Brownlow Enterprises Limited

Brownlow House Residential Care 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

This inspection took place on 28 February 2017 and was unannounced. We last inspected the home on 15 May 2015 when we found the provider to be compliant.

Brownlow House Residential Care Home is a care home registered to provide accommodation, personal care and support for up to 24 people with dementia, mental health illness and older people. At the time of our inspection, 20 people were living in the home.

Brownlow House Residential Care Home has a dining and lounge room on the ground floor with a conservatory used as additional dining and lounge space. The conservatory opens up to an accessible garden with a patio area. The home has 22 bedrooms with one double bedroom, spread across three floors with bathroom and shower facilities. All bedrooms are with washbasin and toilet facilities. The first two floors are accessible via lift. The home has kitchen and laundry facilities.

The service had a manager who was going through registration process with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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 using the service told us they felt safe at the service and enjoyed living there.

People were protected against abuse and poor care by staff that were trained in safeguarding adults. The service had good systems to identify and manage risks. Risks to people were assessed and regularly reviewed. Care plans and risk assessments supported the safe management of people's medicines. The service kept accurate records of medicines administered by staff that were well trained. The service was clean and had effective measures to prevent cross contamination.

People's nutrition and hydration needs were met and staff kept detailed daily care records on how people were supported and what they had for meals. People and their relatives were very happy with the quality of food and the choices they were offered.

The service had sufficient numbers of staffing to meet people's individual health and social care needs. People and their relatives told us staff were always available and easy to get hold of. The service worked closely with various health and care professionals to support people with their needs and wishes. People received weekly GP visits.

The service followed appropriate recruitment practices. Staff received induction and regular training, and records confirmed this. Staff received regular one-to-one supervisions and yearly appraisal.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People told us staff asked their consent before supporting them. The manager and staff demonstrated a good understanding of the procedures under MCA and DoLS.

People told us they had good relationship with the staff and found them kind and caring. Staff knew people well, treated them like individuals and provided person-centred care. Staff recognised people's need to remain independent, and enabled and supported them wherever possible to remain independent.

The care plans were personalised and people's individual needs and likes and dislikes were recorded. People and their relatives were involved in planning their care and were asked about their views. The service offered people with a range of activities. People and their relatives told us they were asked for their feedback and their complaints were acted upon promptly.

People, their relatives, staff and health and care professionals told us the service was very well run and the manager was knowledgeable. The manager worked with health and social care professionals to ensure the service supported people to maintain healthy lifestyle.

The service had records of audits and monitoring checks of various aspects of the service ensuring efficient systems were maintained to improve the quality of care delivery. The manager involved people, their relatives, staff and health and care professionals in improving the quality of the service delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe with staff who had a good understanding of safeguarding procedures. They received medicines safely and on time by staff that were well trained. People's risks were identified and measures put in place for staff to follow to minimise those risks. There were sufficient staffing levels however, some people felt a need for a few more staff during busy periods.

Appropriate recruitment checks were carried before staff were allowed to work with people.

Is the service effective?

Good

The service was effective. Staff demonstrated good understanding of people's individual health and care needs. People's nutrition and hydration needs were met. They had regular access to health care professionals. Staff found training useful and it enabled them do their jobs effectively. They received regular support and supervision.

The principles of the Mental Capacity Act 2005 were being adhered to, and staff sought consent before providing care.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect. Staff listened to people's wishes and requests patiently and provided person-centred care. People's cultural and religious beliefs were recorded in their care plans and staff supported them with their beliefs where requested. The service had a relaxed and calm atmosphere.

People were encouraged to voice their wishes in regards to end of life care planning.

Is the service responsive?

Good

The service was responsive. Staff were responsive to people's needs. People's care plans were personalised, reviewed and updated to reflect people's changing needs. People were involved in a range of individual activities.

People and their relatives were encouraged to raise concerns and complaints. Their concerns and complaints were listened to and acted on in a timely manner.

Is the service well-led?

Good

The service was well-led. Staff told us they were supported by the manager. People, their relatives and staff found the manager to be approachable and helpful.

The service had good systems for assessing and monitoring the quality and safety of the service.

Brownlow House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 28 February 2017 and was unannounced. The inspection was carried out by one adult social care inspector and one 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, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. 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 contacted local authority commissioners and community professionals about their views of the quality of care delivered by the service.

