Chanctonbury Health Care Ltd

The Queensmead Residential Care Home

Inspection report

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Date of inspection visit:
16 February 2016
17 February 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Queensmead Residential Care Home is a detached property close to Polegate town centre. It provides care and support for up to 37 older people with care needs associated with age. This includes some physical and health needs and some support needs for people with a dementia and memory loss. The Queensmead Residential Care Home provides some respite that includes supporting people while family members are on a break or provide additional support to cover an illness. It also provides care to people with more complex needs, including people who are at risk of pressure area damage, people who live with diabetes and people who need end of life care. At the time of this inspection 35 people were living at the home.

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

This inspection took place on 16 and 17 February 2016 and was unannounced.

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People were satisfied with the care and service they received and told us they would recommend the home and had done so. People said, "Its lovely I can't fault it and I tell people so," and "It's very pleasant, very nice here I'd thoroughly recommend it."

Despite having positive feedback from people on the safety and management of the service. We found areas that could impact on people's safety and care.

Some medicines were not always administered in a consistent and safe way. Guidelines to assist staff in the administration of medicines were not always complete and records of when medicines were administered were not always accurate.

The recruitment practice followed did not always ensure the required checks had been completed for all staff before they worked unsupervised. In addition the required documentation had not been retained within the service.

The management arrangements had not ensured staff had maintained suitable documentation and systems to ensure effective and safe care was always delivered. Auditing and quality monitoring systems were not always effective in identifying areas that needed to be improved.

Feedback received from people their relatives and visiting health professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home.

People told us they felt they were safe and well cared for at Queensmead Residential Care Home.

Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager.

People were complementary about the food and the choices available. People needed minimal support with eating and staff were positive in their approach to promoting people's independence.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home that supported a friendly and homely environment that people enjoyed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Guidelines and records relating to some medicines including medicine needed only now and again and topical creams were not always clear and could mean that medicines were not given in a consistent way.

Recruitment practices did not ensure the required checks had been completed and that the documentation had been retained within the service.

People told us they were happy living in the home and they felt safe. Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

The environment and equipment was well maintained to ensure safety.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision making process if required.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff ensured people had access to external healthcare professionals, such as the GP and community nurses as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People told us they were able to make individual and everyday choices and staff responded to these.

People had the opportunity to engage in a variety of activity that staff supported them with either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and records confirmed complaints were responded to effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The management had not ensured staff maintained suitable documentation to ensure effective and safe care was always delivered.

Auditing systems were not always effective and did not identify areas for improvement

The registered manager was seen as approachable and willing to listen to everyone.

Staff and people spoke positively about the management arrangements that promoted a homely atmosphere.

The Queensmead 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 (HSCA 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 16 and 17 February 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

On this occasion we did not ask the provider to complete 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.

After the inspection we contacted GPs from the local practice who provided feedback on the service.

During the inspection we spoke with eight people who lived in the service who were able to share their views, along with four relatives and one close friend. We spoke with four care staff a domestic, the chef and the registered manager. We also spoke with a specialist nurse who was visiting people in the home.

We observed lunch and supper in the dining room. The inspection team spent time observing people in areas throughout the home and saw the interaction between people and staff.

We reviewed a variety of documents which included three care plans and associated risk and individual need assessments. This included 'pathway tracking' three people living at Queensmead Residential Care Home. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures, accidents and incidents and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People were positive about feeling safe whilst living at Queensmead Residential Care Home and commented on feeling safe and secure. They told us they were relaxed and comfortable with staff. This included living in a safe environment and being provided with safe care. People felt that the home was secure, the front door was locked and any visitors were asked to sign in when entering. One person told us "I don't even have to lock my door here and I feel happy that staff peep in at night to check on me." Relatives told us they believed their relatives were safe and one said, "I go home and don't have sleepless nights I know X is safe and well cared for, what more can you ask for?"

Despite this positive feedback we found some areas which could impact on people's safety.

There was an established recruitment procedure. The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. Records included application forms and references. However, the references did not always include those from the most recent appropriate employer and recruitment files did not include evidence of staff identity. The provider had not taken all steps open to them to assure themselves staff employed were suitable to work at Queensmead Residential Care Home. This was identified to the registered manager as an area for improvement. Each member of staff had a disclosure and barring check (DBS) completed by the registered manager and are re-checked every five years. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Systems for the administration of some medicines did not ensure safe and effective administration. A number of medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Individual guidelines for the administration of PRN medicines were not in place or not detailed enough in all cases to ensure staff gave them in a consistent way. These guidelines should record why, when and how the medicine should be administered. The lack of clear guidelines for staff to follow meant medicines may not be given in a consistent way. For example, some people were prescribed medicine for pain and it was not clear when staff should administer these medicines. This lack of consistency could mean that people may not receive medicines as they need them.

