Sage Care Homes (Willowbank) Limited

Willowbank 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

Summary of findings

Overall summary

We carried out an inspection of Willowbank Nursing Home on 26 and 27 April 2017. The first day was unannounced.

Willowbank Nursing Home provides accommodation and nursing and personal care for up to 53 people who are living with a dementia or mental ill health. There were 48 people accommodated in the home at the time of the inspection.

Willowbank Nursing Home is an extended detached older property which has retained a number of original features. The home is set in a quiet residential area approximately a mile from Burnley town centre with shops, a post office, public houses and a bus route nearby. The home is set in 1.5 acres of attractive gardens.

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

At our last inspection on 12 and 13 November 2014 we found the service was meeting all the standards assessed. During this inspection, we found the service remained Good.

People told us they felt safe and staff were caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting times for friends and relatives.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Each person had a care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

People considered there were enough suitably skilled staff to support them when they needed any help and they received support in a timely and unhurried way. The manager followed a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people and arrangements were in place to make

sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some people had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

Activities were appropriate to individual needs and people were happy to participate in activities both inside and outside the home. There were designated staff who were employed specifically for this role. People told us they enjoyed the meals and had been involved in developing the menu. They were provided with a nutritionally balanced diet that catered for their dietary needs and preferences.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People were aware of how to raise their concerns and were confident they would be listened to. Action had been taken to respond to people's concerns and suggestions.

People considered the service was managed well. There were effective systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

Further information is in the detailed findings below.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Good	**Good**

Willowbank 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 was 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 26 and 27 April 2017 and the first day was unannounced. The inspection was carried out by an adult social care inspector who was supported by a specialist advisor on the first day. The specialist advisor was a registered nurse who had experience of caring for people living with a dementia or mental illness.

Before the inspection, we asked the provider to complete 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 the improvements they plan to make.

Before the inspection, we reviewed the information we held about the service, which included statutory notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and four other health and social care professionals for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, a registered nurse, three care staff, two laundry assistants and two activity coordinators. We spoke with seven people living in the home and with three relatives.

We looked at a sample of records including five people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the results from the latest customer satisfaction survey and at the latest monitoring report from the local authority.

We observed care and support in the communal and dining room areas during the visit and spoke with people in their rooms.

Good

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for or about the numbers of staff available. They told us they felt safe. They said, "There are enough staff around keeping an eye on everyone, keeping us safe", "Everyone is very nice to me. It's not my home but I need to be here to be safe", "I know I am safe here" and "I feel safe living here. Staff are very good. There are some people who can be difficult but the staff handle them very well."

During the inspection we observed people were comfortable in the company of staff and were happy when staff approached them. We observed staff interaction with people was kind, friendly and patient.

Staff had safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures to refer to. Staff told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. Safeguarding incidents had been reported to the appropriate agencies and appropriate follow up action had been taken where necessary.

We found safe systems were in place to support people with managing their finances. We noted clear records were maintained of any transactions and receipts were obtained where necessary.

Our records showed there had been a number of behavioural incidents between people living in the home. We found individual assessments and strategies were in place to help identify any triggers and to guide staff how to safely respond when people behaved in a way that challenged the service. Incidents were recorded and reported in detail and closely monitored by the management team. Appropriate referrals were made to the mental health team as needed. We were told appropriate healthcare professionals were working with nursing and care staff to try to resolve some of the issues before they reach crisis point. A healthcare professional told us, "Historically Willowbank have taken on residents whom other homes have not been willing to accept due to displayed behaviours and these were managed quite well." Another professional visitor said, "The central lounge which acts as a hub for most of the home is often extremely crowded and is probably contributory towards people's agitation levels rising." We shared this information with the registered manager for consideration. Staff had access to policies and procedures and records confirmed training had been provided. During our visit we observed staff promptly responding to, and resolving a difficult situation in a kind and calm manner.

