St Philips Care Limited

Burntwood Hall Care Centre

Inspection report

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Date of inspection visit:
02 August 2016

Date of publication:
02 September 2016

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 2 August 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Burntwood Hall was last inspected by CQC on 8 January 2014 and was compliant with the regulations in force at that time.

Burntwood Hall provides care and accommodation for up to 42 people. On the day of our inspection there were 33 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in how to manage behaviour that challenged and in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and people were enabled to access the spacious garden area. Appropriate health and safety checks had been carried out on the building.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and training sessions were planned for any due or overdue refresher training. Staff received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists to ensure people's physical health was supported.

People who used the service, and family members, were complimentary about the standard of care at Burntwood Hall. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed by a senior manager from the service before they moved into Burntwood Hall and care plans were written in a person centred way. Care records were well detailed and showed people's needs were reviewed regularly.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. People were supported to have their pets at Burntwood Hall and the service worked with a local charity to ensure the welfare needs of these pets were supported.

People who used the service, and family members, were aware of how to make a complaint. There was a clear record of complaints and the outcome of these held by the service.

The service regularly used community services and facilities and had links with other local organisations. Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff understood how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of nutritious food and the staff team ensured mealtimes were well supported.

People at Burntwood Hall experienced positive healthcare outcomes through the regular involvement of a range of healthcare professionals.

Is the service caring?

Good

The service was caring

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence. Our observations showed this to be the case.

Staff at all levels interacted warmly with people who used the service and had formed positive bonds with people, who consistently told us they felt at home.

The registered manager and all staff we spoke with had an good understanding of people's needs, preferences, likes and dislikes.

People and their relatives were involved in their care planning, signing documents where they had capacity to consent and contributing to documents including a life history document so that staff knew their background.

Is the service responsive?

Good

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and helped people transition into and from the service with support.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the registered manager.

There was a clear set of values that focussed on person centred approaches, involvement, compassion, dignity, respect, equality and independence, which were understood and delivered by all staff.

Burntwood Hall Care Centre

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 2 August 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and district nurses. No concerns were raised by any of these professionals.

Before the 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 used this information to inform our inspection.

During our inspection we spoke with ten people who used the service and four family members. We also spoke with the registered manager, deputy manager, five care workers and two domestic staff members.

We looked at the personal care records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for six members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Burntwood Hall. They told us, "I have no concerns about the care here, the staff are all lovely and I don't worry at all about my relative," and another family member said; "My relative has been safe and secure."

Staff members we spoke with were clear on reporting any concerns. One staff member told us; "I would go to a senior or someone above them and make sure I documented anything so there was clear information. I have referred falls and pressure care to my managers." Another staff member told us; "We have big signs for staff, people and relatives about whistleblowing and we get information about it stapled to our wage slip each month so everyone knows we can report it."

We saw a copy of the registered provider's safeguarding policy, which had been reviewed in April 2016 We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police, and saw that CQC had been notified of all the incidents. We found the registered manager understood the safeguarding procedures, followed them and had a positive working relationship with the local authority safeguarding team. The registered manager regularly reviewed and updated any safeguarding alerts so any learning or actions were immediately addressed by the service.

We looked at the recruitment records for six members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. We asked staff whether there were plenty of staff on duty. They told us, "We are a good team, things get done but we could do with more staff," and "It is a struggle downstairs on an afternoon as people are quite active." The service had recently reduced staffing in the afternoon and the registered manager told us they had detected an increase in falls occurring at this time. The manager told us; "I need to monitor and evidence this so I can discuss this with my regional manager." We found there were enough staff with the right experience and knowledge to meet the needs of the people who used the service but we asked the management team to review the levels of staff support during the afternoon and evening to which they agreed.

The home is sited within spacious grounds and was an old stately home. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and although had some

limitations due to its age, was suitable for people who used the service. We saw the service had addressed areas of safety such as the large open staircase which the service had placed locked doors to prevent access from the first floor. People we spoke with were complimentary about the home. They told us, "It's a beautiful place, I'd never imagine I could live somewhere like this."

Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. This meant people were protected from the risk of acquired infections.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments were personalised and had been reviewed in January 2016. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment. We saw following a recent Fire Service audit in May 2016 that some areas for improvement were identified, the service put an action plan in place and we saw staff had received further training and had recently been re-visited by the Fire Service with no further actions. This showed the service addressed any issues promptly in relation to health and safety.

We saw a copy of the provider's incidents policy which showed that they were reviewed by the registered manager and also the system ensured that relatives were informed of any occurrence.

We looked at the way medicines were managed. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. Medicines were securely stored and were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

We saw written guidance kept with the medicines administration records (MAR) charts, for the use of "when required" (PRN) medicines, and when and how these medicines should be administered to people who needed them, such as for pain relief.

We saw evidence of topical medicines application records to show the topical preparations people were prescribed, including the instructions for use, the associated body maps and the expiry date information.

The registered manager showed us medication audits which were undertaken on a weekly basis, to check that medicines were being administered safely and appropriately.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who lived at Burntwod Hall received effective care and support from well trained and well supported staff. Family members told us, "They have had a realistic and balanced approach and have given me a lot of assistance and advice. The home has worked in X's best interests and they have built a rapport with my relative."

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. This included: food hygiene, fire awareness, infection control, manual handling, medicine administration, safeguarding and first aid. Staff members had received training specific to the needs of the people they supported and staff told us about training in dementia; "I found it really interesting learning about the different types of dementia."

New staff completed a 13 week induction to the service. All new staff were enrolled on the Care Certificate and assessed by two assessors working at the home. The Care Certificate is a standardised approach to training for new staff working in health and social care. One staff member told us; "I got a good induction, lots of training and shadow shifts and I found all the seniors really approachable."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. All staff we spoke with said they felt supported by the registered manager and management team. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw records to confirm that staff had received an annual appraisal. We saw the appraisal process reviewed staff achievements, problems, actions, objectives and training in relation to their roles and both the registered manager and staff member showed considerable involvement in the process.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw the chef spent a lot of time with people who used the service both in the morning and during lunchtime and clearly knew people well. They were very encouraging towards people, offering to cut their food or offering alternatives. They told one person; "Don't forget you've got those lollies in the freezer that your granddaughter brought you yesterday, you can have one when you want." People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their eating needs. The atmosphere was calm and very chatty.

Staff explained to us the food and fluid charts that were in place for some people; "We use them for people who we need to keep and eye on." We saw people had a recognised nutritional assessment tool in place and there was a detailed assessment about people's likes, dislikes, abilities and preferred choices for food and drinks. People had their weights taken regularly as well as observations for dehydration and we saw that the

service acted quickly if someone was at risk in relation to their nutritional needs.

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 this 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. Records showed that assessments had been undertaken to check whether a care plan would amount to a deprivation of the person's liberty and it was deemed necessary for a written application to be submitted to the local authority. 16 people were currently subjected to a DoLS authorisation. We saw a record of best interest decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. This meant that the person's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

Notifications of the applications had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We saw that people had been supported to access advocates and had their rights upheld. People who used the service were supported to access and remain safe in the community. We observed that the service had sought consent from people for the care and support they were provided with and also that prior to administering medicines, people's consent was sought.

We asked people and family members whether they had been asked to provide consent to care and treatment. They told us; "The home has always worked in my relative's best interests and have provided options and ideas to ensure they receive the right service for them."

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. People told us they were confident in telling staff if they felt unwell and that it would be acted upon straight away. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician. People who used the service had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from external specialists including the Urgent Care Practitioner service. The registered manager explained this was an innovative team of ambulance paramedics who could provide ECGs (Echo Cardio Graph) and prescribe emergency medicines and which had greatly reduced the number of hospital admissions. The service also worked closely with the local district nursing team to support people to remain at the home for as long as they wished.

