Malhotra Care Homes Limited

Parklands 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

This inspection took place on 3 November 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Parklands Nursing Home was last inspected by CQC on 27 June 2014 and was compliant with the regulations in force at the time.

Parklands Nursing Home is situated in the village of Seaham, County Durham. The home is a converted school house set in its own grounds, in a quiet residential area. It provides accommodation with personal care and nursing for up to 53 older people, people with a dementia type illness and young people with a physical disability. On the day of our inspection there were 46 people using the service. The home comprised of 53 bedrooms, the

Summary of findings

majority of which were en-suite. Facilities included several lounges and dining rooms, communal bathrooms, shower rooms and toilets, a hairdressers and a smoke room.

People who used the service and their relatives were complimentary about the standard of care at Parklands Nursing Home. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met.

All the care records we looked at contained evidence of consent.

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

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good

Is the service effective?
The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?
The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good

Is the service responsive?
The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Parklands Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 3 November 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

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

During our inspection we spoke with four people who used the service and three relatives. We also spoke with the registered manager, operations manager, a deputy manager, two nurses, four care staff, a receptionist, a domestic, a maintenance man, a cook and a visiting professional.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

We spoke with the manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe, for example, "Yes, there are normally four staff on shift and the nurse is in charge. They have extra staff for during the day and I have never seen any incidences when I would say it is unsafe", "They are all good workers, they never stop. Well I know that my wife is safe", "Staff are lovely. I always leave my door open they pop in during the night and see if I'm alright. Oh yes everything is safe", "Oh yes, very safe" and

"I'm never unsafe. My things are safe".

Parklands Nursing Home provides accommodation with personal care and nursing for up to 53 older people, people with a dementia type illness and young people with a physical disability. The home comprised of 53 bedrooms, most of which were en-suite. Overall the en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. We saw the registered manager's infection control audits were up to date and that staff had completed infection control training. This meant the provider had taken action to reduce the risk of infection and improve the cleanliness of the home.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Window restrictors were fitted to the windows of the rooms we looked in and appeared to be in good condition. Call bells were placed near to people's beds or chairs and were responded to in a timely manner.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the provider's accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw a fire risk assessment was in place dated 17 July 2015 and regular fire drills were undertaken. We also saw the checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the provider's business continuity management plan dated September 2015. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person's name, room number, impairment or disability and assistive equipment required. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy dated May 2015, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff. We saw there were twelve members of care staff on a day shift which comprised of three nurses and nine care staff and one nurse and six care staff on duty at night. We observed sufficient numbers of staff on duty. A person who used the service told us, "There is definitely enough staff".

Good

Is the service safe?

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included group outings, use of mobile hoists and expectant mothers. We observed staff signatures on these documents to confirm that staff had read them. We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's medicines policy dated June 2015 which covered all key areas of safe and effective medicines management. Medicines were supplied by a local pharmacy. Staff told us it was a good service and emergency medicines were supplied promptly. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. A signature verification sheet to identify staff initials who were approved to administer medicine was available at the front of each Medication Administration Chart (MAR) chart file. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. We saw that monthly medicine audits were up to date and included action plans for any identified issues. We observed a problem with the storage of a medicine. We discussed this with the registered manager. The registered manager addressed this issue immediately.

We looked at the medicines administration charts (MAR) for nine people and found there were no omissions. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. Allergy information was stated on MAR charts in addition to being included within care plans. Medicine administration was observed to be appropriate. We saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Staff were also trained in the use of McKinley and Graseby pumps which are small battery operated syringe pumps which enabled medicines to be given under the skin. A person who used the service told us, "I don't manage my own medicines they are given to me but I do know what I take and what it is for. I can have pain relief if I need it". This meant that the provider stored, administered, managed and disposed of medicines safely.

Good

Is the service effective?

Our findings

People who lived at Parklands Nursing Home received care and support from trained and supported staff. People and their relatives told us, "It's like a family atmosphere in here, I have no complaints at all", "Yes, they are well trained" and "Yes, I think that the staff are all good and all experienced".

We looked at the training records for four members of staff. The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, first aid, medicines, COSHH, health and safety, infection control and safeguarding. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care. In addition staff had completed more specialised training in for example, pressure ulcer prevention, dementia awareness, person centred care, challenging behaviour, care planning, risk management and assessment, dignity, equality and diversity, falls, stroke awareness, funeral aware, person centred dementia care, oral hygiene, continence, focus on undernutrition, catheterisation, diabetes, mental health, venepuncture, Parkinson's, acquired brain injury, peg feeding and communication.

