College of St Barnabas

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The College of St Barnabas provides nursing care for up to 28 people, all of whom are Anglican Clergy, spouses, widows or widowers. The nursing care is provided in one main building which has accommodation (in the form 27 rooms, one of which is a double room), two reading rooms, three libraries, two dining areas and two Chapels. Within the grounds there are flats where people can live

Summary of findings

independently. We did not include people who lived in the flats in the inspection as they do not receive nursing or personal care from the provider. However, they used the main building for their meals, religious services and social events and we spoke with some people from the flats during the day.

People and their relatives told us they felt they were safe living at the College of St Barnabas. From the records we saw that the majority of staff had received safeguarding vulnerable adults training and staff were able to tell us what they would do if they had any concerns. Staff had access to a training DVD on the Mental Capacity Act 2005 during their induction as well as a policy related to that and Deprivation of Liberty Safeguards (DoLS). Although the service had not had the need to make a DoLS application the registered manager had a good understanding of when this may be needed.

Care plans contained individual risk assessments in order to keep people safe at the service. These included assessments around mobility, nutrition or skin integrity. Staff said that generally there were enough staff on duty each day, and during sickness they used bank staff which meant people were cared for by staff who knew them. We saw that staff attended to people quickly when they needed help or support. People told us, "I'm looked after very well", "Oh yes, we're looked after very well – the nurses are delightful" and, "It's a lovely place to be, people are very friendly, helpful and so kind, it's more like a family. It's 5*."

Although the service had recently employed an activities co-ordinator, some staff told us they would like to be able to spend more time with people socially. One member of staff told us, "I think this is the area we find most challenging." Two people reiterated this. One told us, "Perhaps a chat now and again with staff." Another said they would like to see people from the nursing wing occasionally going out in the garden. The activities co-ordinator told us they were starting to get to know people and their pastime preferences.

There was various information about activities or outings displayed around the building. One member of staff told us, "There is a large amount of theological (religious) based activities for people as this seems to be what they like." A trustee, who was also the chairperson of the 'Friends of St Barnabas', told us of the work they did to provide alternative activities and events. This ensured people had access to the community, friends and relatives.

Staff were encouraged to progress professionally and attend training appropriate to their role. For example, training in health & safety, manual handling, food & nutrition or to take a diploma in health and social care. Staff had annual appraisals and regular supervision with their line managers. They told us that, on the whole, they felt supported by the deputy matron and the matron.

People were encouraged or supported to make their own decisions about their food as there was a weekly menu which gave people choices of meals each day. People who did not like what was on the menu could ask for an alternative. People were served by attentive staff at lunch time. It was a relaxed occasion with people chatting and enjoying the food. One person told us, "The food is good."

The care plans we read provided evidence that people had access to other health care professionals as and when required. We could see that staff followed guidance from health professionals were appropriate. We heard from one person who said, "If I need to see a doctor, they will arrange it." This showed us that staff followed local best practice and responded to people's requests to see external health care professionals.

It was clear to us that people were cared for by kind and caring staff and staff knew people well. One person required some care from staff very quickly and we witnessed this being done in a kind, careful and empathetic manner. One person told us, "I am looked after very well." Another said, "Oh yes, we're looked after very well – the nurses are delightful." Everyone told us they felt staff treated them with respect and dignity and that they could have privacy whenever they needed it.

A relative told us they were involved in reviewing the care and treatment provided to their family member. Staff said, "Through talking to them, asking and double checking what steps you are going to take, gaining their consent all the time" meant that people were involved in their own care.

People were given information on how to make a complaint. The registered manager told us that there had been no formal complaints in the last 12 months. The

Summary of findings

service held an accident and incident log which recorded details of the incident, together with the outcome and action taken. Again we were told there had been no recent accidents or incidents.

People said the registered manager (who was also the matron) and the deputy matron were very approachable and supportive. One person told us, “If I had any concerns I would go straight to matron.” Staff carried out regular audits of the service which included a monthly trustee’s visit. Any actions from these audits were acted on by the registered manager.

Summary of findings

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

We found the service safe because people who lived at the College of St Barnabas felt safe living there and knew who to speak to if they had concerns.