During the inspection we spoke with 10 people using the service, and five relatives. We spoke with the manager, two doctors, one physiotherapist, one environment and health and safety inspector, three care staff, a cook and a housekeeping staff member. We observed care and staff interaction with people in communal areas across the home, including medicines administration, two mealtimes and activities.

We looked at three people's care plans, their daily care records and risk assessments. We looked at all people's medicines administration records. We looked at five staff personnel files including their recruitment and training records and staff supervision and performance review records. We also reviewed the service's accidents / incidents records, complaints logs, activities schedule, quality audits, health and safety and

monitoring checks.

We also reviewed the documents that were provided by the registered manager after the inspection. These documents included service's policies and procedures, staff and residents' meeting notes and new staff induction records.

Good

Is the service safe?

Our findings

People using the service told us the service was safe and they felt safe with staff. People's relatives told us their family members were safe at the service. People's comments included, "Yes, I feel safe. They make sure I don't fall because I worry about that when I move around" and "I have never worried. They look after me and my things well, safely." One relative commented, "…so far yes, we have no reason to believe it is not safe." During inspection we observed people being supported by the staff in a safe manner.

The service maintained effective operations to prevent abuse of people using the service. Staff received training in safeguarding adults and were aware of the signs of abuse. They were able to explain different types of abuse and the procedure of reporting abuse, poor care or neglect. One staff member said, "If they noticed any bruises or marks they would complete the body map, inform [the name of manager], call GP and speak to the person about the bruises." The manager told us they have not had any safeguarding cases in the last year, records confirmed this.

The service kept incident logs in people's care plans and accidents were recorded in accidents book. We reviewed the records; they were clear and easy to follow. The manager explained how they looked at incident details and worked with staff on the learning outcomes and actions taken to minimise the risk of further incidents. The manager told us they discussed incidents with their staff team in the staff and handover meetings, and were written down in their 'inter-shift communication book'.

Staff demonstrated good understanding of various risks involved in supporting people. They were given detailed information on people's identified risks and clear instructions on how to safely manage them. The instructions were in line with people's detailed care plans providing consistent information and guidance. For example, one person's care plan stated they were at risk of pressure ulcers, actions for staff was to "encourage regular exercise be this as simple as mobilising with frame or moving from the chair" and to ensure the person was consuming healthy and balanced diet and keeping hydrated. The risk assessments were appropriately completed, personalised and regularly reviewed. The manager completed people's risk assessments and reviewed them every two months and earlier if people's needs changed, records seen confirmed this. The risk assessments were for areas such as falls, moving and handling, nutrition and hydration, medicines, diabetes and bed rails. We saw individualised emergency fire evacuation plans for people using the service.

The service had sufficient staffing to meet people's needs. We asked people and their relatives if there were enough staff and most of them said there were sufficient numbers of staff on duty and that staff were quick in responding to request and call bells. One person told us, "…the night staff are good at coming to you quicker." Another person commented, "I don't need much help but there is usually someone around if you need them. They check to see if I am okay." However some people felt the service could do with "a few more staff in the morning when everyone is getting up" and "at bed time or meal times." During inspection, we observed staff attending to people's requests and needs without delays, mealtimes were well managed and call bells were attended to in less than a minute.

The manager used an independence measurement decision tree tool to determine staffing need and ratios. We looked at three weeks' staff rota. During day time, staff did six hours shift; each shift had two care staff and one senior staff. In addition to this the manager, cook and cleaner were available during the day for support. The night shift consisted of two waking staff. The manager told us the staffing was sufficient and there was always one staff member in the lounge area. During the inspection we saw one staff member present in the lounge area at all times. They had recently recruited new staff and had no staff vacancies. The service managed staff emergencies and absences with their existing staff and did not use agency staff. The manager told us their staff worked very well as a team.

We reviewed the recruitment process and found suitable checks had been carried out to ensure staff were suitable to work with people. We saw each staff file had completed application form, reference checks, and copies of identity documents to confirm people's identity and right to work.

People told us they received medicines on time and were happy with the support. Their comments included, "I know what I am taking…I always have my tablets on time", "Staff bring them up to me. I take them at breakfast and after lunch and at bedtime. They give you painkillers if you ask. I know what they [medicines] are all for" and "Yes, I get hem at mealtimes and they remind what they are for when I am ready to take them." Relatives told us their family members were well supported with medicines and they were informed if there were any changes to their medicines.

