

Care Expertise Limited

# Holmwood Nursing Home

## Inspection report

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Date of inspection visit:  
15 March 2017

Date of publication:  
10 April 2017

### 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

Holmwood Nursing Home provides nursing and care for up to 48 people most of whom have dementia. At the time of our inspection 35 people lived here.

Care and support are provided on two floors. Each bedroom has an en-suite toilet and washing facilities. Communal areas include two large rooms, one of which leads out to the secured gardens.

At our previous inspection in September 2015 we had identified seven breaches in the regulations. The provider had taken appropriate action and addressed all of these concerns.

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

People told us they were happy living here. One person said, "I am well looked after." Another person said, "It's a great place." Staff were happy in their work and proud of the job they do.

People were safe at Holmwood Nursing Home. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. In the event of an emergency people were protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. They had also checked to ensure staff were eligible to work in the UK.

Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People received their medicines when they needed them.

Where people did not have the capacity to understand or consent to a decision the provider had followed

the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements were met. The registered manager was investigating the use of ready meals. They assured us that people would be involved in this process to ensure meals offered choice, and a good quality of fresh food.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with people and showing interest in what they were doing. The staff knew the people they cared for as individuals.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical needs. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

People had access to a range of activities. However many people said they were often bored. The registered manager said they would look into this.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

People lived in a home with good leadership and a stable staff team that worked well together. A relative said, "I'm really happy with the care my family member is given." Another relative said, "They (Staff) really seem to understand and know the people they care for."

## 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.

People felt safe living at the home. The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed and stored in a safe way, and they had their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the registered manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. People were supported to follow their spiritual or religious faiths.

People could have visits from friends and family whenever they wanted.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities, but many said they often felt bored.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

### Is the service well-led?

Good ●

The service was well- led.

Quality assurance records were up to date and used to drive improvement throughout the home.

Staff felt supported and able to discuss any issues with the manager.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey and regular meetings.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

# Holmwood 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 15 March 2017 and was unannounced. Due to the size and layout of this home the inspection team consisted of a nurse specialist and two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

To find out about people's experience of living at the home we spoke with 11 people and seven relatives. We sat with people and engaged with them. We observed how staff cared for people, and worked together as a team. We also spoke with seven staff which included the registered manager, and two visiting health care professionals. We reviewed care and other records within the home. These included eight care plans and associated records, five medicine administration records, five staff recruitment files, and the records of quality assurance checks carried out by the staff.

# Is the service safe?

## Our findings

People were safe living at Holmwood Nursing Home. They felt safe because they were well cared for by kind staff. One person said, "I'm very safe" A relative said, "Oh yes I feel my family member is safe. They are never on their own and there are always staff around."

At our previous inspection in September 2015 we had identified two breaches in the regulations to do with keeping people safe. The first was around the use of risk assessments to identify and manage hazards to people's health and safety. The second was around the management of medicines. The provider had sent us an action plan on how they would improve the service. At this inspection we found the provider had taken appropriate action to keep people safe, and meet the requirements of the regulations.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things because it was too 'risky'. People with limited mobility, were not prevented from moving around and were actively supported by carers who ensured their safety and who respected their decisions. Throughout the day people were able to move freely around the ground floor. Staff encouraged people to maintain their mobility by only offering support if the person was struggling or was at risk from falling. Where support was offered it was discrete, such as using screens when moving people who needed a hoist. Staff followed good moving and handling practice.

Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures such as specialist equipment to help people mobilise around the home had been put in place to reduce these risks. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were cared for in a clean and safe environment. People told us that their rooms were cleaned regularly and that they were pleased with the standard of cleaning. Hand sanitising gels were placed at strategic points throughout the home and hand washing stations were well stocked. People who needed hoisting had individual slings which are essential to limit the spread of cross infection.

People received their medicines in a safe way, and when they needed them. For 'as required' medicine, such as pain relief or medicine to help people who may be anxious, there were guidelines in place which told nursing staff the dose, frequency and maximum dose over a 24 hour period. Medicine documentation recorded that these guidelines had been followed. Homely remedies, such as cold and flu medicines which can be 'bought over the counter' the GP had drawn up a clear protocol for each medicine with dosage and interval between repeats.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines

were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

There were sufficient staffing levels deployed to keep people safe and support their health and welfare needs. A relative said, "There always seems to be plenty of staff about when I visit." At our previous inspection we had recommended the provider review how staff were deployed around the home. During this inspection staff were always available in the large communal areas to ensure people at risk of falls were safe, and to respond to any requests from people. People told us that they did not experience long waits before help arrived. People in their rooms had call bells available and the call bells were answered quickly.

Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here. Where people required one to one support from staff, this was seen to be in place during the inspection.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification such as passports, to show eligibility to work in the UK. The registered manager also monitored that the nurses were registered with the Nursing and midwifery Council. All nurses who practice in the UK must be on the Nursing and Midwifery Council (NMC) register. This ensured that the nursing staff were suitably qualified to carry out their role as an RGN.