Some of the people who used the service were living with dementia. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could

be more suitably designed for people with dementia type conditions. We discussed the design of the home with the registered manager who stated that the home had recently undertaken a self assessment as part of a local community dementia scheme and they had identified areas of improvements which the service were going to action. Improvements were required to provide visual stimulation for people with dementia, which included improved contrasting wall and fixture colours, improved signage on doors and walls and the provision of attractive and interesting memorabilia and artwork.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Burntwood Hall. They told us; "The carers are all lovely to me," and family members said; "I get on with everyone here and my relative is very well looked after."

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. For example, we saw one person becoming a little confused and anxious, and a staff member quietly sat with them and reassured them saying 'There is nothing to be frightened of, we'll look after you' to which the person replied 'I know you do.'

When asked, staff could tell us about the needs of an individual, their life history and their likes and dislikes. For example one staff member told us; "You can tell when people want to go to the loo, I can tell by their body language and I help them keep their dignity." We asked another staff member about how they knew what was important to people, they told us; "We listen to people talk about their lives." Staff could also tell us about people's families. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people.

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "My relative can't communicate at all but the staff watch his expressions all the time and they ask us about them so they know what they want." This meant that staff treated people with dignity and respect.

We saw staff supporting people to mobilise by encouraging them. We asked staff about helping people and one staff member told us; "I offer to help. It takes X quite a while to do their button so I let them and Y makes a mess but they like to feed themselves so we let them as I don't like taking anyone's independence." This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. We saw staff giving appropriate physical interaction when people needed reassurance.

We observed staff explaining what they were doing, for example in relation to giving people their medicines. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms. People were also supported to have

their pets at the home. There were two dogs living at the service and the staff team had sought support from the Cinnamon Trust, a national charity that provides support for older people to maintain their relationship with their pets. Volunteers came in to walk the dogs and provide welfare support. One person we spoke with told us how much their dog meant to them and we saw that the staff also cared for the dogs needs.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We saw the service had sought support from a local service to help people make decisions.

Each care plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration, for example, we saw the care records included a section where the person could say what name they preferred to be called. Communication and visit records recorded conversations with people who used the service and their family members, and contained notes of visiting professionals such as GP visits.

We saw DNACPRs and Emergency Health Care Plans (EHCP). An EHCP is a plan designed to share important information about a person's care needs in the event of an emergency. A DNACPR is an advanced decision not to attempt cardiopulmonary resuscitation in the event of cardiac arrest. We saw that people with a DNACPR in place had this reviewed regularly and that relevant healthcare professionals and relatives had been involved in the decisions.

End of life care was planned so that the person and their families were able to be involved in all decisions about their care and wishes at this time. End of life care plans were in place for people as appropriate and staff had received training in death, dying and bereavement.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. Family visitors were also able to have a meal with their family members if they so wished and all relatives we spoke with spoke very highly of the service and staff team.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they moved into Burntwood Hall and the registered manager told us they always undertook a personalised visit to meet the person. They stated they needed to meet the person and relatives to take into consideration whether staff could meet people's needs and that the home had the necessary equipment to ensure their safety and comfort. The assessment was then used to complete an individualised service plan for the person which enabled people to be cared for in a person centred way. Information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. This ensured staff knew about people's needs before they moved in.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written using the pre-admission assessment and the results of the risk assessment. Records showed staff used the information to develop detailed care plans and support records that would identify people's strengths and abilities and the support they would need to maintain their independence. The assessments showed people had been included and involved in the process wherever possible. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed when new information was learnt about a person or when their needs changed to ensure people's needs were met and relevant changes added to individual care plans.

Each person's care record included a life story, which included details of the person's family, work, hobbies and interests prior to moving to Burntwood Hall. This was used to assist with the development of the person's plan for social and recreational activity. We saw that this had been written in consultation with the person who used the service and their family members. On talking to care staff they could tell us about people's past life and interests for example staff told us about one person who had loved playing golf.