Staff knew how to recognise and respond to abuse correctly. We saw that staff had access to a flowchart which showed them who to contact outside of the service if they felt they could not report their concerns to their manager.

The provider had ensured they had followed correct recruitment processes to ensure that only suitable staff worked at the service.

Staff felt there were enough staff on duty each day. We saw that people were attended to in a timely manner. The registered manager increased staffing levels in relation to people's dependency.

Staff had access to training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The service had not had to submit any DoLS applications.

Is the service effective?

Good

The service was effective because care plans held the most up to date information on people's needs and risks to their care. In addition, we saw that staff had been provided with guidance from external healthcare professionals when appropriate, which they followed.

Staff received training and supervision and were encouraged to progress professionally. Registered nurses had provided evidence of their qualifications.

People had a choice about the food they ate each day from the menu and we saw that people had enough food and drink to meet their needs.

Is the service caring?

Good

The service was caring as we saw staff treat people in a kind and caring manner. People and their relatives were positive about the care provided by staff at the service. People were attended to by kind, caring staff in a timely manner and were treated with dignity and respect.

Staff knew people well and they were kind and attentive when people needed support.

Is the service responsive?

Requires Improvement

The service was responsive to people's needs, although we felt some improvement could be made. People who we spoke with told us they were able to make individual and everyday choices and we observed this.

Summary of findings

People were made aware of the activities available to them, although they told us that they would like staff to spend more time with them. Some staff reiterated this. People were made aware of how to make a complaint or give feedback and had access to health care professionals when they needed it.

Is the service well-led?

Good

The service was well-led. The provider had systems in place for monitoring the quality of the service. The service held a residents meeting in which people who used the service could feel involved in the running of the service.

Satisfaction surveys were undertaken to encourage people who lived in the College of St Barnabas to give their feedback or make suggestions on how to improve the service.

College of St Barnabas

Detailed findings

Background to this inspection

This unannounced inspection took place on 10 July 2014. Both during and after our inspection we spoke with seven people who used the service, eight care staff (which included registered nurses), the chef and assistant chef, the registered manager, bursar, warden, one relative and a trustee. We also spoke with some people who lived independently in the flats in the grounds of the College of St Barnabas, (these people did not receive any personal care from the service and were not included in our inspection). We observed care and support in communal areas and looked around the home in general, which included looking in some people's bedrooms (with their permission), the dining area, the chapels, lounges and libraries.

Over the course of the day we reviewed a sample of six care plans and 10 staff files. We also looked at the policies held by the service together with general information displayed for people who used the service.

The inspection team consisted on one adult social care inspector and an expert by experience (Ex by Ex). An Ex by Ex is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was collated from records held by CQC and information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while. At our last inspection in November 2013 we had not identified any problems with the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We asked people if they felt safe in the service. Everyone we spoke with told us they did. We also asked people if they felt their freedom was supported and respected. One person told us, "Yes, no-one interferes with what we do." Another person said they liked to do their own, "Little bit of washing" and were allowed to do that. A further person told us, "I like to be left alone as much as possible and do things for myself." We spoke with one person who lived independently in a flat. They told us it was like having, "Several other inspectors of the service" because they were always in and out of the main building, "Keeping an eye on things." They added that people talked amongst themselves and people who lived independently of the nursing wing kept an, "Eye out and made sure staff were caring for people properly ."

We reviewed training records and saw that the majority of staff had received training in safeguarding vulnerable adults. Staff that we spoke with had a good understanding of the types of abuse that may take place and who they would report to should they have any suspicions or concerns. There was a safeguarding adult policy in place for staff which gave guidance on what abuse was, and how to report it. We also saw that staff had access to a flow chart which showed them who they would report any concerns to outside of the service. One staff member said, "I would have to report any concerns to my manager." Another staff member told us, "If my manager didn't do anything I would report higher up." This showed us that staff understood their responsibilities to keep people safe from abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had access to a training DVD and policies on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that staff had signed to say they had read the policies. The home had no restrictions and people could come and go as they pleased. We were told by the bursar and registered manager that they did not have anyone who used the service who had dementia. They said that if people's health deteriorated in this sense, alternative and more appropriate accommodation was sought. Although no applications had needed to be submitted, relevant staff, such as the registered manager, had a good understanding of when an application should be made. The bursar, warden, matron and housekeeping manager met each week to discuss individuals who lived in the home. We heard that this meeting would be used for a 'best interest' discussion if necessary. We sat in on this meeting and heard staff talk about individual people they had concerns about or who may be at risk from deteriorating health. Staff offered suggestions on how to ensure a person was kept safe. This meant that people were safeguarded as required.

