

Angel Plus Homes Ltd

Willowbank Rest Home

Inspection report

42 Lancaster Lane
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Tel: 01772435429

Date of inspection visit:
29 August 2018

Date of publication:
16 October 2018

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

The inspection was undertaken on 29 August 2018 and was unannounced this meant that the service did not know we were coming. We previously undertook a comprehensive inspection on 10 April 2017 where it was rated as requires improvement in the areas of safe, effective and well led and good in the areas of caring and responsive. This meant that the service was requires improvement overall. At that inspection we found that the provider had not always safeguarded people who used the service from abuse and improper treatment, because they had failed to report a serious incident of alleged abuse on behalf of a person who used the service. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also not always obtained formal consent in relation to the provision of care and treatment. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made recommendations in relation to nutritional risk assessments, personal emergency evacuation plans and submitting statutory notifications to the Care Quality Commission (CQC).

Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe, effective, caring and well led to at least good. During this inspection, we found the service was meeting the requirements of the current legislation.

Willowbank Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Willowbank Rest Home accommodates up to 19 people in one building. It provides accommodation for persons who require personal care. All bedrooms were of single occupancy with separate bathing facilities, lounges, dining room and outside gardens areas and car parking. At the time of our inspection 17 people were living in the home.

The service had a registered manager in post at the time of our inspection. 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 was run.

All people we spoke with told us they felt safe in the home. Staff were able to discuss what actions they would take to deal with allegations of abuse. Records we looked at confirmed staff had received safeguarding training. Risk assessments had been completed for the environment and people's individual needs.

Systems that ensured only suitable people were employed to work in the home was in place. Duty rotas were completed and staff we spoke with said there was generally enough staff to deliver people's care. Staff received up to date and relevant training that supported them to deliver their role effectively.

Medicines were administered and stored safely, however we noted a controlled drug record did not match

the quantity of medicine in the controlled drugs cupboard, the registered manager investigated this and confirmed this was a recording issue and stock levels were correct.

Improvements were noted in relation to the way the service recorded people's formal consent. Best interest's meetings had been held and capacity assessments had been completed where it was required. People were supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

The food people were served looked appetising and nutritious. People told us they were happy with the meals in the home.

We saw positive, caring and meaningful interactions taking place between people who used the service and staff. People told us they were very happy with the care they received. Advocacy information was available for people to access if they needed support with important decisions.

Care records were detailed and contained good person-centred information about how to support people's individual needs. An activities programme had been developed and we saw activities provided to people during our inspection.

Team meetings were undertaken regularly and surveys and feedback had been obtained recently that provided information about people's views. A system to deal with complaints was in place. We saw positive feedback about the care people received in the home. We received positive feedback about the registered manager and nominated individual. People told us the directors of the company were regular visitors to the home.

A system to audit and monitor the service was seen that demonstrated the management team ensured the home was safe for people to live 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.

We observed staff administering people their medicines safely. Medicine administration records had been completed and room and fridge records confirmed medicines were stored in line with guidance.

Recruitment procedures had been followed which meant people with the required knowledge and skills were recruited to work in the home. Duty rotas demonstrated the staffing levels in place to ensure people received appropriate and timely care.

Staff we spoke with knew how to deal with an allegation of abuse, policies and guidance was available for staff to follow. Training records confirmed staff had completed safeguarding training.

Is the service effective?

Good ●

The service was effective.

Since our last inspection improvements has been made in relation to how formal consent was obtained and recorded.

The chef told us there was no restrictions on the food ordered in the home. We observed part of the lunchtime experience for people, choices were offered and meals looked appetising.

Training records we looked at confirmed staff had received training that supported them in their role.

Is the service caring?

Good ●

The service was caring.

We received very positive comments about the care people received in the home. It was clear from our observations that positive meaningful relationships had been developed between staff and people who used the service.

Care was delivered in the privacy of bedrooms or bathrooms and

people were treated with dignity and respect.

There was advocacy information displayed in the home that provided information about how to access the service.

Is the service responsive?

The service was responsive.