We looked at how the service managed risk. Environmental risk assessments were in place and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans and kept under review. Records were kept of any accidents and incidents that had taken place at the service and the information was analysed for any patterns or trends. We noted a review of staffing had been undertaken following a noted increase in evening accidents. This showed effective systems were in place and that an appropriate response had been taken. Referrals were made to relevant social care agencies as appropriate. Body mapping records were used to record any injuries or bruising, however there was no clear indication whether the injury had been resolved or not. The registered manager assured us this would be shared with staff for action.

Training had been given to staff to deal with health emergencies and to support them with fire safety and the safe movement of people. We observed safe and appropriate moving and handling interactions during our visit.

Appropriate employment checks had been completed before staff began working for the service. When agency staff were used, confirmation was received that they were fit and safe to work in the home.

People living in the home and their relatives told us they did not have any concerns about the staffing levels or the availability of staff. We observed staff were attentive to people's needs in a timely way and were available in all areas of the home.

We looked at the staff rotas and found there were two nurses and 11 care staff during the day and one nurse and six care staff at night. There was a good skill mix of nursing staff to meet both the general nursing needs and mental health needs of people living in the home. We noted any shortfalls due to leave or sickness were usually covered by existing staff or by agency care staff who were known to the home; this ensured people were cared for by staff who knew them.

Appropriate arrangements were in place in relation to the safe management of people's medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. Nursing and care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

Records were accurate, clear and up to date. Reviews of people's medicines had been undertaken which would help to ensure the medicines were current and appropriate. Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found the home was clean. One person said, "My room is very clean." Another said, "They work hard to keep the place clean and tidy." Infection control policies and procedures were available and staff had received appropriate training. We noted staff were able to wash their hands before and after delivering care to help prevent the spread of infection and protective clothing, such as gloves and aprons, were seen in use around the home. Sufficient laundry and domestic staff were available and cleaning schedules were completed and checked by the registered manager. There were monitoring systems in place to support good practice and to help maintain good standards of cleanliness. However, we were shown a pressure relieving cushion that was stained on the inside; by the second day of the inspection an audit of all pressure cushions had been undertaken and appropriate action had been taken to prevent any re occurrence. We were also told staff had been observed putting soiled pads on bedroom floors rather than disposing of them immediately. The registered manager assured us she would discuss this practice with staff.

Equipment was safe and had been serviced. However, we were told there had been issues with lower water temperatures, particularly on the first floor. We found a number of outlets where the water was warm but only after running for a few minutes. We discussed this with the registered manager and were shown records to support they were aware of the issue and appropriate action had been taken. The registered manager assured us this would be communicated with people living in the home and further discussed with staff to ensure people had safe access to appropriate hot water.

There was key pad entry to areas of the home and to access the passenger lift; we noted some people were aware of the codes and moved freely around the home. Visitors were asked to sign in and out which would help keep people secure and safe. The environmental health officer had recently awarded the service the highest 'five star' rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People living in the home were happy with the service they received at Willowbank Nursing Home. They told us, "The staff are very good; they know how to look after me" and "I am very happy; I am very pleased with everything." Visitors commented, "[Family member] has been in a couple of homes and as far as I am concerned this is the best. The staff here are so friendly and nothing is too much trouble" and "I often recommend this home to people." We also spoke with a relative who felt their needs and those of their family member had not always been met. A health and social care professional said, "The manager has supported some service users who have some difficult to manage behaviours. The manager, nursing and care staff will consider all options and seek solutions to problems."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. All staff had completed a nationally recognised qualification in care or were currently working towards one. Nursing staff were provided with additional training and support to maintain their registration.

Some staff were designated 'Champions' in their area of expertise; which included safeguarding, infection control, moving and handling, pressure ulcers and falls. The 'Champions' were provided with additional training and were responsible for keeping staff up to date and for supporting them with safe practice.