We also found that the records relating to topical creams were not always clear and accurate. When creams were administered these were recorded on a separate sheet. However, we found these were poorly completed and did not clearly record when creams had been applied. This lack of clarity could lead to people not receiving medicines as required. These issues relating to medicines were identified to the registered manager for improvement.

The medicine storage arrangements were appropriate and systems were in place to receive and return unused medicines to the pharmacist safely. We observed staff administered medicines in a professional way, checking that each person wanted to receive their medicine and providing a drink afterwards. Medicines were administered individually from the drugs trolley with the medicine administration record (MAR) chart being signed after each administration. People told us they received there medicines as they

should. One person said, "I used to have lots of medication but it's reduced a bit now I get it as and when I should."

There were systems in place to deal with an emergency. There was guidance for staff on what action to take in the event of a fire or other emergencies that affected the home with relevant contact numbers for staff to use. Each person had a personal evacuation and emergency plan in place and these were kept centrally for easy access in the event of a fire. An on call arrangement was in place that ensured senior staff were available to provide advice and guidance if required.

People told us they thought there was sufficient staff working in the home to meet all their needs during the night as well as the day. They told us they knew the staff and liked the fact that the work force was consistent and knew them well. People said if they needed assistance this was provided quickly and call bells were answered in a timely fashion day and night. One person said, "They come quickly enough, yes in fact they come running." We observed that call bells were placed within reach of people to ensure they were able to call for assistance when required. However, one person gave negative feedback saying, "The girls do their best but they work very long shifts. I get frustrated when they say they're going to come back to me in five minutes and then they never do." This concern was raised with the registered manager.

Staff told us there was enough staff to meet people's needs and minimum staffing levels were maintained, this included five care staff working on the morning and four on the afternoon and evening shift with two waking care staff at night. The day staff were supported by catering and domestic staff with the registered manager working week days in the service. Staff told us shifts were busy and gave little time for interaction with people and the night shifts had additional tasks that impacted on time available for people. The registered manager told us the staffing levels remained flexible and responded to any increasing needs, additional tasks were also under review to ensure suitable time was available for care on days and nights.

Systems were in place for staff to assess risks associated with people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and people's health. These included risk of falls, skin damage, nutritional risks and moving and handling. We observed people had equipment to assist them when walking and this equipment had been provided on an individual basis taking account of individual need. This supported people in moving around the home freely and safely.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis. Staff were knowledgeable about safeguarding and were able to give examples of different types of abuse that they may come across when working. Staff knew where the home's policies and procedures were and where the emergency contact numbers were recorded. Staff were confident in raising matters of concern with senior staff and the registered manager and knew how to raise concerns directly with police or the social services directly as necessary.

Good

Is the service effective?

Our findings

People told us that staff were competent and well trained, people had confidence that they had the skills to care for them. One person said, "Everyone knows what they're doing. Yes they are good at their job I'd say, very on the ball." Another said, "Staff look after us very well, they know what they are doing." People said they were not restricted in any way and were able to move freely around the home as they wanted.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the office for staff to follow and staff understood the principle of gaining consent. Staff told us how they asked for consent from people about daily care needs.

The Mental Capacity Act 2005 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.

The registered manager demonstrated a working knowledge of the MCA. They had applied for a DoLs authorisation in the past and worked with the local assessment team to minimise restrictions to liberty. There was one DoLS in place which reflected the level of supervision provided.

People told us that staff working in the home looked after them well. Records confirmed that a programme of training had been established and staff had undertaken essential training as part of an annual programme. This training included health and safety, infection control, safe moving and handling, safeguarding, and MCA and DolS. An induction programme was in place and included a shadowing period alongside an allocated senior staff member. Training was based on Skills for Care, an organisation that works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. Staff told us they received training and support which provided them with the necessary skills and knowledge to meet the needs of people living in Queensmead Residential Care Home. We saw staff put their training into practice. For example, staff knew when to use protective clothing like gloves and aprons appropriately and were seen to assist people with mobility problems.