The care planning process included the completion of risk assessments which included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people and keep people safe. Risk assessments were completed for moving and handling, mobility, falls, nutrition and hydration, choking, continence, skin integrity and bed rails. The provider used recognised risk assessment tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments, which helped identify the level of risk and appropriate preventative measures. People had specific pressure relieving equipment related to their need, such as pressure mattresses and pressure cushions and we saw these were in place. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. There were body maps in place to record any bruising or injuries sustained by the person.

We found the provider protected people from social isolation. We asked staff whether they felt there was enough for people to do. One staff told us; "Yes, we go outside if the weather is nice and we all have a go at

doing activities. We have regular entertainers and church services too." Activities during the course of our visit included a huge snakes and ladders game that people found great fun and a session with musical instruments.

We asked people if there was much to do at the home. They told us, "I enjoy the activities and games we do." We saw that one person was supported to grow tomatoes in a greenhouse as they had enjoyed gardening previously.

We saw the complaints file, which included a copy of the provider's complaints policy and procedure. This provided information of the procedure to be followed when a complaint was received. People told us they would complain to staff or the registered manager. One person said; "I tell one of the girls if I am worrying. They would sort it out." Staff also told us they would report any concerns raised with them, "Even if it was something little I would pass it on to one of the seniors." One relative told us they had found the registered manager extremely professional and supportive in dealing with an issue regarding somebody's placement.

Records we looked at confirmed the service had a clear complaints policy. There had been four complaints recorded within the last 12 months and there was a clear record of investigations and outcomes recorded with timescales. The registered manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. This showed the provider had an effective complaints policy and procedure in place.

One relative told us of the support they received from the service and especially the registered manager to help their relative get access to specialist provision. They told us; "The service has given me a lot of assistance and advice. They have supported my relative and put the brakes on their transition due to their anxiety. They are very professional."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We saw throughout the inspection visit the registered manager had a very hands on approach in the home, dealing with visitors, staff, people, and healthcare professionals. They had time to chat with people and we saw several people who used the service came into the office to chat with them and it was clear they felt the registered manager was approachable. One family member told us; "If I had a problem it would be sorted by X [the registered manager] straight away." We saw written feedback from one family member which said; "You visited my relative twice in hospital in the last week of their life and you knew what to do. You provided warmth, comfort, care and love."

The service had a positive culture that was person-centred, open and inclusive. People who used the service, and their family members, told us, "It's been very good here," and "Everything done here has been done in my relative's best interests." One staff said; "It's brilliant working here," and another staff member said; "We are a big family here."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. We saw the registered provider had supported the service to be a pilot scheme for a new recruitment and induction programme where all new staff were given two additional days to support their knowledge via e-learning and the service had also trained two senior staff to be in house assessors for the Care Certificate. This showed the service valued and developed its staff.

Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff told us they were able to contribute to feedback about the service for example staff told us; "We made suggestions about the Queen's birthday celebrations and for activities." They told us they had been encouraged and supported by the registered manager to do this work. We saw records of staff and senior staff meetings that took place every three months.

The service had links with the community such as local churches and also they had a group of young people who had helped them with the extensive grounds to brighten the garden area. The registered manager told us the home had become involved with the local mayor's dementia scheme and were planning on improving the home's environment for people with dementia.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager carried out a daily audit on issues such as staffing, medication and the environment and there were a range of more in depth checks carried out on a monthly basis and which fed into the registered providers electronic monitoring system. The management team told us of various audits and checks that were carried out on medicines, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the

identified areas for improvement would be tackled, for example a recent audit of medicines had highlighted the fridge was not sustaining consistent temperatures so a new fridge was purchased. This showed the service responded to areas for improvement.

We saw records of residents' and family meetings, which had taken place, the last one in May 2016. Subjects discussed at these meetings included activities, ideas, support and feelings and outings. We saw that one person had raised they would like a newsletter to take home and the service had actioned this and they were now in the reception for people to pick up and take away.

We saw an annual customer satisfaction survey took place and again feedback was used from the surveys to improve the service.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The service had policies and procedures in place dated that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. We saw that policies were reviewed and records were held securely and in line with data protection requirements. The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Burntwood Hall had complied with this regulation this year.