

Sunningdale Care Limited

Sunningdale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

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 provide a rating for the service under the Care Act 2014.

We inspected the home on the 5 August 2014 and the visit was unannounced. Our last inspection took place on 29 November 2013 and, at that time; we found the service

was meeting the regulations. During the visit, we spoke with 17 people living at the home, seven relatives, nine members of staff, the registered manager and the provider.

The home had a registered manager who had been registered since November 2013. 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.

Summary of findings

Sunningdale Nursing Home is registered to provide accommodation for up to 35 people who require nursing or personal care. Care is provided on two floors in singly occupied rooms and linked by a passenger lift. There are well appointed communal areas for dining and relaxation. There is also a small patio area to the rear and a small courtyard to the front of the home for people to use. Car parking is available. On the day of inspection 29 people were living in the home with 28 people living with Dementia.

Some people living in the home had complex needs and had difficulties with verbal communication. The staff had developed different communication methods in accordance with people's needs and preferences. This approach reduced people's levels of anxiety and stress.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The home had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager had been trained to understand when an application should be made, and in how to submit one. This meant people were safeguarded. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Suitable arrangements were in place and people were provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals were made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A range of activities were provided both in-house and in the community. People were able to choose where they spent their time for example in a quiet lounge, outside or in a busier lounge area. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and provider. We also saw future plans for the continual improvement of the home which included a redesign of the audit process. This meant people were benefiting from a service that was continually looking how it could provide better care for people. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

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?

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. We saw people were relaxed in the company of staff.

Individual risks had been assessed and identified as part of the support and care planning process.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

Good



Is the service effective?

The service was effective.

We saw from the records staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, opticians, dentists and attended hospital appointments.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. We also saw future plans for the continual improvement of the home which included a redesign of the audit process. This meant people were benefiting from a service that was continually looking at how it could provide better care for people.

The management of the home kept up to date with current good practice and research; they spent time working alongside staff, provided learning through supervision and involved staff through regular staff discussions.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Good



Sunningdale Nursing Home

Detailed findings

Background to this inspection

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.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in being a carer and dementia care.

We inspected the home on 5 August 2014. At the time of our inspection there were 29 people living in the home. We spent some time observing care in the lounge and dining

room areas to help us understand the experience of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans. We spoke with seventeen people living at the home, seven relatives, nine members of staff, the registered manager and the provider.

Before our inspection, we reviewed all the information we held about the home and the provider had completed an information return which we received on the day of our inspection. We were not aware of any concerns by the local authority, or commissioners. Healthwatch feedback stated they had no comments or concerns regarding Sunningdale Nursing Home.

At the last inspection in November 2013 the service was found to be meeting the regulations we looked at.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, “I do feel safe here. I’m well looked after.”

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013 or 2014. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed staff had received safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the manager had notified the local authority and CQC of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

We looked at two care plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included use of bedrails, wheelchair use, moving and handling, falls, skin integrity and going out. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were risk assessments in place, supported by plans which detailed what might trigger each person’s behaviour, what behaviour the person may display and how staff should respond to this. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Records we checked confirmed that staff were taking into account the Mental Capacity Act (2005). Care records included an assessment of people’s capacity to make decisions. We saw evidence that multi-disciplinary meetings took place to make sure decisions were taken in people’s best interest.

Staff we spoke with understood their obligations with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person’s relatives or friend to get information about their preferences. The provider information return stated 52% of staff were currently trained in the Mental Capacity Act 2005. However, the registered manager told us further Mental Capacity Act 2005 training had been arranged for August and September 2014.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was one person living in the home who needed an authorisation in place and they were in the process of obtaining this. We saw an assessment tool was in place to make individual judgements. We saw evidence of authorisations and review date had been agreed. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

We asked people living in the home about their ability to come and go from the home. One person told us, “I can get outside but not very far. If I want to go out away from here I need to have someone with me, my daughter or a member of staff. I might get lost if I could get out by myself.” Another person said, “The doors are kept locked to stop people getting out and getting lost. We can go out no problem if we have someone with us.”

