting people to maintain their hydration levels and avoid the risk of urine infections. People living with diabetes were supported to manage this condition by staff who understood their needs.

People told us they felt safe at the home and relatives were confident their family members were safe. One relative told us, "I can rest assured he is safe. I know I'll be notified of anything." Another relative said, "I feel very reassured. I could not wish for anything better." Relatives told us staff considered all available options to keep their family member safe. One relative told us their family member was at risk of falls when mobilising independently but was unaware of the risk due to their dementia. The relative said, "They have done everything they can to minimise the risk. He is under the falls clinic. They have discussed the options with me. We thought about cot sides but discounted that because he could climb out. He has a sensor mat now and that works very well." The registered manager had implemented a proactive approach to reducing falls in the home. All falls were recorded, including any factors that may have contributed to the event, such as the time of day and any equipment involved in the person's care. A falls strategy group had been established, which met regularly with the aim of reducing falls by identifying and addressing any themes. Accident and incident records were also reviewed by the registered manager to ensure appropriate action had been taken to prevent a recurrence.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They were able to describe the potential signs of abuse and the action they would take if they suspected abuse. One member of staff told us, "I would call the police if I had to but I'd make sure the manager was informed too." All staff attended safeguarding training in their induction and refresher training in this area was provided regularly. The registered manager had notified CQC and other relevant agencies about incidents where necessary.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a

Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

Staff carried out regular health and safety checks on the premises and equipment used in the delivery of care. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. Staff attended fire safety training in their induction and regular refresher training thereafter. The fire alarm system and firefighting equipment were checked and serviced regularly. The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency.

People told us staff were available when they needed them. One person said, "They are always here to help if you need them." Relatives told us there were enough staff to keep their family members safe. One relative said, ""There are always plenty of staff when I visit and I come at all times during the day." Staff told us that there were enough staff on duty on each shift to provide the care people needed in an unhurried way. Staffing levels were planned according to people's needs. The registered manager calculated the number of staff required on each shift using a dependency tool, which was reviewed each month. The staffing rota demonstrated that the number of staff deployed on each shift was sufficient to meet people's assessed needs.

People's medicines were managed safely. Staff authorised to administer medicines had completed appropriate training and had undertaken a competency assessment where their knowledge was checked. There were protocols in place for medicines prescribed 'as required' and staff were aware of these. Where people chose to manage their own medicines, staff had carried out a risk assessment to support them to do this safely. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. Medicines audits were carried out each month and an external pharmacist checked the management of medicines annually. The provider's own audits and the pharmacist's report provided evidence that staff were managing medicines safely.

Good

Is the service effective?

Our findings

People were cared for by staff who had access to the training and support they needed to do their jobs. People told us they were cared for by consistent staff whom they trusted. Relatives said they were confident in the skills of the staff who provided their family member's care.

All staff attended an induction when they started work, which included shadowing experienced colleagues before they provided people's care. Staff told us the induction process was comprehensive and had prepared them adequately for their roles. They said they had attended all elements of core training during their induction, including health and safety, moving and handling, infection control, food hygiene and first aid. The training record demonstrated that staff attended regular refresher training in these areas and there was evidence that nursing staff had access to role-specific training, such as venepuncture, pressure ulcer prevention and treatment and the management of percutaneous endoscopic gastrostomy (PEG) tubes.

Staff had regular one-to-one supervision sessions with their line manager, which gave them the opportunity to discuss any support or further training they needed. Staff told us supervision sessions were valuable and that they felt able to raise any concerns they had. There was a programme of staff appraisal, which ensured that the performance of staff and the standard of care they provided was reviewed regularly. Communication amongst staff was open and effective, which meant people received consistent care. Staff told us they always attended a handover at the beginning of each shift given by a registered nurse. They said handovers were used to ensure all staff were briefed about any changes in people's needs or changes to their care plans.

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. The application 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff supported people in a way that encouraged them to make choices about their care. When assessing people's capacity to make decisions, staff had followed an appropriate process to ensure their rights under the MCA were protected. Staff understood that any restrictions should only be imposed upon people where authorised to keep them safe. Where people were subject to restrictions for their own safety, such as being subject to constant supervision by staff, applications for DoLS authorisations had been submitted to the local authority.

