Prime Life Limited

Hawkhurst

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Hawkhurst Care Centre is owned by Prime Life Limited. The home provides 24 hour personal care and accommodation for people who have mental health care needs or dementia. Hawkhurst is located in a residential area within easy reach of Blackburn town centre. The home has two lounge and dining areas connected by a conservatory. There is a passenger lift to access bedrooms on the first floor. There is a mix of single and shared rooms with three having en-suite facilities.

The service were last inspected in September when the service met all the regulations we inspected.

We undertook this inspection on 15 and 16 November 2016. This comprehensive inspection was unannounced and conducted by one inspector.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

The home was clean and tidy. There was a planned series of redecoration and people were asked how they would like their rooms decorated. The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest

decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind, knowledgeable and caring. Most staff had worked at the service for some time which meant they knew the people they cared for well.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

Staff, people who used the service and family members all told us managers were approachable and supportive.

Meetings and supervision with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

People who used the service and their relatives were asked about their views of the service and action was taken to make any improvements suggested.

There were sufficient activities to provide people with stimulation if they wished to join in.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Hawkhurst

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and was conducted by one inspector on the 15 and 16 November 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams and Blackburn with Darwen Healthwatch for their views about the service. They did not have any concerns.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with three people who used the service, one senior carer, two care staff, the registered manager, the area manager, a district nurse, a visiting support worker and two relatives.

There were 21 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for ten people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel very safe here", "I feel safe. I am not changing my home" and "Yes, I feel safe. Nobody bothers you."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. On the notice board there were details of how to report any safeguarding issues to the head office of Prime Life.

We spoke with two staff members who could tell us what they would report and who they would report any possible abuse to. Both were aware of the whistle blowing policy and said if no action was taken they would refer to other organisations such as the local authority, the Care Quality Commission and higher management at Prime Life Limited. This meant people who used the service were looked after by staff who were aware of and felt able to report any safeguarding issues.

On the day of the inspection staff on duty included the registered manager, a senior and two care staff members, the cook, maintenance man and a domestic assistant for the 21 people accommodated at the home. We saw from looking at the off duty roster that this was normal for the service including the same number of care staff at weekends. Two waking care staff were on duty at night with the registered manager and other senior care staff 'on call' to provide additional support. We observed that call bells were answered promptly although during both days of the inspection whenever we went through the communal areas a member of staff was either sat talking to people who used the service or completing paperwork where they could observe that people were safe or if they needed support.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift, hoists the nurse call and fire alarm system. The maintenance man also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. We saw that staff entered any faults in a booklet which was signed off

when any work had been completed. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. The PEEPs were kept in a folder staff could get hold of in an emergency and in their individual files to inform staff if anybody had any needs during an evacuation. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician.

There was also an environmental audit to ensure all parts of the service were safe. This covered topics like tripping hazards, faults and décor.

People who used the service told us, "I do a lot for myself but when I needed help after an operation they helped keep the room nice", "They keep my room looking lovely" and "My room is clean and tidy. So is the rest of the home."

During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from any food preparation areas. There were two industrial type washing machines and dryers to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used the equipment when they needed to.

A person who used the service told us, "We get our medicines on time. They are like clockwork."

We observed a member of staff administering medicines at lunch time and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We looked at ten medicines administration records (MARs) and found they had been completed accurately. There was a photographic record of each person to help prevent errors. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home and for any hand written prescriptions to help prevent errors.

Medicines were stored in a locked room in a trolley attached to the wall. Dressings were stored in separate cupboards. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. The room was clean and tidy. No current

people who used the service were on controlled drugs but there was a suitable cupboard and register.

There was a daily audit of medicines (a visual check of the MAR sheets) and staff had their competencies checked to ensure their practice remained safe. The system was also audited monthly by management. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

There was a separate sheet for 'as required' medicines. This gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the NICE guidelines for administering medicines and the regional director said the company was updating their policies and procedures to include this best guidance.

We saw that topical medicines such as ointments were recorded in the plans of care. A body map diagram was used to highlight where the medicines should be applied, which were colour coded if more than one was required. Staff who applied the medicines signed the MAR sheets.