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. We spoke with people living in the home and relatives and they told us there were sufficient staff on duty at all times. One person told us, “There are plenty of them, yes. It’s not hard to find

Is the service safe?

someone if I need to. One relative we spoke with told us, “I’ve done this kind of work and I know what to look out for. I’ve never thought that there weren’t enough staff, not that you can ever have too many.”

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. We saw there were enough staff to meet the needs of people. The registered manager told us staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We looked at the recruitment records for two staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We spoke with one member of staff who told us they had received a good induction when they started work at the home. They also told us they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service check had been completed before they started work in the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work in a nursing home.

Disciplinary procedures were in place and we discussed with the registered manager examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people kept safe.

Is the service effective?

Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The registered manager told us a programme of training was in place for all staff. This was evident as several training courses for 2013/2014 were seen to have taken place or due to take place, including safeguarding, moving and handling, infection control and end of life care. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. Staff also confirmed they received supervision where they could discuss any issues on a one to one basis. There was evidence in the staff records we looked at that each member of staff received supervision on a regular basis. We also saw staff had received an annual appraisal.

We spoke with people living in the home and relatives who told us they had confidence in the staff's abilities to provide good care. One person told us, "I think they know what they are doing alright. They're very good." A relative said, "I've been in a few care homes and the staff here are very switched on, they lift properly and take good care of people." Another relative told us, "When I arrive I can just ask whoever I first see about how my dad is, I don't have to find a specific person, anyone can usually tell me how he is, where he is and what he's been up to."

People's nutritional needs were assessed during the care and support planning process and a detailed meal time strategy had been drawn up for each person. We saw people's likes, dislikes and any allergies had been recorded in their care plan.

We observed the lunch time meal was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. Between the main course and the dessert staff were asking if people needed any more drinks. We heard a member of staff on taking one person's empty glass joke, "Wow, if that's the speed you knock them back I'm not coming to the pub with you."

Everyone at the table joined in the laughter. We saw two people being supported to eat. Staff were patient and encouraging and remained focused on the person they were supporting. They spoke gently to ask whether they wanted more or if they had had enough.

Whilst people seemed to eat at the same time for lunch we observed a more casual approach to breakfast. We saw one member of staff helping someone from her room at about 10am. They said to the person, "How are you feeling this morning? You'll feel fine once you've had a cup of tea and your breakfast." There was a menu in the dining room which made clear people could ask for snacks such as toast at any time. One person told us they needed a diabetic diet. They said staff knew and they never gave them things they should not have.

We spoke with people living in the home and relatives about the food and other refreshments in the home. There was always an alternative menu and choice was offered. One person told us, "We don't get a choice; we just have to eat what we're given." Another person heard this and corrected them by saying, "They ask us in the evening, they bring a card round and we choose then." When we asked people whether they enjoyed the food the opinions were positive almost without exception. One person said, "It's good, it's always good. I can't complain about that." We observed people at lunchtime and most people ate everything they had been given. We spoke with people about access to drinks and we were told this was good. One person said, "I can just ask for one if I want one, but they bring drinks round every now and again so I don't have to ask." We saw people were offered drinks throughout the day to ensure good hydration.

We saw evidence care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare which included health professionals, GP communication records and hospital appointments. People also had records which provided information for staff on past and present medical conditions and included all healthcare appointments. This meant staff could readily identify any areas of concern and take timely action.

Members of staff told us people living at the home had regular health appointments. One member of staff told us people's healthcare needs were carefully monitored. They

Is the service effective?

said, “The GP comes when we need them to and I always report to the nurse if someone is in pain.” This meant staff made the appropriate referrals when people’s needs changed.

One relative we spoke with told us about their concerns when their relative was discharged from hospital to the

home. They said, “He was painfully thin, he’d lost lots of weight in hospital. We didn’t think he would live very long, to be honest. I am certain that it’s the intervention from the managers and staff here that saved him. He started to put on weight and started to live again. I can’t praise highly enough what they do here.”