We saw evidence of planned training displayed in the home. For example moving and handling training was booked on 5 November 2015. Staff told us "I have had all the mandatory training and in-house training", "Yes, I have had relevant training. I have had all mandatory training, mental health and dementia awareness training" and "I am pretty well trained. I am attending tissue viability training on Monday". Staff files contained a record of when training was completed and when renewals were due. Records for the nursing staff showed that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant that staff were properly supported to provide care to people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether 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. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. Staff were provided with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. A relative told us, "I have been involved in discussions about DoLS and attended review meetings".

We saw consent to care and treatment was documented in the care plan documents. A person who used the service and a relative told us, "I know that my care plan includes things like building me up and for me to walk" and "Yes, all of the time I am involved. I don't think that there have been any incidences when they don't tell me".

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw daily menus displayed on the notice boards in the dining rooms which detailed the meals available throughout the day. We observed staff giving residents a choice of food and drink. Staff told us, "There are always drinks, there is not a set time" and "People are offered drinks all the time". We saw staff chatting with people who used the service. People who used the service and their relatives told us, "The food looks alright and they always get a choice", "Oh yes the food is lovely. I've had it. I love the chips", "The food is alright, I never have any

Good

Is the service effective?

complaints. The food is very good", "The meals are nice it's like something your grandma would give you. They are lovely meals and you get a choice. There is enough. Yes you can have stuff if you get the nibbles" and "The food today was lovely, I think there is enough to eat".

The care records we looked at demonstrated a high level of monitoring compliance for people's weight and nutrition. We spoke with the cook who told us about people's special dietary needs and preferences. From the staff records we looked at, all of them had completed training in food hygiene and nutrition and hydration. We also saw from the residents/relatives meeting minutes dated 7 October 2015 that people were satisfied with the food 'plenty of choice and lovely food'.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP, speech and language therapy, optician, specialist mental health care, community nursing, tissue viability nurse, dietician, Macmillan nurse, physiotherapist and chiropodist. A visiting professional told us the home raised concerns when necessary and sought additional support as appropriate. A person who used the service and a relative told us, "If I wanted to see anybody, like the doctor, I would ask and they come quickly" and "To be quite honest the nurse always has a bit chat and keeps me informed. If they are ever unsure the nurse will get the doctor in regular to check her out". This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and overall was suitably designed for people with dementia type conditions. We observed some signs within the Penshaw Court Unit which could confuse some people with a dementia type illness. We discussed this with the registered manager who removed/ repositioned them immediately.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Parklands Nursing Home. People who used the service and their relatives told us, "Oh yes, I am happy here. I've been here a long time and I know the staff and they are kind to me. They do listen to me", "It's like home from home", "It's a good set up living in here. The staff are kind. I think they listen to me and I understand what they are saying", "Yes, she has excellent care. Before she came here I went to see a lot of places and ended up here. It's probably the best decision I have ever made", "She does receive good care", "I think that it is excellent", "The home is lovely" and "I have always been very happy here".

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. Relatives told us, "I think that she is really content here. They definitely treat her with respect and dignity" and "I can go to bed and get up when I choose, if I wanted to go to my room I could". This meant that staff treated people with dignity and respect.

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. For example, staff told us, "I am aware of those people who may be diabetic, vegetarian, have an allergy or who have a soft or pureed diet", "There was one resident who wanted to spend his own money so I took him to town so he could go shopping" and "We always ask their preference, we get a feel of what they would like and we ask their family". This meant that staff were working closely with individuals to find out what they actually wanted.

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a caring manner and supporting people to maintain their independence. A relative told us, "She is encouraged to be independent and she has help when she needs it".

We looked at records and spoke with people who used the service, their relatives and staff and saw how the service celebrated special occasions or events. For example, arranging a coffee morning and tree/bulb planting for dignity day with attendance by the Mayor and a local councillor.

We saw Do Not Attempt Resuscitation (DNAR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw end of life care plans, in place for people, as appropriate and that staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We saw people were provided with information about the service in the 'statement of purpose' and in a 'resident guide' which contained information about health and safety, facilities, meals and menus, social activities, religious services, safeguarding, advocacy, complaints and contact details for the local authority, CQC and the Local Government Ombudsman.

Information about health and local services was prominently displayed on notice boards throughout the home including, for example, advocacy, safeguarding, dementia, flu jab, cholesterol, sight loss, counselling, colorectal/stoma care, Alzheimer's Society, chiropody, optician, dentist, hairdressing and Macmillan cancer support. We also saw copies of the home's October newsletter in the reception area and on the notice boards. It included a history of Halloween, recent events, church service updates, a list of residents and staffs birthdays, future resident and relative meeting dates and a crossword.

Good

Is the service responsive?

Our findings

We looked at care records for four people who used the service. We saw people had had their needs assessed and their care plans demonstrated a good understanding of their individual needs. There was evidence of regular review, updates and evaluation.