Each person's care file that we reviewed had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk. For example, these related to mobility, accessing the community, risk of choking and specific health needs. We saw that these assessments were up to date and were reviewed regularly. This meant there was a system to identify risks and protect people from harm.

The home had 27 people on the day of this inspection. We asked how the service managed its staffing arrangements to make sure people were kept safe. The registered manager explained that one registered nurse (RGN) was on duty during each of the two day shifts and also at night. The matron (who was also the registered manager) and the deputy matron overlapped their shifts which meant that over the course of the day there would always be a senior member of staff present. From the sample of rotas we looked at we could see that this level of staffing was maintained. We observed people being attended to in a timely manner and people were not kept waiting. This included before, during and after lunch.

The bursar told us that they had recently applied to the trustee's to increase staffing levels and this had been calculated based on how many hours of care each person needed, rather than based on the number of people who used the service. The bursar added that they had built up a good back up of bank staff who they could call on in the event of staff sickness or shortage. The relative we spoke with confirmed this. They told us, "I can't speak more highly, they go that extra mile. You always see the same staff, the continuity is brilliant." This showed us that people could expect consistency for their care and support from people who knew them well.

Staff felt that generally there were enough staff on duty. They said they had time to give people the care and

Good

Is the service safe?

treatment they required. However one or two staff members said they felt they did not have enough capacity to give people "Quality time", but felt this would be addressed by the new activities co-ordinator.

The 10 staff files we reviewed contained all the necessary information for safe recruitment. This included application forms, photographic identification, references and a full employment history. Each member of staff had undergone a criminal records check prior to commencing at the service, this included any volunteers who visited the service. This showed us the provider ensured that they only employed staff who were suitable to work with vulnerable adults.

We found the College of St Barnabas to be a clean, spacious environment which gave people to move around freely without risk of harm. The building had two lifts to give people access to the upper floors. The grounds were well maintained with clear pathways giving access around the outside of the building. We saw some people used mobility aids to assist with their walking. This showed us that people were kept safe in relation to their environment.

Good

Is the service effective?

Our findings

Staff were able to provide effective care because they received regular training, appraisal and supervision. The service employed 11 state registered nurses (RGNs) and one RGN was present during each shift. We saw evidence that staff had undergone a recent appraisal and heard that those staff who had yet to be appraised had dates booked in. Staff told us they were encouraged to progress professionally and it was their choice whether or not they undertook additional training. One member of staff told us, , "I get all the training I need." A newer member of staff told us, "I have been told that I can attend any training that is specific to my role." We saw from the training records that staff received regular formal training and in addition staff had access to on line training. For example, we could see that staff were trained in manual handling, first aid or safeguarding and we noted some staff had received training in swallowing and nutrition and at least 9 staff were trained to NVQ Level 2 or above. One person said, "Staff know us." This told us the provider promoted developing the knowledge and skills of the staff.

Although most people said that staff were quite prompt responding to calls for help and we observed staff responding to call bells in a timely manner, one person told us, "Sometimes, it depends." They added that in the morning sometimes things "Can be a little late, when everyone wants everything at the same time." We spoke with people about the night time duty and were told, "They will bring you a cuppa. You can't say to the nurse, come and have a chat 'cause it's not the thing to do." This person added, "It depends on the nurse. They discourage you from trying to keep staff in the night, they scuttle away quickly." We spoke with the matron about this who told us that one or two people would like to sit and chat during the night which may disturb other people. People were not given a choice in who provided their personal care and all said it was whoever was on duty. We were told, "They get me up, dress me, give me my weekly bath or daily shower." Another said, "Whoever's on duty and I wouldn't quarrel with that, they are busy little bees." This was reiterated by a member of staff who told us, "We generally have enough staff on duty, but sometimes it is not the right mix. For example, we may have only male carers or no team leaders." One female person told us that, although they had not said anything, they would welcome more discretion from the male members of staff. They said that although they knocked (on their door), at times they had walked straight in, rather than waiting. From what people told us we felt their needs, preferences and choices for care and support may not always be met by the service.