The service provided placements for student nurses and had developed good partnerships with the local college. The student nurses received an induction to the home and worked alongside an experienced member of staff during their placement.

Records showed new staff received a basic induction into the routines and practices of the home which included a period of time working with more experienced staff until senior staff were confident they had the confidence and skills to work independently. The Care Certificate had been introduced. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One new member of staff described their induction and told us it had been very useful for them.

Records showed staff were provided with regular supervision; assessments were undertaken to check their knowledge and competence. An appraisal of their work performance was undertaken each year which would help identify any shortfalls in their practice and any additional training needs. Staff told us they felt supported by each other and by the management team. Regular staff meetings allowed staff to express their views and opinions and to be supported and kept up to date.

Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs. However, from our discussions it was clear that key information about people's changing needs was not always shared effectively, particularly with staff who had been on days off/ leave. We discussed this with the registered manager who adapted the handover sheet to ensure all staff were

provided with a clearer understanding of people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff expressed an understanding of the processes relating to MCA and DoLS and records showed they had received training in this subject. At the time of the inspection three DoLS authorisations were in place and 39 DoLS applications had been made to the appropriate agency. This helped to ensure people were safe and their best interests were considered.

We observed people being asked to give their consent to care and treatment by staff. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. We found people's consent and wishes in relation to care had been recorded. This meant that people, particularly those with limited decision making, would receive the help and support they needed and wanted.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). We looked at records relating to DNACPR decisions. Records showed decisions had been discussed with people and/or their relatives and with a medical practitioner and clearly documented to ensure their wishes would be upheld.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are good. I can have a choice and always get enough to eat", "I was asked what I like and involved with planning the menu" and "The food is really very good." A visitor said, "The light meal is served at lunchtime with a main meal at tea. That makes more sense as some people choose to get up later." People had been involved in recent taster sessions where they had been able to try new meals prior to development of the new menu. We saw evidence their feedback had been included in the new menu.

There were two main dining rooms and other smaller dining areas around the home. Most people sat in the dining areas but we observed they could dine in other areas of the home if they preferred. The dining tables were appropriately set and condiments and drinks were made available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. However, we noted plain white crockery was being used rather than the previously used coloured crockery; research showed this contrast improved the meal time experience for people living with dementia. We discussed this with the registered manager who ordered appropriate tableware by the next day of our visit.

We overheard friendly conversations between staff and people using the service during the lunchtime period and observed staff supporting and encouraging people to eat their meals. People were offered a choice of meal; there were pictures of the different meals available although we did not see these used. One care staff told us, "We know what people like so we make their choice for them." We noted staff were aware of people's preferences.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records were made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate

professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People's health care needs were assessed and kept under review. People were registered with a GP and their healthcare needs were considered within the care planning process. The service had regular visits from the nurse practitioner, the mental health team, GPs, Macmillan nurses and the district nursing team. Staff were able to access on line clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided.

During this inspection we found appropriate arrangements were in place to ensure the home was maintained. Willowbank Nursing Home is an older type extended property. There were well maintained, pleasant gardens with ample seating for people and their visitors to enjoy in the warmer months and a safe and secure courtyard area was available at the rear of the home. We found the home was comfortable and warm and aids and adaptations had been provided to help maintain people's safety, independence and comfort.

However, we found a lot of the woodwork was in poor repair particularly on the ground floor and in a number of bedrooms. The corridors provided plenty of safe walking space for people and items of interest such as 'fiddle' boards, old photographs and various displays were positioned along the corridor walls. Some people's bedroom doors had their name or familiar items displayed outside and were painted in different colours to help people to recognise their bedrooms. Some people had arranged their rooms as they wished with personal possessions that they had brought with them to promote a sense of comfort and familiarity whilst other bedrooms were without any personal touches. We noted patterned carpets were provided in the main lounges which were inappropriate for people living with dementia. We observed one person trying to pick up pieces of the pattern. The registered manager told us consideration was being given to replacing the carpets.