Preadmission assessments had been completed that confirmed whether people's individual needs could be met in the home. Care plans were detailed and contained relevant information to support the delivery of care to people.

We saw positive feedback had been received about the home. Where complaints had been received we saw records that demonstrated an investigation had been completed.

Technology was being used effectively in the home. Wireless internet access was available in all areas. We saw good use of technology for one person that included them in an important family event.

Good ●

Is the service well-led?

The service was well led.

People who used the service and staff were positive about the leadership and management of the home.

Surveys were undertaken regularly which demonstrated positive feedback about the home and the service it delivered.

Audits and monitoring was taking place. This ensured the home was monitored and safe for people to live in and staff to work in.

Good ●

Willowbank Rest 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 was undertaken by two adult social care inspectors on 29 August 2018 and was unannounced. Prior to the inspection we looked the information we held about the service. This included any statutory notifications the provider is required to send to us by law, any investigation incidents or feedback about the service. We also looked at the Provider Information Return (PIR), which had sent to us. 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 a planning tool to collate all this evidence and information prior to visiting the home.

During our inspection we spoke with four people who used the service. We also looked at a number of records. These included three care files, duty rotas, three staff files, training records and records relating to the operation and management of the service. This helped us to understand the experiences of people living in the home. We also spoke with seven staff members. These included care staff, housekeeping, the chef, the directors of the company and the registered manager. We undertook a tour of all of the communal areas included the lounges, dining room, kitchen, laundry, bathrooms and some people's bedrooms.

Is the service safe?

Our findings

All of the people who used the service told us they felt safe in the home. One person said, "They are very gentle and listen to what I have to say." Staff demonstrated their understanding of the actions to take if an allegation of abuse was suspected. They said, "I would report any concerns to the [registered] manager and social services. I would call [registered manager], GP or police if needed and report to CQC." Most staff we spoke with told us they had undertaken safeguarding training and training records we looked at confirmed this. This supported staff with their knowledge and skills to enable them to deal with any allegations appropriately.

At our last inspection we identified some concerns in relation to one allegation of abuse that had not been responded to appropriately. During this inspection we found improvements had been made. A system was in place to record any allegations of abuse. These included details of the concerns, and notes relating to any investigations. Whilst there was limited evidence of any record to confirm lessons had been learnt we saw records relating to outcomes of the investigation. Records we looked at also confirmed relevant notifications had been submitted to the CQC in a timely manner as required by law. There were policies and guidance available to guide staff about how to deal with any allegations.

During our last inspection we identified some concerns in relation to risk assessments relating to one person's individual risk. During this inspection we found improvements had been made. The care files we looked at had individual risk assessments in place that guided staff about how to support people safely. Areas covered included, bed rails, pressure areas, falls, nutrition, moving and handling and wheelchairs. The records included the level of the risk as well as the actions required to reduce the risks and manage these safely. Environmental risk assessments were seen and covered all areas of the home. These included, the laundry, refurbishment, the kitchen, weather, heat, hot water, outside sheds and bathrooms. Records seen had been signed and dated and included details of the identified risks, the actions to reduce any risk.

At our last inspection we identified some concerns in relation to the content of Personal Emergency Evacuation Plans (PEEPs). During this inspection we found improvements had been made. All people living in the home had individualised PEEP's in place. These provided information about how to support people safely out of the home in the event of an emergency that required an evacuation of the building. Fire risk assessments were in place and up to date and we saw evidence that fire drills had been completed and included the outcome of these and any lessons learned. This would support any future improvements in the event of an emergency. Checks on fire systems and equipment had been completed. These included, emergency lighting, fire extinguisher checks and waste transfer. This ensured the home was monitored and safe for people to live in. A business continuity plan had been completed by the provider that ensured all staff had access to guidance and contact information in the event of an emergency in the home.

Detailed records were seen that confirmed appropriate servicing, audits and checks were taking place. Areas covered included, portable appliance testing, gas, electrical safety and legionella. Audit checks included, hot water, radiators, bath seats, bed rails, mattresses, hoists and room temperatures. Notes were recorded on the findings and what actions had been taken to address any concerns.