People were involved in making their own decisions about the food that they ate. One person said, "The food is good. You get a choice." We saw that both of the dining rooms had a menu displayed which offered a wide choice of meals. We saw that fresh fruit and salad was available to people and there was water and also a coffee machine which people could use. When we arrived during the morning people were just finishing their breakfast. The atmosphere in the dining room was relaxed and friendly and we found people sitting chatting to each other. During lunch time we saw people sitting in groups, chatting, and eating at their own pace, having chosen their meal in advance from the menu which offered a wide choice. People were all eating independently but there was also a staff member on hand who was very attentive. We saw that meals were served directly from a hot trolley which meant people's food was served at an appropriate temperature. Some people chose to eat their meals in their rooms. We asked them if this was their choice, and they told us it was. One person said, "Going down to the dining room had become too much for me." Another person said, "Yes, it is my preference." This meant that mealtimes were pleasurable for people.

We noted from the care plans that some individuals had specific dietary requirements. However, when we had asked the chef we were told, "No-one has a special dietary need." We asked the manager about this and were told that the kitchen cooked meals in the same way for everyone and that staff on the nursing floors prepared the meals in their own kitchen, specific to people's needs. We were told staff found this easier rather than giving individual instructions to kitchen staff. Staff had mixed feelings about this and told us, "We could have a better menu for people who have a special diet. We have two people on a soft diet and sometimes the food that comes up from the kitchen is not suitable for them." Another member of staff said, "Sometimes people are not provided with appropriate food." Catering staff that we spoke with told us they would like to be more involved in the preparation of specific meals as that was part of their training. This meant that individuals may not receive meals prepared by staff who

Good

Is the service effective?

were specifically trained in food and nutrition. It also meant that care staff may be distracted from attending to people whilst preparing meals. We felt therefore this required improvement by the provider.

We heard staff discuss health concerns about one person and we saw that that the doctor was called and they came to visit later in the day. Another individual was in the late stages of cancer and we found they were very much involved in decision making and their shared preferences for their end of life care. As we talked to a RGN, a relative appeared to request help to change their mother's position in bed as they were in some discomfort. The RGN quickly prompted a care worker to assist and we heard them explain when the person was last turned, what the problem was and what to try next. A relative told us that staff had responded appropriately to a change in their relative's needs and that she had never had to prompt them (staff) to call out a professional. They said, "It's always been led by them (staff) and a GP comes in each week." They said that their relative had been very upset some weeks ago and that together with the staff they worked out why and a new regime had been installed. They added "We got together, the carers and the matrons, we problem solved what was going on." Another person had been chewing food for long periods and a dentist had been called in highlighting a problem with their gums. This had led to the speech and language team recommending a more softened diet which we saw was noted in this persons care plan. We asked people if their needs were met. They said, "Of yes, we're looked after very well – the nurses are delightful", "Of course, in every way" and, "I'm looked after very well." This showed us that staff understood people's health and support needs and ensured referrals to other service were made where a change was noticed. It also showed us that people had access to other health care professionals when needed.

We looked around the home and found that people's cultural needs were met by the service. For example, the building contained two chapels and twice daily services were held. People who lived in the home were involved in leading these services. We saw that there was a sound system throughout the building which meant that people could, if they wished, listen to services in their room or the communal areas if they were unable to get to the chapel. One person told us they could access, "Holy Communion from the chapel through the loud speakers in my room, as well as anything going on in the common room" by using the sound system. One person told us, "I'm very happy here, it's a clergy home."

Good

Is the service caring?