There was an up to date development plan for the home which was being monitored by the senior management team. We noted improvements to the environment had been made since the last inspection.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness and were respect. People's comments included, "Staff are lovely and caring. They ask me what I want and what I think about things", "Staff are polite, respectful and kind" and "I do what I want really; it's okay here." Comments from healthcare professionals included, "We have seen good practice and care from some of the care staff" and "Staff were open, honest and caring; they were not defensive."

Recent compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. Comments included, "Many thanks to you for all your kindness and caring" and "You cared for [family member] with humour, love and compassion as you do with all your family."

Relatives spoken with confirmed they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. One visitor said, "I feel welcome in the home; staff are polite and helpful."

The registered manager and staff were considerate of people's feelings and welfare. We observed good relationships between staff and people living in the home and overheard laughing and encouragement during our visit. Staff understood the way people communicated and this helped them to meet people's individual needs. People who required support received this in a timely and unhurried way.

We saw people were treated with respect and dignity. In addition to responding to people's requests for support, staff spent time chatting with people. People appeared comfortable in the company of staff and it was clear they had developed positive relationships with them.

People's privacy and dignity was respected. We saw people were dressed appropriately in suitable clothing. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. One person told us, "Staff are always thoughtful and respectful of my private time They always check on me if I am in my room, just to make sure I am alright or if I want anything."

People were supported to be comfortable in their surroundings and could be involved in the decoration of their room. People told us they were happy with their bedrooms, which they were able to personalise with their own possessions. This helped to promote a sense of comfort and familiarity.

We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat. People were encouraged to express their views by means of daily conversations, residents monthly 'chit chat' meetings and satisfaction surveys.

People were provided with an information guide which provided an overview of the services and facilities

available in the home and of the philosophy of care. This gave people useful information about the standards they should expect. There was information about advocacy services which could be used when people wanted support and advice from someone other than staff, friends or family members.

People's preferences and choices for their end of life care were recorded in their care plan. Records showed that the person, their family and where appropriate, other healthcare professionals had been involved in discussions and decisions. However, we noted one person's care plan had not been updated to fully reflect recent changes to their care. We spoke with one relative who did not feel they had been sufficiently involved in the decisions about their family members care and that their decisions had not been taken into consideration by staff. Another relative told us that all end of life decisions had been discussed.

The service had good links with specialist palliative care professionals and worked closely with the local hospice. Most of the nursing staff and all the senior care staff had completed recognised end of life training; additional training was planned. This meant they were supported to develop their knowledge, skills and confidence to deliver quality end of life care. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice.

The registered manager told us staff celebrated people's lives and paid their respects at funerals. People using the service and staff were offered emotional support during and after bereavement. There was also a remembrance garden where people could sit and remember their loved ones. We looked at recent acknowledgements from bereaved relatives received at the home. These included, "It was such a comfort to know he was being so well cared for by such lovely people. Thank you for attending the funeral" and "Thank you for caring for [family member] for all these years especially in his last few weeks. We are very grateful."

Good

Is the service responsive?

Our findings

People were complimentary about the staff and their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the management team. One person said, "I'm a bit of a loner but staff ask me if everything is alright; I would tell them if it wasn't." Visitors said, "I have made complaints over the years but they have always been acted on and resolved quickly" and "I have raised my concerns and things improved for a short time."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home and in the information guide.

There had been two complaints made about this service in the last 12 months. Records showed appropriate and timely action had been taken to respond to the complaints. The information had been shared with the provider and discussed with staff to help improve the service. We saw eight complimentary comments had been received about the service in the past 12 months.