People were protected from the risk of abuse. Staff had received safeguarding training and could tell us about the various forms of abuse and what they would do if they suspected or saw that it was taking place, such as making a referral to an agency, such as the local Adult Services Safeguarding Team or police. Staff were aware of their role in reporting suspected abuse and were aware of Holmwood's whistleblowing policy. Information outlining the procedure to follow if abuse was happening or suspected, was clearly displayed on a notice board for people to see if they needed guidance or had concerns.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A relative said, "If something happens, they are quick off the mark". A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

The home was well maintained. Extensive redecoration of the home had taken place and was ongoing in some areas. This gave the home a clean, light and airy feel. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. The registered manager had regularly reviewed the needs of people to ensure the environment met those needs.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would



activate and be effective in the event of a fire.

# Is the service effective?

## Our findings

At our previous inspection in September 2015 we had identified three breaches in the regulations to do with the effectiveness of the service. The first was around the inconsistent support to keep people healthy. The second was around following the requirements of the Mental Capacity Act. The third was around the effectiveness of staff training. The provider had sent us an action plan on how they would improve the service. At this inspection we found the provider had taken appropriate action to meet the requirements of the regulations.

People received support to keep them healthy. A relative said, "They are very good with my family member. When she was unwell they got the doctor in, twice." People had access to a range of medical professionals including, chiropodists, doctors, an optician and tissue viability nurses. Some of the nursing staff at the home also had lead roles such as tissue viability, dementia and nutrition. This enabled them to offer advice and guidance to their colleagues and act as a central point for managing specific needs. If people came to the home with pressure wounds, or if one developed while at the home, the people were effectively cared for. There were no pressure wounds at the time of our inspection. Examples of previous wound care were seen. Staff had kept wound care records separately and each record was very detailed. There was good attention to detail and the improvement of the person's wound was plain to see.

People's health was seen to improve due the care and support their received. A relative said, "'My family member is making progress. They had a broken hip before moving in here. He couldn't walk and now he is taking a few steps. He has not had any falls since he came here. If things continue I hope to have him home." Another relative said, "My family member was in a wheel chair when they came to stay. Staff now have her up and walking and her health has really improved."

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.

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. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed.

Staff had a good understanding of the Mental Capacity Act (2005) and were seen to work within the legal framework of the act when supporting people. One person was having their nails manicured. They asked the staff member to stop half way through the process. The staff member stopped as requested and talked through with the person the options. Staff encouraged the person to make a decision by explaining the choices. Staff listened to peoples' wishes and respected their decisions.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people, for example in dementia care. A relative said, "I have never seen any of the staff look like they were 'out of their depth' when looking after people." The induction process for new staff was robust to ensure they would have the skills to support people effectively. Regular refresher training had also been provided to keep staff up to date with current best practice.

Qualified Staff received ongoing training to ensure they were kept up to date with current best practice. The registered nurses also told us the provider had supported them in preparation for revalidation with the nursing and midwifery professional body (NMC).

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member said, "The management and staff are all very friendly." Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. Feedback about the food was varied, some saying they enjoyed it, while others thought it was bland. The provider was looking into the use of ready meals. The registered manager assured us that people would be involved in this and have an input into the choice of meals, and to ensure the food provided was of a good quality. People had a choice of where they sat and who they sat with. People were given choices about meals options, portion size, and choice of drinks. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were and choices met. A relative said, "My relative has moaned about the food, as she doesn't like certain foods. The kitchen staff are good, as they ask her what she would prefer when the main choice is something they know she doesn't like." The catering team had a good understanding of the dietary requirements and likes and dislikes of people due to the effective systems that were in place. As care staff collected each meal from the kitchen they confirmed who it was for. This was to ensure it was the correct meal, in relation to the person's requirements and choice. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Where people had a pureed lunch each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People's risk of malnutrition was regularly reviewed, and any changes were effectively supported. For example where weight loss had been identified appropriate fortified diets had been put into place.

## Is the service caring?

### Our findings

We had positive feedback about the caring nature of the staff. One person said, "Yes they're all very good." A relative said, "All the staff are lovely with the residents, nothing seems to be too much trouble for them." Another relative said, "The staff are always pleasant and kind to people."

Staff were focused on supporting people in a caring and friendly way. A relative said, "They are very dedicated." A staff member said, "I look after these people because they could be one of my family. I would want people to be kind to my family so I do the same for others."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff were very caring and attentive with people. People were supported by staff that knew them as individuals. Relatives said that the carers knew people well and knew how they liked to be cared for. A relative said, "The staff really seem to understand the people they care for. They never rush and they take their time with them." Throughout our inspection staff had positive, warm and caring interactions with people. For example a person held their hand out to a member of staff. The staff let the person gently hold their head and they then touched foreheads in a gesture of comfort and kindness. The person smiled and obviously had appreciated the physical contact.

Staff treated people with dignity and respect. A relative said, "They are very considerate to people and protect their dignity. There are always staff around to take my family member to the toilet." Staff involved people in their support during the inspection. Whenever hoists were used, staff maintained peoples' dignity by using screens so other people could not see. Staff talked and explained what was happening throughout the process. Examples such as asking people for permission before they were moved in their chairs were seen throughout the inspection from all staff. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

Staff were knowledgeable about people. One person said, "Staff know me well." The care plans had been compiled in conjunction with people and their families and contained information staff could use to help build relationships. For example, people's previous occupations and hobbies. Throughout the inspection it was evident the staff knew the people they supported well, by the way they spoke with them, and the conversations they had.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Staff took time to explain things to people. People told us that they were asked about their care and that staff did listen to them.