The care plans had been developed from a person-centred perspective with a strong emphasis on physical health issues. Care plans contained people's photographs and their allergy status was recorded. Each care plan included a document called 'This is me'. This provided insight into each person including their personal history, their likes and dislikes. This was a valuable resource in supporting an individualised approach.

The home used a standardised framework for care planning with care plans person centred to reflect identified need. This was evidenced across a range of care plans examined that included: decision making, environmental safety, communication, mental health, challenging behaviour, physical health care, nutritional needs, elimination, mobility, pain management, moving and handling, mobilisation, sexuality, sleep and skin integrity. There was evidence of identified interventions being carried out within records and from observation.

Risk assessments had been completed with evidence across the care plans relating to falls, choking, smoking, skin integrity, weight loss and agitation. This meant risks were identified and minimised to keep people safe.

We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition and Body Maps were used where they had been deemed necessary to record physical injury.

The service employed two activities co-ordinators for a total of forty five hours each week. We saw planned activities were displayed on notice boards throughout the home and included movie afternoon, afternoon tea, ten pin bowling, baking, bingo, gentle chair exercises, a quiz, arts and crafts and reminiscence. Dates for church services were displayed on notice boards and we saw that members of the East Durham College Music Course were performing in the home on 17 November 2015.

A person who used the service told us, "I like to knit and to crochet and embroider. I go out to my daughters", "They have a quiet room and she is taken by the entertainment girl to do games. They have decent activities and do try and they have a mix of residents", "I don't do a lot of activity as I don't like it, I don't like mixing. I have been taken to the shops but I am a bit wary. My family and friends come to me" and "I have been once before to a club but it's not for me". Staff told us, "We have fetes where we put up flyers and the people in the community can attend. We take residents out for a cuppa or a walk to the shops and we also invite the families if we have entertainment on", "We have music afternoons. People like to look at books. Not all the residents wish to take part" and "We have books and board games. We have outings. Some residents have been to the football stadium tours at Sunderland and we have a church group". This meant the provider ensured people had access to activities that were important and relevant to them.

People were encouraged and supported to maintain their relationships with their friends and relatives. People who used the service told us, "My family come and see me regularly", "My family can come whenever" and "Our lass visits me and the son and daughter in law". This meant people were protected from social isolation.

We saw a copy of the complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local authority and the local government ombudsman, if the complainant was unhappy with the outcome. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. "I have never had to raise an issue" I have never had to complain and I would go to the manager if I needed to", "I have no concerns I've got the utmost admiration for the jobs they do", "I have never complained and I would know what to do", "I have no concerns. The staff are very good and everything is alright", "I have never complained and would know to go to the manager" and "Oh yes, I would know how to complain". This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 26 June 2015. The CQC registration certificate and most recent CQC inspection reports were prominently displayed in the home's entrance. The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us "The home provides good care. It is friendly and there is always someone available for the residents or relatives", "Morale is 8 out of 10" and "The support is 110%".

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the provider's audit file, which included audits of care plans, incidents and accidents, medicines, training and catering. All of these were up to date and included action plans for any identified issues. The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 29 September 2015, received a certificate from NHS Durham and Darlington, valid until 31 August 2016, in recognition for focusing on undernutrition and had received a quality assurance award from the NHS Oral Health Promotion Team for oral health on 19 November 2014.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. We saw the service held regular residents and relatives meetings. We saw the minutes of the meeting held on 7 October 2015. Six people who used the service and one relative attended. Discussion items included activities, meals and menus, protected meals time policy, complaints, safeguarding, health and safety, fire alarm testing and future meetings. A relative told us, "I have recently been asked about the care and my views on everything".

We saw the result of the most recent 'resident/relative survey' displayed on the notice board outside the registered manager's office. Topics included the environment, health and wellbeing, daily life, suggestions, complaints and security. Responses were set out as 'we asked', 'you said' and 'we replied' and overall were positive. They included 'the staff were nice, polite and respected them', 'they felt safe', 'food was good' and 'they knew there was an open door policy for complaints'. Actions were recorded, for example, a quiet lounge had been provided to allow people who used the service and their relatives to meet in private and the activities programme was being further developed. We also observed a suggestion box available in the main entrance for people who used the service or their relatives to post comments, complaints or compliments.

Staff we spoke with told us they had staff meetings. We looked at the minutes of the meetings held on 27 October 2015. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included supervisions, policies and procedures, infection control, emergency health care plans and teamwork. We saw the result of the most recent 'staff survey' displayed on the notice board outside the registered manager's office. Responses were positive. Staff told us, "I enjoy everything. It's a lovely place to work", "I always feel supported. We all work as a team and we all get on" and "I enjoy mainly when we have things on like an event and you see the residents happy". This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's whistleblowing policy referred to the Public Interest Disclosure Act 1998 and the equality and diversity policy referred to the Equality Act 2010. The registered manager told us, "Policies

Good

Is the service well-led?

are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.