Staff were able to demonstrate the service's procedures around medicines administration recording, storage, disposal and reordering of them. We observed one staff member administering medicines; they had had gloves on and an apron that stated "do not disturb drugs round in progress". Medicines were stored safely in a locked wall mounted cabinet. We saw the medicines cupboard and medicines fridge temperature records sheet, which showed the temperature, was maintained at the recommended level. Each person's file had individual guidance and plan on administering PRN or 'as needed' medicines, that included medicine name, when and how to give PRN, amount to be given at each dose, minimum period between each dose and the side effects. Staff received medication training and had to pass competency assessment test before being allowed to administer medicines. We checked medicines administration record (MAR) charts for all people they were consistently completed without any gaps and checked weekly by the manager. We saw the medicines folder had a section for each person with their photograph, any known allergies and explaining how they liked to take their medicines. The service had systems in place for the safe administration of medicines.

People and their relatives told us the service was always clean. On inspection day, the service appeared clean and there was no malodour. During inspection, the service was inspected by environment and health and safety inspector who confirmed the service maintained high food and hygiene standards. There were window restrictors in place to minimise risks of accidents. The service implemented good infection control practices to prevent cross contamination and spread of infection including wearing 'personal protective equipment' such as aprons, glove and head covers when necessary.

We looked at fire drill records, water tests and maintenance and electric and fire equipment testing records. The service had records of hoist and wheelchair equipment testing records. They were all up-to-date.

Good

Is the service effective?

Our findings

People using the service told us they were looked after well by trained staff who understood their needs. Comments included "they are very good, well trained" and "…they are good at what they do." Relatives told us staff were good at their jobs and "seem confident when they were doing things." During the visit, we spoke to the doctors, and community health and care professionals; they all said staff were efficient and supported people well with their needs.

All staff received generic and role specific induction training, we saw records of these. Induction course included training in areas such as health and safety, fire safety, moving and handling, care plans, risk assessments and service's policies and procedures. Staff we spoke to told us training was good and was helpful in enabling them to carry out their responsibilities efficiently. We looked at training records and certificates in staff files. These confirmed the variety of training offered to the staff team.

We checked staff supervision and appraisal records and confirmed staff were receiving regular supervision. The manager carried out regular one-to-one supervision sessions and annual appraisals. Staff told us they were happy with the management and were well supported by the manager.

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).

Each person's care file had information on people's ability and capacity to make decisions and how staff should support people to make decisions. They also had an approved DoLS application for those people who were unable to give consent to care and treatment. People's care plans stated who could make legal and financial decisions on people's behalf should they lack capacity to make a decision regarding their care. The service sought consent from people to deliver care and share their information, records seen confirmed this. We also saw signed consent forms for bed rails. Staff had received training on MCA and DoLS and staff we spoke with had a very good understanding of MCA and DoLS and how they got people's consent when offering them support.

People's nutrition and hydration needs were met. People told us they were constantly offered a variety of drinks. One person said, "Yes, they put the jug on my bedside table and I do it myself. In the dining [room] they give you a choice. All juices, squash, lemonade, milk, water and others." People and their relatives spoke highly of the quality of food. They told us food was freshly cooked and was enough and were always given choices. One person commented, "It is very good and you choose between two different things or you

can a bit of both. You are offered more, too and the chef comes and asks you what you would like about 11ish. It's all fresh food." Another person said, "…the food is very good….if you don't fancy it, he [the chef] offers other things or a lighter meal." One relative told us, " …the chef asked my mum what she would like him to make because she was saying she didn't like the food much…he makes her Caribbean soup and curry, now they all love it. He really caters for everyone and cares if they like it or not."

The chef told us they created four weekly menus after consulting people and they maintained charts of people's specific diet needs including their allergies, likes and dislikes. The system for different meal requirements was colour coded by plates and the picture of the plates was on the wall. For example, plain plates were for regular food, spotty were for diabetic diet and stripy for other diet requirements. People chose when they wanted their main meal and the chef ensured they received their main meal at their preferred time. At the time of inspection, we saw chef making fresh pancakes for people to celebrate Pancake Day for their evening snack.