We looked in the trolley and saw it was a blister pack system. The trolley was clean and tidy as were the pots. There were sufficient supplies of medicines. Any medicines that required returning to pharmacy were done so in a tamper proof box and two staff signed to say they had witnessed the disposal.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

Good

Is the service effective?

Our findings

People who used the service said, "I have made my room a home from home and like it a lot", "My room is lovely" and "I think all the rooms are very nice." We toured the building during the inspection and visited all communal areas, 11 bedrooms and the bath and shower rooms. Bedrooms we visited had been personalised to people's tastes, some with furniture, photographs and ornaments. We saw one person liked to grow indoor plants. Some rooms had recently been decorated and people were asked what colour they would like it and shown wallpaper samples to make a feature wall. A corridor was being redecorated during the inspection.

Communal areas contained a variety of seating and were homely in style. There was sufficient seating for all people accommodated at the home although we saw that people could sit in their rooms if they wished. There was a lift to access both floors and hand rails to help people mobilise around the home.

Bathrooms and toilets had aids to assist people with their mobility to help them attend to their personal hygiene. There was a choice of bath or shower and we saw people's preferences were recorded in the plan of care. There was an accessible garden with seating for people to use in good weather. On the side of each person's door there was a pen picture to help them recognise their room and other signage to help people find their way around the home.

People who used the service told us, "The food is very good. I have no complaints", "The food is good" and "There is a good chef and the food is very nice. There is always a choice and I had steak, potatoes and vegetables for lunch and fresh fruit salad." Five people who were sat having lunch all said the food was good. One relative also said the food was ok and they also liked to bring in treats for their family member.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We were present in the dining room for part of the inspection to observe a mealtime. People could take their meal in their room if they wished. We saw that people were able to take their own diet although one person was gently encouraged to take her lunch in an informal and dignified way.

We saw that people sat in dining areas and mainly had lunch as a social occasion. We saw people chatted with each other and staff. People had a choice of normal breakfast foods, with a cooked option if they wished. This was provided when they got up. There was a four weekly menu cycle which was displayed in the dining room. The registered manager was planning to introduce a menu with pictures of the foods being cooked although we heard people could make their choice of meal known. There were two cooked options for lunch and we saw that people sometimes had a mixture of each or an item that was not on the menu. The meal was hot and looked nutritious.

We were told no-one currently needed a fortified diet or needed thickeners for their drinks. People were given an option of a cold drink with their meal and a hot option afterwards. Drinks were served at intervals during the day or on request and visitors also told us they were offered a drink. Some people had diabetes

but this was controlled with medicines and a normal diet with a common sense approach to sugars.

We saw there was a good supply of fresh, frozen, canned and dried foods. This included fresh fruit and vegetables which the cook said was delivered three times a week.

We saw that people's weight was recorded at least monthly and from the care plans we looked at we could see their weight was consistently maintained. The registered manager said if anyone had a nutritional need they would contact the necessary professionals or the person's GP. In the plans of care people also had a nutritional risk assessment, which meant any dietary requirements would be highlighted. People were asked for their views about food and any suggestions were recorded during the residents meetings.

We spoke with the cook who conducted all necessary checks to provide safe food and told us how she was made aware of allergens which people may have a reaction to. The kitchen had recently been inspected by the environmental health department and given the top five star very good rating. This meant that the system for ordering, storing, preparation and serving of food was safe and cleaning schedules were adhered to.

Two staff members said, "I have completed the care certificate since I started. It was useful to me even though I was trained as a nurse" and "I completed the induction. The care certificate. It was the first time I had done this kind of job. It was helpful and gave me confidence. The other care staff were supportive of me and shadowed me until I felt comfortable." We looked at three staff files and saw that two newer staff had completed the care certificate. New staff were also shown around the building when they commenced work, for health and safety issues such as fire safety, shown key policies and procedures and introduced to staff and people who used the service. The induction of new staff helped equip them to work in the care home.

A person who used the service said, "They seem to know what they are doing so I think they are well trained." Two staff members said, "I feel I have done enough training to undertake my role here. The training is ongoing" and "I think we have done enough training to do the job."

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding and fire awareness. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. Other training included dementia care, care planning, equality and diversity and care of people with epilepsy. We saw that refresher and further training was planned for future dates. The senior care staff member was responsible for ensuring all training was up to date and updated the training matrix to ensure staff were suitably trained.