Is the service caring?

Our findings

Some people who had complex needs were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way. We saw people were relaxed and at ease in the company of the staff who cared for them.

We observed staff speaking clearly when communicating with people and care was taken not to overload the person with too much information. Staff spoken with had developed individualised communication systems with people who lived at the home. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings. All staff spoken with told us of their commitment to facilitating a valued lifestyle for the people living in the home.

People we spoke with said they were happy with the care provided and were very positive about their relationship with staff. They said they could make decisions about their own care and how they were looked after. One person told us, "I couldn't ask to be anywhere better. The staff are lovely." Visiting relatives were equally positive. One relative told us, "They are all without exception very good. I have never seen or heard anyone being anything other than caring and pleasant." Another relative said, "The home that mum was in before wasn't so good, and a few things happened that I didn't like. When that home closed down I was apprehensive about where she would be next but let me put it like this, since she came here I can finally relax and stop worrying about her." Another relative said, "I am completely satisfied with the care. I have no issues at all."

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with

told us they enjoyed supporting the people. People could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished.

We looked at care plans for two people living in the home. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, included a 'how to look after me' document which gave clear guidance for staff on how to meet people's needs.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One member of staff told us, "We meet the needs all the time. The care plans have enough information for us to do this."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw people spending time in communal lounge areas of the home or in their bedroom.

People living in the home were given appropriate information and support regarding their care or support. We looked at care plans for two people living in the home. There was documented evidence in the care plans we looked at the person and/or their relative had contributed to the development of their care and supports needs. The registered manager together with the person living in the home and/or their relative held care review meetings. Relatives were able to confirm meetings were held to which they were invited. None of the people living in the home could tell us about a time when they had been involved in such a meeting, although one visitor did confirm they had attended a meeting.

Is the service caring?

Everyone we spoke with told us their dignity and privacy was respected. One person told us, “I don’t like being lifted but I know that I need to be. They make sure they wrap a blanket round me in case my skirt gets lifted when I do. They are very careful; they talk to me all the time and make sure I’m alright.” A relative told us, “Mum needs to be lifted now; she can’t get up on her own. The staff are great when they are doing it, very considerate.” Another relative told us, “I used to work in care homes; you’re asking me whether the staff are considerate as to a person’s dignity, aren’t you? There are no worries there, none at all that I’ve seen. Their practice is very good, they do things like lifting very, very nicely.” We observed staff attending to people’s needs in a

discreet way which maintained their dignity and staff knocked on people’s bedroom doors before entering. We also saw one staff member use a variety of means of address when asking people what they would like to drink. For the majority they used first names, but they also used a mix of ‘sir’, ‘madam’ and ‘Mister (surname)’.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people’s dignity, privacy and independence. One member of staff said they made sure bathroom door were always closed. Another member of staff said they used blankets when hoisting people if needed.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

People we spoke with told us they were involved in care planning and reviews. One person told us, "I think they did talk to me when I first came, found out about me and what I liked and needed. I don't remember it too clearly but I'm sure that they did it." A relative told us, "Yes, we had a meeting to put a care plan together. There were a few of us involved, but I was particularly pleased that they involved mum." People were confident that any changing needs or preferences would be noticed or listened to.

The registered manager told us people living in the home were offered a range of social activities. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included movies, brain teasers, green fingers, fruity Fridays and exercise. When we spoke with the activity co-ordinator they told us they were new in post and were in the process of developing the role. They said the activities are for everyone and they were planning to also tailor some activities for individual people.

During the afternoon a staff member noticed there was a war film on the television. They spoke with a person about this and said, "We had a war film on yesterday, do you want to watch another one. Would you rather watch something else." The person was happy with the film and did not want it changed.

We spoke with people about how they passed the day and whether there was enough to do. One person told us, "It can be a bit boring, there's the television and I can read a book, but not much else at the moment. One person was more positive and told us, "We go out sometimes, there's a coffee morning in the church hall we go to sometimes and I think some people go to Morrison's every so often. There's a craft fair or something coming up, but I'll decide on the day

if I'll go to that." We saw the provider had installed a Wi-Fi router at the request of a person living in the home. The registered manager told us, "He asked for that so we got it in. He has a laptop and an iPad in his room." It was a person's birthday during our visit. A cake had been made and staff were keen for as many colleagues as possible to be involved in singing happy birthday to him.