Incident and accident records had been completed, which included details of the alert, the immediate actions taken and any recommendations to reduce any future risks. A summary sheet recorded the details of the incident as well as the type of incident. This would support an audit of the incident to monitor any themes and trends and enable actions to be taken and lessons learned to reduce any future risk.

Infection control audits had been completed regularly which demonstrated that the home was clean and tidy and safe for people to live in. Monthly audits were in place that recorded any infections in the home and what actions had been taken as a result. An example was an assessment by the GP and antibiotics to treat the person. This demonstrated that the home was proactive in identifying and acting on infections. During our walk around, we saw areas to be clean and tidy and free from clutter. Staff had access to personal protective equipment such as gloves and aprons and we saw staff making use of this during our inspection. Hand washing advice was on display in the bathrooms and staff had access to liquid soap and paper towels. This would ensure people who used the service lived in a clean and monitored environment.

We spoke with people who used the service who told us, "The girls are lovely they really look after us well." Duty rotas we looked at identified the staffing cover for each shift in the home. Where changes were required due to holidays or sickness these were recorded. Staff we spoke with told us they felt there was enough staff to undertake their duties. One staff member said, "It is a really nice little home. We have time with people and not feel rushed. We do normally have enough staff to meet people's needs but we can be busy." During our inspection we observed staff responded to people's needs in a timely manner. Buzzers were answered promptly and staff were seen monitoring the public areas of the home engaging in light-hearted chatter with people who used the service. This would ensure staff were able to respond promptly to any requests for support.

Appropriate recruitment procedures were in place at the home. The staff files we looked contained the required information that ensured only people suitable for their role were recruited. These included, completed application forms, references from previous employers, proof of identity and Disclosure and Barring Service (DBS) checked. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Where risks assessments were required to ensure staff were appropriately supported in their role. We saw these were detailed and reflected staff member's changing needs and how to support them safely in their day to day work. An example seen was for a staff member who was pregnant which had been updated through various stages of their pregnancy. This demonstrated the providers commitment to ensure staff were monitored and reviewed to reduce any potential risks to them. New staff to the home undertook an induction programme that would equip them with the knowledge and skills to enable them to deliver care to people safely.

None of the people we spoke with raised any concerns about the way that their medicines were managed by the home. We observed part of the medication round and saw medicines administered to people safely with staff waiting with the person to ensure it was taken. The staff member demonstrated their knowledge of people's medicines and provided information to people about what they were taking. The medication records we checked had been completed in full which demonstrated appropriate and timely administration was taking place. Training records we looked at recorded that staff had undertaken medication and competency checks. This confirmed staff had the required knowledge and skills to administer people's medicines to them.

Systems were in place that ensured medicines were stored appropriately in a locked room and the trolley was locked to the wall when not in use. Room and fridge temperature recordings were seen that demonstrated medicines were stored at the correct temperatures. The registered manager confirmed a new fridge had been ordered during our inspection as excessive water was seen in the bottom of the fridge. We

checked the controlled drugs cupboard which was appropriately secured. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. A random sample of controlled medicines stock levels was reviewed. We identified one medicine had a different quantity than what had been recorded in the controlled drugs register. We asked the nominated individual and registered manager about this who undertook an immediate investigation which established this was a recording issue. The nominated individual provided evidence that confirmed what actions would be taken that would ensure any future risk of reoccurrence was reduced.

Is the service effective?

Our findings

The people we spoke with told us staff asked permission before undertaking any care or activity our observations during the inspection confirmed this. We saw staff knocking on bedroom doors and waiting to be invited in. People told us, "The staff are extremely nice. They are very gentle and will listen to what I have to say." Staff said, "I always ask permission before I do anything and always explain what I am doing."