Two staff members said, "I get supervision. I get chance to bring up my needs" and "We get supervision every couple of months and it's a two way process." We saw that appraisal was held once a year and supervision around every two months. All the records were kept in the staff files. Regular supervision and appraisal gives managers and staff time to reflect upon practice and decide how best each individual can improve their knowledge and performance.

From looking at three plans of care we saw that people who used the service had access to professionals, for example psychiatrists and other hospital consultants, community nurse specialists and district nurses. Each person had their own GP. During the inspection a podiatrist visited the home and routine appointments were also arranged for dentists and opticians. This helped ensure people's health care needs were met.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw that part of the care plan process was to assess people's mental health needs. The registered manager followed the correct procedures using mental health professionals to apply for any DoLS. 15 people were awaiting a decision to renew an already existing DoLS. Three people were awaiting their first assessment. The registered manager said they had been told there was a backlog and would be processed as soon as possible. We saw that where possible people signed their consent to care and treatment. Where people could not and had a DoLS in place family members signed their agreement that the care plans were accurate and ensure the care delivered was what people needed. We also observed staff asking people for their consent before undertaking any personal care or asking people what they wanted to do, eat or drink.

Good

Is the service caring?

Our findings

People who used the service said, "The staff are very caring. You can talk to them. They will sit and talk to you if you want. They have done well for me", "The staff are very nice. It is all right here. We are well looked after" and "They [the staff] are very kind and caring. I like living here and am happy." Visitors said, "The staff are grand. They are all pleasant and welcoming." A visiting support worker said, "The staff are friendly every time I visit and it seems to be very nice here. The staff are all welcoming and speak to you. The person I take out says she likes the staff and food."

A district nurse said, "I think they are one of the best homes we come into. They are good at reporting anything. If they see a red area when they look at pressure area care they call us right away. They report any faulty equipment. They are welcoming and support us. They will assist us with any care we give. The staff are kind and caring."

Two staff members said, "I like the job so much because it is hands on care, the team is superb, it is friendly, and the people we look after are all characters and I like caring for them. It is rewarding. I would totally want a family member to live here if they needed dementia care" and "I like it here because I think of them as my family and care for them as such. I would be happy for a family member to come and live here."

We observed staff during the inspection and how they interacted with people who used the service. Staff were professional, polite and had a good rapport with them. When we walked around with the registered manager we also noted they all spoke and joked with her. We did not see any breaches of privacy or witness anyone being treated in an undignified manner.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. Each person had a record of their life story, which gave staff a background knowledge of people's lives and a 'Getting to know you" document which told us the important events in a person's life, food and drink likes and dislikes and many other details, for example where people had holidayed. This helped staff get to know people better and deliver personalised care. We observed that people had choice in the time they got up, where they ate and how they spent their day. We also noted that where people could do tasks or part of a task such as washing their hands and face plans of care clearly directed staff to encourage people to do so. This helped people retain as much independence as they could. We also spoke to one person who had been hospitalised and ill. This person told us that when she came back to the home staff supported her to get back to being mostly self-caring.

In the plans of care people had their basic last wishes recorded in the assessment documentation. This was then developed in a document called 'What if – Celebrating my Life'. This told us a great deal about what a person wished for at the end of their life. It included a person's religion, the service they wanted including any readings or hymns, if they had a preference for a particular member of the clergy, burial or cremation,

the funeral director they preferred, any music they wanted playing, flowers or donations, where they wanted to spend their last days if possible, if they wished the service to be formal or informal and if they wanted their relatives to hold a celebration afterwards. It also informed us about who was their next of kin and if they had made a will or legal details such as power of attorney. This would ensure people's wishes were known and could be followed at the end of their life.

We saw that visitors came and went as they pleased, including professionals. The registered manager met most people at the door and was well known to them. The registered manager said people could see their visitors in private if they wished.

Good

Is the service responsive?

Our findings

A person who used the service told us, "I go out every Wednesday. I go shopping and then for a coffee. I like to sit in my room and read, do word searches and watch television."