Systems were in place to support and develop staff. Staff told us that they felt very well supported by the new registered manager. One staff member said, "Supervision is available regularly now with the new manager. These are useful and specific training needs are discussed." All staff told us they received supervision and had the opportunity to discuss any problems or training needs with the registered manager. One staff member told us they were completing a management course in social care to support them in their management role within the service. Another staff member told us they had an opportunity to complete additional training on diabetes as this was an area of interest and some people had this condition.

All feedback about the food was positive and indicated that people enjoyed the food provided and the

social interaction of mealtimes. People told us the food catered for their individual choices and preferences. For example, people were offered several choices of both the main course and dessert and one person chose to have a sandwich. One person said, "The food is excellent and there's a choice each day." Relatives were also complimentary about the food and told us it reflected what people liked to eat.

Most people ate lunch in the dining room, which provided an environment that allowed people to sit in small groups and to talk and enjoy each other's company. There were friendships at the tables and people chatting with each other as they had their meal. The dining room was well presented and staff ensured people had drinks and condiments available. Meals were served in a friendly and respectful manner and the atmosphere was unrushed. For example, staff suggested people were cautious with the plates as they were hot.

Mealtimes were relaxed and staff encouraged people to eat their food with minimal support. The staff gauged people's independence with the need for assistance and clearly knew who may require support. One person had a plate guard which supported them to eat their food. When assistance was required this was given in a respectful way with staff being very attentive and chatting about day to day life about people's family members as they assisted them. For example, staff offered assistance with cutting food. This promoted a relaxed environment with people enjoying the company of staff. Another person hadn't eaten very much and was encouraged to try and eat a little more and then tempted with a pudding.

The chef knew people well and was able to describe individual likes and dislikes and any specialist diet that was required and how this was responded to. For example, people on diabetic or gluten free diets had modified menus. Staff encouraged people to maintain suitable and healthy diets. One person told us, "They've asked me to drink more water but I don't like water so they're going to get me some lemon squash instead." Records were used when people's food or fluid intake needed closer monitoring and health care professionals were contacted when people's nutritional needs were a concern. For example, concerns around a person's weight loss had been referred to the GP for a referral to a dietician.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted to and were supported in getting suitable appointments, they were also supported when attending hospital appointments if required. One person said, "I've had about four doctors whilst I've been here for all sorts of things. They soon get you seen to." Records confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. People reported they had access to opticians, chiropody and hairdressing and people with hearing difficulties said their hearing aides were maintained appropriately. One person told me, "I have the physios come and see me every week usually on Mondays or Tuesdays, they've been today and I've been for a walk outside." Relatives told us they were satisfied with the health care support provided, which staff asked for from community sources as required. Relatives also confirmed contact with GP and other health care services was regular and effective.

During the inspection a community nurse was attending some people in the home. She confirmed they liaised closely with the staff around the care needed that included regular contact and discussion around people's health care management. Visiting GP's confirmed effective communication was maintained with staff that benefited the care of people in the service.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People spoke well of the staff at Queensmead Residential Care Home and said staff were consistently kind in their approach. Comments included, "The staff are very sociable and kind to us," "They know to call me by my first name and we do have a good laugh," and "If I asked for anything I know if they could they would do it for me." Relatives were also complimentary of the staff and their approach to people. One said, "Staff are lovely with my mum they a very patient." Visiting health professionals also complimented the approach of staff which was described as caring, compassionate and kind.

There was one exception to this positive feedback. A close friend had concerns about the level of care and felt they had to visit to check on the care as some staff were not attentive. This feedback was passed on to the registered manager and was not representative of observations seen at the inspection.

We observed all staff were cheerful and approached people with a caring disposition. For example, whilst someone was being helped transfer from their wheelchair to an arm chair they were assisted with kindness and gentleness in an unhurried manner with staff checking their comfort. We observed a carer called over to a group of ladies, "Ladies how are you all?" They smiled and waved back. Staff reassured and spoke to people in a kind calm manner using good eye contact and ensured they lowered themselves to maintain this when people were seated. Staff often placed an arm around someone's shoulders as they spoke to someone which was well received by people who were happy and comfortable with this gesture. There was genuine warmth and affection in the way staff approached people. One person told us, "I'm nearly blind but I have a carer that comes in everyday to read and sort things out for me."