During our last inspection we identified some concerns in relation to the recording of formal consent in people's care files. During this inspection we found improvements had been made. The registered manager told us that documentation had been developed to ensure a wide range of consents had been recorded. This would confirm care had been discussed and agreed by people who used the service. The care files we looked at confirmed this. Records seen included consent for a wide range of areas. These covered, personal data, care plan contents, care needs, use of bed rails and bumpers and people's preferences. This demonstrated agreements to care had been discussed and agreed with 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the service was meeting the requirements of the MCA and DoLS regulations. During the inspection, we checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

The care records we looked at contained information relating capacity assessments and best interest's decisions taking place. We saw DoLS applications had been submitted to the assessing authority that would ensure people were not being deprived of their liberty unlawfully. We saw policies and procedures in place in relation to MCA and DoLS and training records we looked at confirmed staff had received MCA training. This would ensure staff had the required knowledge, support and guidance to ensure people who used the service were not deprived of their liberty unlawfully.

Care records we looked at confirmed relevant professionals were involved in supporting people's health and care needs. These included, district nurses and GP. All people had a completed one-page profile in their care records that had important information about people's individual needs and support in the event of a hospital admission. Areas covered included people's date of birth, any medical conditions, allergies, next of kin and GP information. This ensured health professionals had access to people's individual health needs in a timely manner when required.

All of the people we spoke with told us they were confident in the knowledge and skills of the staff team who delivered their care. They said, "All of the staff are extremely nice" and "I am very happy here everyone is so nice." Staff told us they were provided with the training required to support them in their role. They said, "We do online training and in house. The training is good" and "The mandatory training is ongoing, I have just finished my NVQ level three. I learn more from the doctors, nurses and [registered] manager on the job."

We observed a number of staff attending a face to face training session on the day of our inspection. This demonstrated the proactive approach to ensuring that regular and relevant training was provided to the staff team. The training matrix and training records we looked at confirmed staff received relevant training to deliver effective care to people. Topics covered included, adult basic, life support, communication, complaints, conflict resolution, consent, control of hazardous substances, fire safety, first aid and infection control. Staff files confirmed that inductions had been completed on commencement of staff to the home. There was evidence of supervisions taking place regularly as well as annual appraisals that provided them with the opportunity to discuss their progress and future plans to develop their knowledge and skills.

The home had been adapted to meet the needs of all people who lived there. There was an ongoing refurbishment programme in progress which when completed would include a new lift and building extension. The home had accessible corridors and assisted bathing facilities was available where required for people with limited mobility. Public areas of the home were allocated on the ground floor and bedroom access to the first floor was via a stair lift.

People who used the service we spoke with were happy with the meals provided by the home. Comments included, "The food is always good. I eat everything. I don't like chicken so they give me sausages instead on a Friday." We saw part of the lunchtime meal service and observed a relaxed and positive experience for people who used the service. Staff were engaging in light-hearted conversations with people. Tables were nicely set and most people were seen eating together. Menu choices were on display and we saw people being offered a choice of food during our inspection.

We spoke with the chef who told us there was always, "Two choices on the menu but alternatives were available if people prefer." Staff were able to discuss any special diet for people living in the home and demonstrated that these were accommodated for them. We checked the kitchen and saw supplies of fresh and frozen food was available for the menu choices available. All areas of the kitchen were clean and tidy and records confirmed cleaning schedules were in place. The latest food hygiene rating had been published in January 2018 and the home had been rated as five. This demonstrated that the food hygiene standards were very good. We discussed with the registered manager the arrangements for staff to access hot drinks from the kitchen. The registered manager told us they would ensure no staff entered the kitchen to make drinks during the meal times. This would ensure meals and drinks preparation was completed safely by appropriately trained staff.

Is the service caring?

Our findings

People we spoke with were very complementary about the care which was provided to them. Comments included, "The girls are lovely. They really look after us well", "I am happy being in the home" and "It is a lovely place to be. I wouldn't want to be anywhere else."

Staff understood the importance of the care they provided to people. They told us, "People get the care they need and they are happy living here" and "As long as the clients [people who used the service] are well looked after and I always ask permission before I do anything and always explain what I am doing. I always treat people with dignity and respect."