Where people lacked the capacity to make a particular decision, there was evidence that staff had consulted all relevant people to ensure the decision was made in the person's best interests, including relatives and healthcare professionals. For example one person was receiving their medicines covertly. A mental capacity assessment had been carried out to determine whether they had the capacity to make an informed decision about their medicines. Having established that the person did not have capacity to make an informed decision, staff had arranged a best interests meeting involving the person's relatives and a healthcare professional to determine the most appropriate course of action.

People enjoyed the food provided and said they had a good choice of meals. One person told us, "The food is very good and there is always a choice." People said they were able to have alternatives to the menu if they wished. Relatives told us their family member's dietary needs were met and staff knew their likes and dislikes. One relative said, "The food is really good. It's fresh and home cooked." Feedback from another relative stated, "The food is good and Dad enjoys his meals."

People were encouraged to give their views about the food provided and these were taken into account when planning the menu. The chef regularly attended residents' meetings to hear people's feedback and the provider had carried out a 'meal survey' in January 2017 to gather people's views about meals and mealtimes. The results of the survey provided positive feedback, with 93% of respondents rating meals and mealtimes either 'good' or 'outstanding'. Where people had suggested improvements, such as more flexibility in terms of mealtimes, there was evidence that these had been implemented. We observed that mealtimes were an enjoyable experience for people, with a relaxed and convivial atmosphere. Staff ensured that people who required assistance to eat and drink received this support, including where people chose to eat their meals in their bedrooms.

People's nutritional needs had been assessed before they moved into the home and were kept under review. Referrals had been made to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input. Relatives told us that their family members had received good support to address any nutritional needs they had and to maintain a healthy weight. One relative said of their family member, "She has improved so much since moving here. She wasn't eating enough and had lost a lot of weight. Her weight is much better now and she enjoys the food." Another relative told us, "They were worried about him aspirating, they addressed that. They took advice and now he is on a soft diet and has support with his meals." Guidance given by healthcare professionals had been included in people's care plans. There was effective communication between kitchen and care staff regarding any changes to people's diets.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. People told us staff supported them to see a doctor if they were unwell. The registered manager said the home's GP visited every week and staff ensured that anyone whose health had deteriorated were seen by the GP at these visits. Relatives told us staff had a good knowledge of their family member's healthcare needs and ensured they received the care and treatment they needed. One relative said, "They are very on the ball about that. Any changes are picked up very quickly." Another relative told us, "He sees the GP regularly." Feedback from another relative stated, "[Family member's] changing health issues have been dealt with in a professional and caring manner by the nurses and the manager."

The registered manager told us staff liaised with healthcare professionals to ensure they were providing the care and treatment people needed. The registered manager said, "We have a very good relationship with the GP and the surgery and we use the community matron for advice. She has also sourced some training for us." Care plans provided evidence that referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. The outcomes of appointments with healthcare professionals

were recorded in people's care plans. Any guidance about people's care issued by healthcare professionals was implemented by staff.

Good

Is the service caring?

Our findings

People received their care from caring and compassionate staff. People told us staff were kind and that they enjoyed their company. They said staff demonstrated a caring approach in their work. One person told us, "Without exception, everyone is cheerful, helpful and always smiling." Another person said of staff, "I'm more than happy. I enjoy a chat with them. They are very kind people; they have a very caring nature."

Relatives told us staff genuinely cared about their family members and had developed positive relationships with them. One relative said, ""All the staff are lovely. He has a good chat with them." Another relative told us, "We were so relieved when we found this home. All the staff are wonderful." A third relative said, "It's a very caring place. We can't fault the staff. The manager is great too, she's always around." One relative told us the care shown to their family member by staff had allayed the anxieties they had before their family member moved in. The relative said, "As soon as I stepped inside, I knew it was going to be okay for her to be here. All the worries I had are gone. It's a wonderful home. I can't fault anything. From our first contact with them, they were so professional and helpful."