We saw people were given choice of cereals, toast, fruits and cooked food for breakfast. People had breakfast at different times as per their wishes. We saw lunch menus displayed on dining tables. We observed lunch time and saw there was a warm and relaxed atmosphere where people were interacting with each other and with staff. There were drinks on the table including juices, water and soda water. Lunch was well presented and was served hot. Staff were encouraging and ensuring people had enough to eat and drink. There were choices in pudding and people seemed to enjoy their meals, we saw people having seconds. We observed supper time and saw people enjoying freshly made soup and sandwiches.

As a good practice, the service weighed all the people on a monthly basis and people who were identified at high risk of malnutrition were weighed on a weekly basis. We saw weight management records, people's weights were stable. Staff were able to describe the way they supported and encouraged people to maintain a healthy lifestyle and balanced diet. Staff were able to describe risks associated with diabetes such as hypoglycaemia and hyperglycaemia and signs to look out for low and high blood sugar levels, these were well detailed in people's care plans. We looked at people's daily care records; they were clear and included information on people's food and fluid intake. We also looked at night hourly checks, they were appropriately maintained.

During inspection we briefly spoke to doctors and community health and care professionals visiting people at the service. They spoke highly of the service; they said the service was prompt in making referrals and implementing prescribed medical interventions. They said the staff worked well with health and care professionals. For example, the manager promptly referred a person to the GP and physiotherapist requiring support to mobilise independently. The physiotherapist told us the manager was efficient in seeking professionals help and worked very well with them in managing people's health needs. People and their relatives told us they had access to health and care professionals. We saw records of this in people's care records. The service maintained a GP book where they kept records of weekly GP visits, we evidenced the records.

Good

Is the service caring?

Our findings

We asked people if they found staff caring and helpful. They spoke highly of staff and told us the service was caring. Their comments included, "Yes, they are really" and "yes, they are lovely and look after me." One relative said, "They do care and they treat her well…She is always clean and dressed nicely and they still give her choices like what to eat, what she wants to wear." People and their relatives said there were no restrictions on visiting times and those visiting were made to feel very welcomed.

During the inspection we saw various visitors including family and friends having positive interactions with people, staff and the manager. We observed a relaxed, welcoming and happy atmosphere. We saw pleasant and positive interactions between staff and people and between people themselves. The service had a homely and informal feel where people were seen watching television, reading newspaper and listening to music. Staff were patient and thoughtful with people and listened to their needs with patience. People told us they liked living in the home. One person told us they found it peaceful sitting in the conservatory and watching birds and neighbour's cats in the garden. Another person told us they liked going for walks in the garden. The manager was seen singing and encouraging people to participate in singing to the music that was playing. People looked happy and joined in the gathering. The service celebrated people's birthdays by arranging birthday celebrations and the chef baked birthday cake them. We saw photos of people's birthday celebrations and parties displayed in the lounge and dining areas. People's family and friends were invited to their birthday parties.

We saw staff and the manager treating people with dignity and talking to them in a respectful way. People and their relatives told us staff treated them with dignity and respect and that they were listened to and treated as individuals. One person commented, "Yes they do give me respect and I have lots of choices to do what I want really." Another person said, "They always knock and say hello before they come in and say goodbye or see you later." Staff gave examples of how they provided dignity in care and respected people's privacy when providing care to people. For example, they listened to people patiently, did not rush them, they closed bedroom doors whilst assisting people with personal care. We saw staff providing person-centred care, and not rushing people, for example, throughout the day we saw staff were encouraging and supportive to people who needed assistance to access activities. People told us staff "listened" to them and to their "stories", staff "always made time for a chat".

People told us they were involved in planning their care and their relatives were involved in their care planning and reviews. Records seen confirm this.

People were encouraged to be as independent as they were able to be. One person told us, "I still have independence and dignity. I have a key for my room. I asked for one because a resident kept coming in and I don't like it so they gave me a key and I lock the door when I go out and at night. I feel even safer." We checked to see if this was reflected in the person's care plan, and the care plan stated "at times [name of person] locks her door at night though staff is able to open the door with a key for them to be able to check on her" the person consented for staff to check on her during night time. Another person said, "They help me to keep independent and do things. I get some shopping online and they tell me when it is here and help to

unpack it."

People told us staff encouraged them to voice their wishes and preferences. Their comments included "they know me well", "they know what I like and don't like" and "well, they know I like to choose things for myself like what I wear, what I do. They are good like that."