Staff helped people to maintain their privacy and dignity. People had their own rooms and some had chosen to personalise their rooms with their own belongings. One person had been able to decorate their own room with their chosen wallpaper. This resulted in rooms that looked and felt personal to the individual. Bedroom doors were kept closed when people received support and throughout the day, if they wished. Some people chose to have their doors open and every one was called by their preferred name. We observed staff knocked at doors before entering and where possible waited for a response before entering. When people were visited they were supported to see them in private. For example, we saw one person being taken to the empty conservatory when the community nurse visited so they could speak privately.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's choices, some personal history and interests. For example, one person had enjoyed dancing in the past and liked to talk about their past dancing experiences. This was important in enabling staff and people to connect as people with different pasts and interests. Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. One staff member was an allocated dignity champion of the home. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. The registered manager told us this along with other allocated champion roles in the home were being developed. Staff gave us examples of how they promoted people's dignity. This included ensuring peoples bedrooms were recognised as private

spaces with staff asking for permission to enter. This showed there were systems in place to ensure people, visitors and staff were aware of their rights and responsibilities in relation to maintaining people's dignity.

Staff understood it was important to encourage people to maintain their independence and people were given time to maintain their independence with staff encouraging and supporting people in an unrushed way. Staff understood that maintaining regular contact with family and friends was important to people. Visitors told us they were made to feel very welcome and were offered refreshments regularly during their visits. One relative said, "The staff are kind to visitors always welcoming."

Staff understood the importance of maintaining people's confidentiality. Records were kept securely within locked cabinets. Staff told us that information about people was not to be shared outside of the home.

Good

Is the service responsive?

Our findings

People told us the care and support they received was focussed on what care they needed and wanted and this care was said to take account of people's wishes. Everyone was treated as an individual and were given choices and did not feel restricted by staff. One person said, "I am just able to do what I like when I like here." We heard staff giving regular choices to people this included where they wanted to go and what they wanted to do. These choices were then responded to. People said they were able to go to bed and get up according to their own preference and told us they had showers and baths as they wanted although some set days were in place. However, one person said, "Oh I couldn't ask for one today just like that, it'll all be booked in for me." People told us they enjoyed the entertainment and activity provided by the staff and joined in what they wanted to.

Staff had a good understanding of the support people needed and this ensured a personalised approach to care was maintained. Staff told us communication systems between them had been improved which had promoted a better understanding of people's needs. This had included an improved handover between staff when changing shifts. This was focussed and enabled staff to
provide care and support in an individual way, as time was used constructively to share information. Visiting professionals told us staff were knowledgeable about people's needs and responded to any recommendations that they made to improve health outcomes. For example, when people were at risk of skin damage through pressure staff implemented care to minimise any damage. This demonstrated that staff responded effectively to people's changing needs in consultation with health care professionals.

Before admission people had a full needs assessment completed. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met by the staff. Following admission further assessments are completed to provide staff with a better understanding of people and their lives and what is important to them. Care plans were written for each person and are reviewed and updated on a regular basis.

People's rooms reflected their past lives and things that interested them. People told us they liked their own room and were able to rest and relax in them having all they required around them. Contents of people's rooms were used to initiate conversations and memories. One person had some fresh flowers and talked about where they had come from happily.

Staff facilitated people to be involved in activity that interested them. For example, one person enjoyed musicals and dancing and told us about a recent trip to the theatre. There was a designated member of staff who organised activity and entertainment at Queensmead Residential Care Home. Care plans included a section on social interaction and these were used to reflect important occurrences and to reduce the risk of social isolation. Individual social isolation risk assessments were undertaken with actions to reduce this risk. For example, one care plan recorded contact with their husband who stayed for lunch on a regular basis. At the time of this inspection this staff member was on annual leave. Their hours had not been replaced and another staff member initiated some activity in the lounge that included games. People involved in the

activity enjoyed the staff member's enthusiasm and responded with laughter and smiles.

People referred to the activities organiser with affection and told us there were activities on offer regularly and they had programmes in their rooms to refer to. This member of staff worked closely with people and gained an understanding of individual preferences and interests. People told us they had individual time with her or they could join in with the group activities arranged. One person told us they preferred to continue with outside interests and was able to attend an Age Concern event each week. Some people preferred their own company and spent most of their time in their own rooms. One person said, "I'm not interested in the Bingo and that sort of thing. There's not much I like so I prefer to read my paper, its delivered daily. " Relatives told us there was plenty of opportunity to join in with entertainment in the home if people wanted to and referred to trips arranged outside of the home that included tea dances and shows.