It was clear from our observations that positive and caring relationships had been developed between people who used the service and staff. We saw that staff understood people's needs well and responded in a timely manner to requests for support from them. One example was where one person required a review by a medical professional we saw that the staff member offered kind support and reassurance. They said, "We are going to get you some help." This staff member provided a reassuring touch to their arm.

On the whole we saw staff treated people with dignity and respect, staff spoke with people at their pace ensuring this was done at eye level. This supported good care delivery to people who used the service. However, we observed one interaction where a member of staff spoke to a person in an inappropriate manner. We discussed our observations with the registered manager who took immediate actions to address this.

Where people received personal care, this was done in the privacy of their bedrooms or bathrooms. All people were observed to be well groomed, clean with hair and nails well kept. Clothing was appropriate for the time of the year. Up to date policies and procedures were in place to provide staff with information about how to ensure people's privacy, choice and supporting independence was maintained.

We saw guidance and policies in place about how to ensure people's equality and diversity and human rights were protected. Training records we looked at confirmed staff had undertaken equality and diversity training that would support their knowledge and skills to protect people's rights. We observed staff discussing choices with people during our inspection in regard to a variety of activities. These included meals, activities, personal care and where they would like to spend their day in the home. Care files we looked at contained detailed information about people's likes, dislikes, choice and needs. Care files stated, 'I was given an opportunity to tailor my care which is according to my wishes, needs, preferences, likes, dislikes and decisions.' This would enable staff to provide care to people that was tailored to their individualised needs.

The registered manager ensured that advocacy information was put on display in the home to advice people of the service they offered. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them. Policies had been developed to guide staff about how to support people to access advocacy services where it was required.

Is the service responsive?

Our findings

People we spoke with told us they had been involved in the development of their care files. The care files we looked at confirmed this.

Care records demonstrated that preadmission assessments had been completed. This would ensure people's individual needs could be met in the home. Records included information about people's needs, any equipment required and whether capacity assessments had been undertaken. Care plans and risk assessments were in place and contained very detailed person-centred information about how to deliver individualised care to people. Areas covered included, personal care, skin care, breathing, medication, sleeping and pain.

Personal information was recorded in people's care files. This included people's names, photographs on admission and any relevant medical history. Good information relating to people's life history was seen. This included important family members, working life, leisure and interests which had been recorded. This would ensure staff had access to individualised information about people and what was important to them. Daily records and monitoring charts such as weights, continence and nutrition were seen.

Daily records were reviewed and signed by staff at each shift change. This supported staff and the registered manager to monitor the day to day care delivered as well as recognising and acting on any changes in people's conditions. This would enable appropriate actions to be taken and reviews could take place. The registered manager had developed individual files in relation to assessments and monitoring for individualised care. Areas covered included, dietician, speech and language therapy, continence and chiropody. This demonstrated the homes proactive approach to ensuring guidance from health professionals about people's individual needs was available, monitored and followed to ensure people's optimum health was achieved.

The home supported people in decision and planning their care as they neared the end of their life. Records included signed and dated Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) records that had been discussed with the person and their family where relevant. Policies and procedures were seen that contained guidance for staff to follow that ensured people's end of life wishes were met.

Where people required support to communicate effectively staff acted on this. Glasses and aids were used where they were required. Care plans had been developed that ensured all staff had access to information about how to support people's individual communication needs or associated risks. Staff were observed talking to people in a kind and gentle manner and light-hearted banter between people was seen.

The home had an activities programme and we saw photographs of activities undertaken on display in the public areas. People we spoke with told us they were happy with the activities provided in the home. One person said, "[Activities co-ordinator] is very good with activities. She gets us doing exercises and painting." Activities offered to people included, lets exercise, lets make music, quiz games, arts and crafts, baking, bingo, reminiscing with me, beauty therapy, dancing and gardening. There was a dedicated activities co-

ordinator in the home who was seen undertaking group art activities during our inspection. Where activities had been undertaken records had been completed that confirmed who had taken part and what activity had been provided. This supported people who used the service to engage in a fulfilled and meaningful life.