Before a person moved into the home detailed assessment of their needs were undertaken by the registered manager and a member of the nursing staff. Records showed information had been gathered from various sources about all aspects of the person's needs. Most people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found good information recorded about people's likes, dislikes, preferences and routines to help ensure they received personalised care and support in a way they both wanted and needed. The plan provided staff with guidance and direction on how best to support people and to be mindful of what was important in their lives when providing their support. The information had been kept under review and updated on a monthly basis or in line with changing needs. A visitor told us they were kept up to date and involved in decisions about care and support; this was also confirmed in the customer satisfaction survey. Whilst another visitor told us they had not been involved in discussions or kept up to date about care needs. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

People were supported to follow their faith and this was respected by staff. People were supported by staff to take part in worship services according to their individual beliefs. Gender issues were also considered such as dress, wearing jewellery, visits to the hairdresser, preferences for reading material and daily personal care.

There were systems in place to ensure they could respond quickly to people's changing needs. This included

a handover meeting at the start and end of each shift and the use of communication diaries and handover sheets. We were told of an occasion where staff providing care had been unaware of changes to the person's physical health. We looked at the handover records and noted the information at times was brief. We discussed this with the registered manager and the record was adapted to improve communications.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

From our discussions, observations and from the records maintained we could see that people were able to participate in meaningful activities in small groups or on a one to one basis. People said, "I can watch TV or join in with whatever has been arranged. There are people I can chat to" and "I enjoy whatever is going on. I like to sit and draw." Another person told us, "I have been active all my life and I am bored."

The service had three dedicated activities coordinators which meant suitable activities were consistently provided and not dependant on the availability of care staff. They attended local forums where they could meet with other coordinators and exchange ideas and good practice. A plan of activities was not on display although we could see what had taken place by looking at the notice boards, people's records and from the monthly newsletter. Activities included gardening, pamper sessions, reminiscence sessions, baking, drawing, movie sessions and music and dance sessions. There was also a tuck shop where people and their visitors could enjoy a drink and a snack, a sensory room and an indoor garden area.

Good

Is the service well-led?

Our findings

People, their relatives and staff spoken with during the inspection made positive comments about the leadership and management of the home. People living in the home said, "It seems to be a nice place and is run very well" and "I know who the manager is and where I can find her if I need some help." A visitor said, "The home is well managed." Comments from health and social care professionals included, "I feel that the management of the home is well organised and that staff seem to be happy in their working environment." Staff made positive comments about the registered manager and the way the home was managed.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home interacting warmly and professionally with people, relatives and staff. The registered manager operated an 'open door' policy which meant people living in the home, visitors to the home and members of staff were welcome to go into the office to speak with her at any time.

The registered manager had set out planned improvements for the service in the Provider Information Return. This showed us she had a good understanding of the service and strove to make continual improvements. The registered manager kept up to date by attending local forums and internal and external training and was a member of the local independent care networking group where she was able to meet with other local managers to share best practice.

The registered manager told us she was supported by an area manager who could be contacted at any time to discuss any concerns about the operation of the service. We were told they regularly visited the service to monitor compliance and were available to talk to staff, people using the service and their visitors.

We found effective systems were in place to assess and monitor the quality of the service in all aspects of the management of the service. We saw that any shortfalls had been identified and appropriate timescales for action had been set and had been monitored by the regional manager. The registered manager also conducted daily meetings with heads of each department and a daily walk around the home to monitor standards.

People were encouraged to voice opinions informally through daily discussions with staff and management or at the chit chat meetings. A monthly newsletter was also available to keep people up to date and involved in the service. Annual satisfaction surveys were undertaken; the results from a recent survey indicated people and their relatives were happy with the service.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. One member of staff told us, "I really enjoy my work. It's a good team here and we all work well together." The staff survey indicated they had a high satisfaction with their jobs and they felt valued. Regular meetings were held and the minutes showed a range of information had been discussed. Staff told us they were able to air their views and felt they were listened to.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. Accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

The registered provider achieved the Investors In People (IIP) Bronze award which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management.

We noted the service's CQC rating and a copy of the previous inspection report was on display in the entranceway. This was to inform people of the outcome of the last inspection.