Our findings

We looked to see if caring and positive relationships were developed with people that used the service. We asked people if they felt the service was caring. One person told us, "I'm as happy as I can be." Another person said, "It's a lovely place to be, people are very friendly, helpful and so kind." A further person said, "There's no civility, they can talk to us as one of themselves and we enjoy a joke." The relative we spoke with told us, "Yes, excellent." They added that staff were always kind and compassionate to their family member. The trustee said, "There is a very good relationship between the staff and the residents. Staff are very caring and do everything they can to ensure people are happy and looked after." We saw staff knock on people's door and ask, "Do you want to go down for lunch or stay up here?" As we looked around the service we saw staff smiling and chatting to people in a relaxed manner.

We observed staff quietly interacting and offering care in a kind and compassionate manner. For example, one staff member was giving gentle and sensitive mouth care to a person who was ill in bed. One person said they liked to do as much as they could for themselves but that whenever they were in need of anything it was, "Given freely with a good heart."

One female person told us that, although they had not said anything, they would welcome more discretion from the male members of staff. They said that although they knocked (on their door), at times they had walked straight in, rather than waiting. We found that staff showed respect to people, they knocked on people's doors before entering and greeted people properly, using their name including their professional title, such as Father or Reverend. Staff members were able to give examples of how they treated people with respect and dignity. One said it was about, "Appreciating people for who they are" that it was, "Important to listen, value their choice and support them in what to do." They added, "Most people cannot hear very well so it is important to knock, wait and greet." Another said it was important to ask how people wanted to be addressed, how they wanted their care to be offered and to be treated, and their choices and decisions respected. "It's about making them part of a family." A further member of staff told us, "We like to think we do a good job. My way of approach is through compassion and empathy. How can you give care if you can't empathise and understand?"

The registered manager told us that people had been involved in developing their care plan. Although people could not recall this, the relative we spoke with confirmed that they were very much involved in their relatives care. Staff explained how people were involved in their own care, "Through talking to them, asking and double checking what step you are going to take, gaining their consent all the time."

Requires Improvement

Is the service responsive?

Our findings

Staff described people and their needs and it was evident to us that they knew them well. During our inspection a relative appeared and requested help from a team leader. We saw that the team leader quickly prompted a care worker to assist them. The relative told us, "They know (my relative) and have a very good rapport with them." They added that their family member had been upset some weeks ago and that together, with the staff, they had worked out why. This meant people were encouraged and supported to express what was important to them.

The care plans we looked at were up to date and we saw evidence that they were reviewed regularly. Staff explained that care plans were developed through reports from care workers and their (staff) continuous assessment. Any changes were reassessed by the nurse in charge and the care workers own observations. Although we found that the care plans contained all the necessary information about a person's care needs, some of the information related to them on a general level was missing. For example, we saw in three of the six care plans we reviewed there was no information about a person that related to their life history, their preferences, likes or dislikes. This meant that staff may not know information about individuals in order to develop relationships or to ensure that they were given care appropriate to their individual choice.

Staff told us they worked together well as a team and ensured during handovers and with the use of the communications book, that all staff were aware of any changes to a person's needs. Staff said that there was handover at the end of each shift through a meeting with the registered manager, who would go from room to room discussing each person and any particular change in their needs. We also saw that the diary was used to record information that related to a person that was important. For example, we saw that one person had not been feeling well and it had been written in their care plan that the doctor would be notified to pay them a visit when they next came. We saw this had been entered in the relevant date in the diary. This meant staff worked to the most up to date information about a person.

People were enabled to maintain relationships with friends and relatives and on the day of our visit we met one person who had just returned from a week's holiday with a family member. People could make visits into the local town via taxi and the Friends of St Barnabas organised fund raising events, outings and social occasions throughout the year. These were listed on a monthly newssheet available to everyone. We saw that many of the activities were theologically (religious) based, such as lectures, talks or trips out and that the service had one reference library which contained spiritual material. One person told us, "Yesterday we had a religious chat." Another person said, "I need a daily walk, it's essential. Then I have letters to write, telephone calls to make. I play patience and scrabble." Another said, "I have a friend who brings me large print books. A further person told us, "There are classical music sessions, film shows, theology talks, poems/verses, keep fit classes." One relative said there was always something to do, so much so that their relative used to complain they, "Didn't have time to read their book!" This meant that people had access to a wide range of activities and could participate in activities that were important to them.