There were planned activities people could join in with if they wished. Activities included dominoes with relatives, watching television, gardening and growing herbs, arts and crafts, music, movies (black and white) where people had chocolates and a drink of wine if they wished. The service held events, for example, a dignity action day. Staff talked to relatives and social workers about dignity and how they promoted dignity. The registered manager said the activity people enjoyed most was sing-a-longs and outside entertainers were provided regularly as well as staff organising the activity. Family members were encouraged to attend activities and meetings.

People who used the service told us, "You can talk to any of the staff if you have any worries or the manager. I would also talk to the manager" and "You can go to the manager if you want to. She is always around and would listen to you." There was a suitable complaints procedure located in the hallway that informed people on how to raise any concerns. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. The service had not received any complaints since the last inspection. However, we saw how the registered manager looked at incidents (1 fall), investigated it fully and looked at ways to minimise them. This meant staff checked the profiling bed was at the lowest position when the person was put to bed and staff, as was usual practice, made sure the crash mat was working. Following failure of a crash mat three new ones had been obtained.

A person who used the service told us, "They will sit and talk to me about my care. When I came out of hospital I needed more help which I got but need less now. They helped me get better."

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental capacity, mental health, diet and nutrition, mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A district nurse said, "The managers are really approachable and they take any advice we give." All the people we spoke with said they felt able to talk to the manager if they needed to. Staff told us, "We get support from the managers. The registered manager is approachable and you can bring up any issues and she is understanding" and "The managers are very supportive. You can go to them to talk to. If you have a suggestion they will listen to you and take it on board." During the inspection the registered manager was regularly available to talk to staff, visitors and people who used the service. People who used the service, visitors and staff thought managers were approachable and available for support.

The registered manager or other staff regularly went to talk to people about their care and to ask for their views about the service. We saw that this was mainly done individually each month. The registered manager said they thought this was better especially for the people who may be confused. Staff asked questions around the quality of food, the décor, their rooms and activities. From one meeting we saw that people had asked for a sing song after tea but before the soap operas and this had been arranged.

Staff were also encouraged to attend monthly meetings. Agendas included oral hygiene, use of PPE, medicines (cleaning of any bottles), the correct use of incontinence aids, filing of notes, tidying up after personal care, personal grooming of people who used the service, checking clothes to ensure there was nothing in pockets before they were washed, wearing the correct uniform, writing accurate daily records, use of mobile phones, care planning and activities such as Christmas. Staff were also given an opportunity to bring up any topics they wanted to which gave them an opportunity to have a say in how the home was run.

The service sent out annual quality assurance surveys to people who used the service and their families. We saw that there were18 responses. 18 people thought it was homely, 18 people thought they had good meals, 17 people thought there were sufficient activities, one person said N/A, all 18 said staff were caring and respectful, all 18 thought the manager was available to talk to, all 18 thought they were safe, 18 people rated the service as good overall and all 18 would recommend the service to others. We saw that the registered manager analysed the results and had improved activities and more access to the garden in good weather from some of the comments made. This showed the registered manager responded to the views of people who used the service and their families.

We looked at the cards people had left at the service. Most were thank you cards and comments included, "Staff are ambassadors for the caring profession, including the managers. The staff are always ready to help. Good caring staff in a lovely home", "Even though my relative is hard work all the staff understand and tolerate her behaviour. Their attitude is marvellous", "Excellent care home which I would highly recommend.

All the staff are very caring in difficult situations" and "Staff at all levels are very caring. As a visitor long term they have always been caring, courteous and helpful. We have recommended the home to several people."

The registered manager conducted audits regularly. The audits included people's weight, specialist help required with diets, notifications, end of life care and if people's wishes were recorded, the quality of care plans, any safeguarding referrals, DoLS, accidents and incidents, infection control, health and safety, pressure sores (none), comments, complaints and compliments, accidents, incidents and falls, medicines, diabetes and dignity. Communal and personal space was also checked for any possible privacy and dignity issues. For example staff checked that equipment was functioning, curtains could be closed and doors could be locked. The area director also reviewed the audits. The audits were used to check and maintain the quality of service provision.

We looked at some of the policies and procedures which included Infection control, safeguarding, whistle blowing, behaviours that challenge, mental capacity and DoLS, complaints, confidentiality, health and safety and medicines administration. Policies and procedures were updated regularly and available for staff to follow good practice.