Staff supported people in a kind and caring way during our inspection. They were attentive to people's needs and took time to ensure they were comfortable. Staff spoke with warmth and affection about the people they cared for. Staff told us the registered manager had established a philosophy of care that involved staff engaging positively in people's lives. They said this had had a positive impact on people's experience of care at the home. The registered manager explained that embedding this philosophy of care had been an important tool in improving the care people received. The registered manager told us, "We talk about Moorlands as a family. We encourage the staff to know about people's lives and ask about them. We form relationships with the people we care for and it's important they are positive. It's about teaching staff that talking to people is the most important thing they can do. Encourage them to talk, just about everyday things."

People were supported to maintain relationships with their friends and families. Relatives told us they could spend time with their family members whenever they wished and were made welcome by staff when they visited. They said they were invited to events at the home and to take their family members out. One relative told us, "I visit every day and my daughters come regularly too. We can take [family member] out whenever we like, it's never a problem."

Staff treated people with respect and maintained their dignity. The registered manager had implemented a proactive approach to promoting dignity in the home. A dignity champion had been appointed, whose role was to ensure that people were treated with dignity in all aspects of their care. A dignity audit had been carried out, which assessed whether dignity was being promoted through staff approach and practice, appropriate communication and the provision of person-centred care. An action plan had been developed to address any areas identified for improvement. Guidance had been produced for staff to ensure their day-to-day practice promoted dignity and respect, such as being an effective listener and using appropriate language when communicating with people.

Staff supported people to be independent where possible. People's care plans recorded which aspects of their care they could manage themselves and in which areas they needed support. We observed staff encouraging people to be independent where their care plans indicated they could manage aspects of their own care, such eating and mobilising.

Relatives told us staff supported their family members to manage their own care where they had expressed a wish to do so. They said staff provided support in a flexible way that took account of their family member's fluctuating abilities. One relative told us, "It's a lovely place, it's ideal for him. They respect his wishes. He likes to be independent but he has good days and bad days. They understand that and provide whatever support he needs." Another relative said of the staff, "They still want to give [family member] his independence. They want to enable him. They don't want to make up his mind for him. I wouldn't want it any other way."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed.

Good

Is the service responsive?

Our findings

At our last inspection in November 2015 the provider was breaching Regulation 9 of the Health and Social Care Act (RA) Regulations 2014 Person-centred care. Care was not always responsive to people's individual needs and people did not have access to appropriate activities.

At this inspection the provider had taken action to address these concerns and meet the relevant regulations. Staff had consulted people and their relatives about their care plans and included information about people's life histories, important relationships and interests. People told us they were happy with the extent to which they were involved in planning their own care. Relatives said staff sought their views about their family member's care and incorporated their views in people's care plans.

People said staff respected their choices about their care. One person told us staff had wanted to make checks on their welfare during the night but this had disrupted their sleep. The person said they had asked staff to stop making night checks and, after carrying out a risk assessment, staff had supported their choice. The person told us, "It's made a big difference; now I get a lovely long sleep."

The range of activities available to people had increased. The home employed two activities co-ordinators, who arranged a programme of in-house activities and events. The programme of activities included social, current affairs, film and reminiscence groups, art and craft, gardening, cookery and music. Entertainers visited the home regularly and relatives were invited to events such as Christmas parties and summer fairs. Activities co-ordinators told us they visited people in their rooms to ensure they did not become socially isolated. They said they offered people manicures, hand massages or the opportunity to have a one-to-one conversation.

People told us they enjoyed the activities provided and relatives said there were enough activities to keep people engaged. Relatives told us staff encouraged their family members to take part in activities but never insisted on their involvement. One relative said, "They encourage him to take part but they don't force him. We were impressed that they do evening activities, too." Feedback from another relative stated, "The staff encourage Dad to join in the activities but there is no pressure to participate."

The registered manager told us staff had arranged events designed to celebrate the different cultures represented by people living in the home, such as a Bollywood event, which had proved popular. Staff had increased visits to the home from groups within the local community, such as a local school and local church groups. The registered manager told us this had increased opportunities for people at the home to engage with others and form new relationships. The registered manager said, "We have brought the community into the home more. We have had local sixth-formers come in and read to people and community groups and church groups come in."