Family members were able to keep in regular contact and visit whenever they liked. When a person asked if they could use the telephone to contact a family member staff gave them the house telephone straight away. They person was able to take the handset to a quiet location of their choice to hold their conversation.

Staff understood the risk of social isolation for people who chose to stay in their rooms. A relative said, "The carers do pop in and chat with my family member. She also has her own mobile phone so I can phone her any time. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

# Is the service responsive?

## Our findings

At our previous inspection in September 2015 we had identified one breach in the regulations to do with the responsiveness of the service. This was around the lack of care planning to meet people identified care needs. The provider had sent us an action plan on how they would improve the service. At this inspection we found the provider had taken appropriate action to meet the requirements of the regulations.

People and relatives were involved in their care and support planning. People's needs had been assessed before they moved into the service to ensure that their needs could be met. A relative said, "We sat down with the head nurse and talked through my family member support needs." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People's choices and preferences were documented and those needs were seen to be met. One person said, "Staff respect my choices." There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly so they reflected the person's current support needs. A relative who had power of attorney for their relatives care said, "We have sat down with staff and gone through it (the care plan) and made suggestions." Further confirmation of people being involved in reviews of their care was given when a relative said, "Staff are very good at communicating with me."

People had access to a range of activities many of which focussed and promoted peoples well-being, physical and mental health. For example encouraging people to move around, or play physical games. However most of the people we spoke with said they often felt bored. On the day of our inspection there were some activities taking place, however these did not involve everyone. For example there was a tea party in the afternoon, and although there were signs advertising it not many people were seen to take part while we were there.

It is recommended that the provider review the activities on offer so that people have a choice of more individualised activity to suit their interests and hobbies.

People were supported to go out into the local community of they wished. Two people went out for walks with staff during our inspection, and trips to local community activities using the homes minibuses were regularly on offer.

People were supported by staff that listened to and responded to complaints or comments. People told us that they had no real concerns. They went on to say that when they had mentioned something then it was sorted quickly by staff. A relative said, "I would see the manager or go to the head office. I have never felt the need to do this. If I have a little problem I just tell them and they put it right straight away." There was a complaints policy in place. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been no formal complaints received at the home in the last 12 months. Where complaints had been received in the past these had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service. Many compliments about the care provided were also received in the same period of time. These were on display for staff and others to see.

## Is the service well-led?

### Our findings

At our previous inspection in September 2015 we had identified one breach in the regulations to do how the service was managed. This was around the failure of the provider's quality assurance process to pick up on the issues we had identified at the time. The provider had sent us an action plan on how they would improve the service. At this inspection we found the provider had taken appropriate action to meet the requirements of the regulations.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. In addition the registered manager also carried out audits at night to see that people received a good standard of care at all times. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

There was a positive culture within the home, between the people that lived here, the staff and the manager. The atmosphere was very welcoming and open. One person said, "The bosses are very nice." A visiting health care professional said, "I have never found anything that worries me." People felt secure and were very happy to share thoughts about their life at Holmwood Nursing Home with us.

The home was well managed to ensure people received a good quality of care and support. People and relatives described the registered manager as being available, visible and somebody who would help if necessary. An example was where the fire alarm went off. The staff and management acted swiftly to ensure people were safe, and followed the fire safety procedures.

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. For example the clinical lead reviewed care notes on a daily basis to ensure they were clear and reflected the care given. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people.

People and relatives were included in how the service was managed. There were six monthly resident and relative meetings. These gave feedback to people on what was happening around the home, and the results of any surveys that had taken place. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them. Comments about the quality of care were also collected by use of a suggestion box. Where these had been received appropriate action had been taken. For example one relative commented about



their family member's lack of appetite. Two days later a further comment had been received about how well the staff had encouraged this person to eat.

A monthly newsletter also kept people and relatives up to date with what was happening in the home. Information about projects the home was working on, such as with the clinical commissioning group on hydration was shared. Other information contained in the newsletter gave people a view on what was happening in the wider world, such as cultural festivals they may be interested in, and awards and achievements achieved by the home and the staff.

Staff were involved in how the service was run and improving it. One staff member said, "I feel I have the ability to instigate change, where necessary. I know the service can improve and continue to evolve as fresh ideas come forward." Regular staff meetings took place across the staff teams. These had been introduced to share information to ensure staff were up to date on people's needs. Nursing staff had clinical governance meetings. These reviewed the nursing care that was being provided to people to ensure it was effective, and people's health was improving. The meetings had a positive impact on the home because staff from different departments across the home worked as one team focused on doing the best job they could for the people who lived here.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager sought to continually improve the level of care offered by the staff. They had applied for the Gold Standard framework in end of life care. This is a national framework that gives systematic, evidence based approach to optimizing care for people approaching the end of their life.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.