Staff recognised and respected people's individual beliefs, religion, sexual orientation and gender. For example, a person was supported with weekly synagogue visits. People's care plans made reference to people's religious and spiritual beliefs. Staff were trained in equality and diversity, and records seen confirmed this. One person told us, "Yes, they believe everyone to be the same, equal."

We saw people's bedrooms and they were personalised as per people's choices with their personal belongings providing a homely environment. Staff understood the importance of confidentiality and respecting people's private information. We saw people's personal information was stored securely.

Staff had discussions with people about their wishes around their end of life care and these had been recorded in their care plans. Staff also liaised with relatives where necessary and appropriate regarding end of life care planning. Care plans provided personalised information regarding the support people wished to have during their end of life care including their funeral wishes.

Good

Is the service responsive?

Our findings

People, their relatives and health and care professionals told us the service was responsive. Staff knew about people's likes, dislikes, wishes and preferences, and supported them in meeting their changing needs. The manager assessed people's needs before they moved to the home and began receiving support. People and their relatives were invited to look at the bedrooms and other facilities offered in the service before confirming their move. The service supported people and their relatives during the transition phase to ensure the person settled in the home smoothly.

The manager developed people's care plans and reviewed them every two months or sooner when there was a significant change in people's health and care needs. This ensured staff were kept updated with the most current information on people's health and care needs which enabled them to deliver efficient care. The care plans were personalised and outlined people's needs, abilities and how their needs were to be met. For example, one person's care plan gave information on their night routine and personal hygiene preference, stated "[Name of person] goes to bed at 10pm and wakes up at 5am…likes to have shower once a week after breakfast on Fridays." The care plan had on people's gender preference care where it was requested and emotional well-being. For example one person's care plan recorded "my mood fluctuates easily and can be in low mood at times. I can be out of character behaviour like using sharp and loud words. Staff to reassure me at all times and will calm me down." The care plan also recorded people's overall aim, for example in one person's care plan we noted their overall aim was "to promote her confidence for communicative independence." Staff were also informed on people's current health and care needs by the manager at daily handover and staff meetings. We saw records of team meeting minutes and 'in-shift communication book', where people's health and care needs were discussed and updates were given.

People and their relatives told us they knew their care plans, were involved in developing them and during care review meetings and were able to express their views and wishes regarding their care. One person said, "They chat with me…ask what I think. I have a [care] plan and they write down what I think and ask me lots of things." Another person told us, "…very involved. They listen to me and what I would like. I have a lot of independence and help if I want it. They write everything down." One relative commented, "They keep us informed about everything and we are completely involved in care plans…they involve mum in most of the conversations and ask and consider her opinion on it all.

People and their relatives told us they were happy with the range of activities offered at the service. The service asked people what their interests were and wherever possible offered activities to meet those interests. People told us they were encouraged to attend activities but if they did not wish to then the staff respected their wish. There were a range of entertainers who visited the service on a regular basis such as singers, musicians. Staff facilitated daily morning sitting exercise sessions, baking sessions and arranged local outings. People were supported to access local cafes and restaurants. One person said, "I like the garden and I like the entertainers." Another person said, "I like reading in my room and the library visits. I can go out and I like the garden in the summer. We have garden parties…and they do have entertainment." One relative commented, "They have things going on all the time. It's quite stimulating. They have special days like today and the pancakes, parties and BBQ's, art activities, sewing, baking, school visits and a few outings

locally."

At the time of inspection, we saw people enjoying morning exercise session and celebration of Pancake Day. Throughout the day we saw people enjoying listening to music. We saw people's bedrooms; they personalised with people's personal belongings for example photos, books and memorabilia. People told us they liked their rooms and it was their space.

People and their relatives told us they attended residents' and relatives' meetings and found them useful. Their comments included, "…they ask lots of things and tell us things like what entertainment will be happening or what we would like to do for things like Christmas or dinners" and "Yes, they have meetings and I am always invited to come. They call me. The meetings are quite good." The manager told us at the residents' meetings and relatives' they encouraged people to say how they felt about the service, if they had any concerns or specific wishes. We saw notes of residents' meeting, demonstrated people's views, comments and concerns.