Some staff told us however they would like to be able to spend more time with people socially. One member of staff said, "I think this is the area we find most challenging." Two people who used the service reiterated this. One told us, "Perhaps a chat now and again with staff." Another said they would like to see people from the nursing wing occasionally going out in the garden. We raised this with the recently employed activities co-ordinator. They told us they had started to get to know people and their preferences and had recently started a Scrabble game once a week. They added that some people liked to be read to or just to have a chat. We mentioned that one person had told us they would like to go for a walk in the gardens more often and the co-ordinator said they would address this. This meant that people could be left feeling socially isolated and lonely.

Information on how to make a complaint was displayed in the common room. Everyone that we spoke with told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and would know how to make a complaint. One person said, "Yes, to matron, she's in charge." The relative that we spoke with told us, "You can say anything, it feels comfortable. If I had any problems I would go straight to matron." We asked staff what they would do if someone wished to make a complaint. Staff told us they would advise people to contact the team leader for any minor complaints and if they could not help them, then they

Requires Improvement

Is the service responsive?

could speak to the matron, the bursar or the trustees. This meant that people were made aware of how to make a complaint or to raise a concern if they needed to. It also meant staff were aware of their role in dealing with a complaint.

Staff told us that people who lived in the flats in the grounds could move into the nursing wing should their health deteriorate. People had a two-week trial period to assess whether or not the service could meet their needs and that the College of St Barnabas was an appropriate location for them. We heard staff discussing one person who had deteriorated and now required nursing care. Staff had made an application to the local authority for funding to allow this person to remain at the service as they had lived in the nursing wing for some time and were settled. This meant that people received consistent, coordinated care and support and desired outcomes continued to be met.

Good

Is the service well-led?

Our findings

We asked staff and people how well-led they thought the service was. They all told us they felt it was. One person said, "If we pass a remark, it's always taken notice of. Matron encourages us." Staff told us that the registered manager had a good understanding of people's needs and their care plans, and that they received the support they needed from the managers. One staff member said, "Matron is very approachable. It seems a well-led, progressive service."

We saw that there was a 'philosophy of care document'. This included information on how to, maintain self respect and dignity, treat people how they'd like to be treated themselves, show compassion and treat people all in the same way. The registered manager told us they had been successfully through the Investors in People framework four years in a row and used Skills for Care to develop the skills, knowledge and values of their care staff. This indicated that as staff had contributed to the vision and values they were engaged in ensuring this was translated into the care they administered. It also meant the provider was keen to develop staff skills and knowledge to ensure they had a workforce with appropriately skilled people in the right places working to deliver high quality care.

Staff had access to a whistleblowing policy and we saw that the service held safeguarding, accidents and incidents logs. Records showed that there had been no accidents or incidents in the last 6 months. Two members of staff told us that they felt that on occasions their complaints were not acted on as quickly as they'd like by the matron. We raised this with the registered manager and the bursar at the end of the inspection. They told us that they were aware that they had not responded to a recent incident as quickly as they would like and they had learnt from this and were reviewing their processes .

Each month a trustee carried out an inspection which included speaking with people and reviewing information provided to them by the manager in relation to health and safety checks, care plan audits and room checks. We saw that relevant actions were set when needed. We talked with the registered manager about the last audit which identified that one person had restricted access to their bathroom. They told us that, as a result of rearranging some furniture in this person's room, this had been resolved. This showed us the provider had systems in place to regularly review the safety and quality of the service provided. It also showed that any actions identified were acted on.

Residents meetings were held twice a year which were chaired by the warden. These meetings were used for the warden to provide information to people as well as for individuals to raise any suggestions, issues or concerns. The registered manager also showed us the results of the most recent satisfaction survey. We saw that only three had been completed, but that each person was happy with the care that was provided, the food, activities and how they were supported. One person had commented, "Very impressed with wonderful care."

Compliments were kept by the manager. We saw some from relatives which included, "I was always confident that 'x' was being looked after in the kindest possible way" and, "Sincere thanks and gratitude to every member of staff – wonderful care and attention." This told us that people were given the opportunity to praise the service and that people were happy with the care that was provided.