Staff were rarely observed to pass people living in the home without acknowledging them in some way, and we did not witness any exchange that was not genuine, caring and pleasant.

We saw the complaints policy was displayed in the entrance to the home. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. People we spoke with and relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. One person told us, "I could just talk to someone, anyone. They're all easy to talk to. I'd just tell them." One relative told us, "Not long after she arrived I noticed that mum's teeth didn't look too clean and I wasn't happy about it. I spoke to someone and said I would bring in an electric toothbrush to make cleaning them easier. Since then her teeth have been fine, I'm very happy with how they responded."

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. Another relative told us about a proactive change the management had made. They said, "I got a call telling me that he had been trying to climb out of bed, which is a worry as he's not good on his feet. I got a call from the provider to say that they had decided to buy a more suitable bed as this was a safety risk. When we next came the bed had been changed."

Relatives were encouraged and supported to make their views known about the care provided by the service. The home had invited people living in the home and relatives to complete a customer satisfaction questionnaire in June

Is the service responsive?

2014. Some comments from the questionnaires included, “I feel that my mother’s needs are well catered for in her present condition” and “We are all more than satisfied with the care and love that (name of person) receives.”

The registered manager told us residents meetings were held on a regular basis and this gave people the

opportunity to contribute to the running of the home. We saw the meeting agenda for May 2014 and the minutes from the October 2013 meeting which included discussions about mealtime menus and decoration and maintenance works.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since November 2013.

We saw both the registered manager and provider were regularly in the communal areas of the home. They acknowledged people living in the home and were clearly known to them. People either responded to them verbally or with smiles.

We spoke with the provider about staff. They told us, “We’ve turned the staff around. Some left because they knew they weren’t up to standard, and the ones we have now know what we expect from them. The manager has high standards like me and she is very careful who she recruits.” They also said, “Good management of the home flows from the care.”

We saw Sunningdale Nursing Home was an organisation that was keen to develop and improve. The registered manager made sure they kept up to date with current practice and research. For example, they were fully aware of the recent supreme court ruling regarding Deprivation of Liberty safeguards.

There was a system of audits that were completed weekly and monthly which included infection control, medications, mealtimes, administration reports, care planning and safeguarding. We saw copies of the provider’s review which was completed on a monthly basis. Where an issue had been identified the action to be taken and the person responsible for completing the task had been identified. The provider had also recently redesigned their audit process in line with the Care Quality Commissions five key questions inspection methodology. This audit was very detailed and thorough and would make sure the home was meeting the required standards.

The provider told us they were currently piloting weekly nutrition and skin integrity reviews to further enhance and develop the quality monitoring systems and the care people received.

Observations of interactions between the registered manager, provider and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the registered manager was

approachable, supportive, they felt listened to and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, “I am really enjoying it here, they help you to fit in.” Another member of staff said, “The management team are brilliant, you can approach them with anything. I contribute and they listen to my ideas. Some activities I suggested are going to be put on the timetable”, “I am really happy here. They have made me feel really welcome” and “I feel at home here, I would let my family member live here.”

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Staff representatives meeting were held on a daily basis. We observed this on the day of our visit. This included staff from ancillary, maintenance, care and management. We also saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting agenda for May 2014 and discussion included shift patterns, payroll, care standards, training and supportive behaviour. The registered manager told us they had an open door policy and people living in the home and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We saw the safeguarding referrals or whistle blowing concerns had been reported and responded to appropriately.

We saw people living at home and family members were involved in their care planning and aspects of running the service. Relatives confirmed they were in regular contact with the staff and were invited to care reviews. We saw several relatives visited the home on the day of our inspection. Both relatives and people living at the service had the opportunity to complete a satisfaction survey.