People were actively encouraged to raise their concerns or complaints. People told us if they wanted to make a complaint they would speak to the manager and that they felt comfortable to do so if required. People and their relatives felt comfortable raising concerns and complaints. They told us their complaints were listened to and acted on promptly. People's comments included, "I would complain to any of them and it would be sorted out but I don't have to complain really. The odd repair and it does get sorted quite quickly" and "I speak to [Name of the manager] and things would get done." One relative told us, "I speak to the manager straight away. You wait a while for repairs but its fine and the door is open for chats anytime. Everything is recorded."

The provider's complaints procedure was easily accessible and the policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. The service had not received any formal complaints. The service kept logs of people's requests and concerns and addressed those in a timely manner before they turned into formal complaints. We saw records of people's requests and concerns.

Good

Is the service well-led?

Our findings

The service had a manager in post and they were in the process of registering with CQC. The manger had worked as a deputy manager at the service for several years before being appointed as the manager. Hence, they knew people the staff and people very well. The manager told us they received good support from the provider. Health and care professionals we spoke to told us the manager was always available, easy to speak to, understood people's needs and liaised well with everyone involved in people's care.

People using the service, their relatives and staff told us the manager was approachable, helpful and managed the service well. One person said, "She is nice…asks what we think. She asks can we do it differently." One relative commented, "We all know [name of the manager]. She chats to everyone, she is very good." We asked people and their relatives what they thought was done well at the service. People's comments included, "They help us a lot and do good food and choice", "they let me have my independence" and "the activities are quite good". One relative told us, "They do a good job at making it like a home. Home from home." Staff told us the manager always made time for them and listened to them. Their comments included, "Our manager is very helpful" and "Yes, I feel this service is well led. [Name of the manager] ask us for our opinions and listens to us."

At the time of inspection, we observed an open and positive culture in the home where people and staff were able to voice their opinions and wishes comfortably. For example, we saw one person asking a staff member if they could swap their lunch with supper, we saw staff asking the chef if they could arrange for fresh pancakes as people wanted to celebrate Pancake day, we saw staff working with the physiotherapist in learning how to support a person use their new equipment, we saw some people interacting with each other and the visitors. We observed positive and supportive interaction between members of staff and worked well as a team. We saw them encouraging each other to take breaks.

Staff we spoke with told us they were aware of the service's whistleblowing policy and felt comfortable to follow the procedure if required. Staff said they were provided with information on local authority's safeguarding team, CQC and local ombudsman if they wished to raise any concerns; the information was also displayed at the service. The manager told us staff were encouraged to raise concerns during staff meetings and supervision sessions.

Staff told us they found daily handover and staff meetings helpful. At the staff meetings the manager gave information on the care delivery and encouraged discussions relevant to people using the service, staffing and maintenance issues. We saw staff meeting minutes, the meetings were well attended; they included discussions on matters such as MCA/DoLS, safeguarding, whistleblowing, people's health and care updates CQC inspection and activities.

The manager told us they asked people their views on staff and the care delivery on an ongoing basis. People's views were then discussed with staff in the staff meetings. We saw evidence of this in staff's meetings notes. People and their relatives confirmed they were asked for their feedback and suggestions. One relative commented, "Yes, they ask and encourage feedback and you do see them change things off the

back of it." Another relative said, "She [the manager] is very good. They do listen to you and things do happen."

We found the recordkeeping, and data management systems and processes to be efficient. The service carried out regular audits to ensure the quality of the service. We saw records of regular audits; the manager visited the service unannounced at times at late night's morning to monitor the quality of the service, we saw records of these. The manager occasionally stayed at the service at nights to speak to the night staff. We saw records of regular health and safety checks. The manager told us they regularly checked people's bedrooms for cleanliness and hazards to ensure they were maintained at expected standards. The manager undertook regular walks around the service, identifying areas for improvement. Monthly medicines and internal health and safety audits were conducted. Incident and accident records were recorded including details on learning outcomes and action points. We saw records of 'call bell' audits and they confirmed that staff attended to call bells on an average within 40 seconds of them being used.

The service sought formal feedback from people, their relatives' and health and care professionals annually via questionnaires and informal feedback on an ongoing basis. We saw the service's last survey analysis and report, it was very positive. The response rate was 67% and the report highlighted over 80% people were happy living at the home.

The manager worked with various health and social care professionals in delivering efficient care services to people. For example, they worked with district nurses, chiropodist, dentists, GP surgeries, solicitors, London Ambulance Service and local schools.