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Where needs were identified through the assessment process, care plans had been developed which detailed the support people required and how they preferred their care to be provided. For example,

care plans had been developed to address people's needs in relation to communication, nutrition, mobility, continence and end of life care. Care plans were reviewed regularly to ensure they continued to reflect people's needs. Staff knew people's needs and preferences about their care. Staff told us they were encouraged to read people's care plans regularly to ensure they kept up to date with any changes in people's care.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. People and their relatives were issued with information about how to make a complaint. None of the people we spoke with had made a complaint but all said they would feel comfortable raising concerns if they were dissatisfied. We checked the complaints record and found that any complaints received had been responded to appropriately. There was evidence that issues raised by complainants had been investigated by the registered manager and that action had been taken to resolve them. Complaints and the issues they raised were monitored as part of the provider's quality assurance procedures to identify and address any emerging themes.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the registered manager provided good leadership for the home. They said the registered manager set a good example in their interactions with people and supported staff to improve the care they provided. One relative told us, "[Registered manager] is a very good manager. She is a doer, a fixer. I have seen so many improvements since she started and she knows all the residents." Another relative said, "I really can't fault the manager in any way. It's really well run and well organised."

We heard feedback from people about the positive impact the registered manager had had since taking up their post. Feedback from one relative stated, "Since [registered manager] has taken over the home has made a complete change around, I cannot fault it. My mother is very happy, the staff are much happier and that has to all come from the top." The relative added, "[Registered manager] always puts her patients first and the relatives. She has a very caring and kind nature."

The registered manager promoted an open culture in which people, relatives and staff were encouraged to contribute their views and these were listened to. People had opportunities to contribute their views at residents meetings, which were held regularly. People were asked about the care they received, the food, activities, the décor of the home and standards of cleanliness. Residents meetings were also used to keep people up to date with developments such as progress with staff recruitment. People and their relatives were also encouraged to complete and return satisfaction surveys.

Staff told us the registered manager was approachable and supportive. They said the registered manager valued them for the work they did and was willing to listen to any concerns they had or provide advice. One member of staff told us, "I can go to [registered manager] any time I need to. She's always got ideas." Another member of staff said, "It's a lovely environment. I look forward to coming to work. The residents are happy." Staff told us the registered manager encouraged their suggestions about how the care people received could be improved. They said the registered manager was willing to listen to ideas and put them into practice if they could be shown to improve people's care. One member of staff said, "Our ideas [for improvements] are encouraged."

Staff meetings were held regularly and used to review people's needs and the care they received. The registered manager told us team meetings were also used to promote discussion and learning amongst staff. The registered manager said, "We incorporate self-directed learning into our team meetings. Staff split into groups and brainstorm what we are doing well, what could we improve, what makes a good team? We encourage staff to be open if something does go wrong so we can learn from it." The registered manager told us that encouraging the views and contributions of those who lived and worked at the home had realised a number of benefits for people and staff. The registered manager said, "Our communication has improved across the board. The residents feel more involved [in shaping how the home was run] and the staff are happy and hard-working. Our team are very committed."

The registered manager told us they walked around the home several times each day to ensure they were visible to people and their relatives. The registered manager said this also enabled them to observe staff

practice and to monitor any changes in people's needs. We observed that the registered manager set a positive example through their own interactions with people, making time throughout our inspection to speak with people and express an interest in their well-being. The registered manager knew people well and engaged with them in a kind and caring way.

The provider had effective systems of quality monitoring and improvement. Senior staff maintained a clinical governance audit tool, which continuously monitored performance in key areas of the service over the preceding 12 months. These areas included accidents and incidents, falls, hospital admissions, wound care, infection control, medicines management and safeguarding referrals. Clinical governance reports were sent to the provider's regional manager for review and sign off. Where shortfalls had been identified, there was evidence that action had been taken to address them.

The standard of record-keeping was good. Care plans were reviewed regularly and staff maintained detailed daily records for each person, which provided important information about the care they received. These records were person-centred and provided an insight into the experience of the person receiving care. Records such as repositioning and food and fluid charts were accurate and wound care plans contained regular updates of photographs and body maps. The registered manager and senior staff had established effective links with health and social care professionals to share information and to ensure they adopted best practice. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.