People said that they would have no problem in raising any concern or complaint at Queensmead Residential Care Home and expected that they would be listened to. One person said, "I'd speak to the manager but you could tell any of them." There was a complaints procedure in place which was accessible to people. We found a copy of a complaints procedure in people's rooms and displayed in the front entrance area. Records confirmed that any written complaint was investigated and resolved in accordance with the home's procedure. One relative told us they had raised small things of concern with the manager and they had been resolved. This had included ensuring her mother's hearing aid was cleaned regularly.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy living at Queensmead Residential Care Home and that the home was well managed by the new registered manager. A new manager took up post in June 2015 People liked the relaxed and friendly atmosphere in the home. People felt this was a well-run and organised home with approachable management. One person said, "There's nothing better, I'd give it ten out of ten." Several people and relatives told us that the registered manager and deputy were, "Brilliant but sometimes the girls under them don't always do things properly but if anything needs dealing with and you tell them they're on it straight away." One relative said, "On the whole it's pretty well organised. You only have to mention something to the manager and it gets done." Visiting health professional was also positive about the management of the home saying the care provided was of a good standard and the quality of the service was very good.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. Management quality and review systems had not ensured records were complete and available to inform best practice, systems were not always in place to ensure the safety of people at all times.

We found some care documentation was not fully completed and some was not completed in a consistent way. For example, one person with specific care needs relating to pressure area care and requiring specific equipment did not have this recorded within the plan of care. In addition a risk assessment completed for the safe use of bedrails was not accurate and indicated that bed rails should not be used when they were being used. A risk assessment for the use of bed rails for another person was not completed at all. This could impact on the safety of care provided as risks had not been appropriately assessed and staff had not been provided with clear guidelines to look after people. One vital nutrition and fluid chart was not well completed and did not provide a clear record. A regular visitor raised concerns around accuracy of daily records and had spoken to the registered manager about her concerns in the past. The accuracy of daily records is important to record the care provided and can be used by staff to ensure ongoing care is appropriate. The shortfalls in record keeping were identified to the registered manager for them to address.

We found some of the audit and quality monitoring systems did not ensure safe and best practice was followed in all areas. For example, audits had been completed on medicines and care records these had not identified the ongoing shortfalls within these areas. In addition we found the audit of accidents and incidents did not review the time of accidents or what action was taken to respond to accidents and incidents. The need for robust audits in all areas was identified to the registered manager for improvement.

However, further audits had been completed these included a health and safety audit by an external organisation and further quality audits from other registered managers within the organisation. This had included a review of recruitment and the recommendation of regular ongoing checks on staff DBS records. The provider sought feedback from people and those who mattered to them in order to enhance their service. This was facilitated through satisfaction surveys and regular contact with people and their relatives. Satisfaction surveys had also been circulated and returned. The registered manager told us they had not

audited the responses, but had already responded to many of the comments. These were mostly around the decoration and fabric of the home and people and their relatives were involved in choosing a new carpet for a communal area in the home. Contact with people and relatives was maintained through an open approach of the staff and registered manager. Meetings were held with people during the review process and when people and their relatives requested a meeting. Telephone and e mail contact was also maintained with relatives according to their preference. One relative told us contact was always good. "The manager is always available and receptive to what you have to say." This demonstrated the organisation was looking to improve the service and to respond to people's views.

Staff were very positive about working at Queensmead Residential Care Home and said staff moral had improved since the appointment of a new manager. Staff talked about how they were treated correctly by the manager and felt well supported. Staff felt they were listened to and that their views were taken into account. Staff team meetings were recorded and indicated that these were used for discussion, for the management team to share best practice and inform staff of any organisational changes. Staff said they had regular supervision now and these sessions were useful and used to share any concerns, training and development needs.

Information on the aims and objectives of the service care and people's rights were recorded within the 'statement of purpose' which was available to people, staff and visitors. The organisation has a clear mission statement "strives to provide consistent and high standards of care all the time." The culture in the home was open staff and people felt able to say openly with the registered manager what they thought about services and care provided.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations. The registered manager was aware of the need to establish a system to ensure staff in her absence were aware of what notifications were required. As well as responding appropriately to notifiable safety incidents that may occur in the service and to promote an open and transparent response to people and relatives.