Systems were in place that demonstrated complaints were acted upon, investigated and recorded appropriately. There were details relating to one complaint and the concerns raised however we could see no record of the investigation or outcome of the complaint. We discussed this with the registered manager and nominated individual who provided evidence relating to investigating the complaint as well as the outcome of the investigation. This would support any actions going forward as a result and any lessons to be learned acted upon.

We saw very positive feedback had been received. Comments included, 'We would like to thank you for the loving care that you gave to [person who used the service], we never heard a word of complaint and we know she was being looked after', 'Thank you so much for all the care and attention you offered to [person who used the service] during the time she spent with you. It is very much appreciated' and 'Please carry on what you are doing.' This demonstrated that people were happy with the care provided in the home.

The home demonstrated the effective use of technology that supported the care delivery to people. Computers and laptops were used by staff to input information and data such as care documentation, audits and monitoring records. The registered manager told us wireless internet access was available to all people in the home when they required. They told us of one example where a person was supported to access internet video calling to watch a family wedding that they were unable to attend in person.

Is the service well-led?

Our findings

We received positive feedback about the leadership and management of the service. Comments included, "The owner comes to see us. He is lovely and the [registered manager] is smashing." It was clear from our observation that the registered manager and nominated individual were visible and present in all areas of the home on a regular basis. They engaged in light hearted conversations with people and staff and positive relationships had been established with them. The registered manager demonstrated their understanding of people's needs. A member of staff said, "[Nominated individual] comes every week and speaks to people. He knows us all. I feel supported by the manager", "[Registered manager] is lovely. She is very approachable and jumps in to help when needed" and "I can go to [registered manager] with anything. She is good as a manager and will help with any concerns."

The manager had been registered with the Care Quality Commission (CQC) and took overall responsibility for the operation, management and oversight of the home. All members of the staff team were open, transparent and supportive of the inspection process. Records we saw demonstrated that the home worked within the wider community of professionals that promoted positive outcomes for people. These included, GP, district nurses, dietician, chiropody and speech and language therapy.

At our last inspection we made a recommendation in relation to the submission of notifications to the CQC. During this inspection we found improvements had been made. Required notifications had been submitted to the CQC as required by law. This confirmed the service operated an open and transparent approach to the oversight and monitoring of the home.

Relevant certificates were on display in the public areas of the home that demonstrated the it was appropriately registered to deliver a service to people. These included certificates of registration with the CQC, the ratings from the last inspection, employer's liability insurance, companies house certificate and the latest Healthwatch report about the service.

Regular surveys and feedback was sought from people, relatives and staff about their experiences of the service provided by the home. Topics covered included; the key questions of safe, effective, caring, responsive and well led as well as activities, training and the food served. When results had been obtained these were collated into a summary to enable monitoring and reviews of their findings. Positive feedback about the home had been received.

Up to date policies and procedures were in place that covered all aspects of care delivery and the operation of the home. There were copies of relevant policies on display to guide staff and visitor. These included, complaints and the visitor's policy. Information leaflets and guidance was available in the entrance hallway. The home had developed a, 'Who we are' leaflets that contained important information about the homes core values and what it offered to people such as support with choice, equality and diversity, independence, social, personal, cultural and religious beliefs.

Team meetings took place regularly in the home. We saw records that confirmed the dates of the meetings,

the attendees and the topics that were discussed. These included, praise for work done, signing documentation, personal care, staff break, activities, refurbishment of the home and annual leave. This ensured staff were provided with information and guidance about any changes and updates. The provider demonstrated its commitment to ensuring staff were supported encouraged to deliver good care in the home. Staff were nominated as employee of the month which recognised the good work of staff members. Certificates relating to nominated employees were on display in the hallway that celebrated their good work.

We saw records in relation to regular audits that had been completed on a wide range of topics. This confirmed the home was monitored and safe for people to live in. These included, nurse call systems, incidents and accidents, infection control, medicines, the environment and equipment, nutrition and hydration, weight and the building. Where actions were required as a result of the findings we saw notes to confirm the outcome of these. The provider completed operational audits and monitoring of the home that provided reassurance that the home was operating safely.