Claregrange Limited

# Waltham Hall Nursing & Residential 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

The inspection site visit place on 1 August 2016. Our visit was unannounced. At our previous inspection which took place on 23 January 2015 and 3 February 2015 we found the provider was meeting the requirements of regulations but we identified improvements that were required to make people using the service safer. At this inspection we found that improvements had been made.

Waltham Hall Nursing & Residential Home is registered to provide care and support for up to 81 older adults with a variety of needs. The home has two floors with a number of communal areas and extensive gardens available for people to use. At the time of our inspection 56 people were using the service.

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 and associated Regulations about how the service is run.

People using the service told us they felt safe. Relatives we spoke with confirmed this. Staff understood their responsibilities to keep people safe from abuse and avoidable harm. No person we spoke with felt there were not enough staff to meet their needs. Some said that when staff were particularly busy they sometimes waited longer for support. Staff told us they felt enough staff were on duty. The provider had introduced a system for determining safe staffing levels since our last inspection.

Risks to people's health and well-being were identified and plans were in place to manage those risks.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and felt they had received appropriate training to be able to support people using the service. Staff were supported through supervision, training and appraisal. Nursing staff had support for their continuing professional development.

Medicines were safely stored and administered and people received their regular medicines as prescribed.

Management and staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they provided personal care and support. Where people lacked mental capacity decisions were taken in their best interests and in line with the Deprivation of Liberty Safeguards.

People with capacity to be involved in the planning and delivery of their care and support had opportunities to be involved. Where people lacked capacity, their relatives were involved. People were treated with kindness and respect. We saw a single instance of a person being left to wait for nearly two hours outside the home's hair dressing salon, though this did not cause the person discomfort.

People were well supported by a staff team that understood their individual needs. Their privacy was

respected, although we found that the volume of the call alarm system was very high and could have an intrusive impact on people whose rooms were close to the `speakers'. A staff tannoy system was also potentially intrusive. The registered manager had already raised these issues with the provider.

People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided. People had choices of meals though the registered manager was looking into providing people a wider choice.

People were supported with their health needs. They were supported to access healthcare services when they needed them. The service worked closed with health care professionals who visited the service.

People's individual and specific needs were assessed and plans were in place to meet their needs. People knew how they could raise concerns and they were confident they would be listened to. People's complaints and issues of concern had been responded to promptly and appropriately.

People had opportunities to participate in social and recreational activities at Waltham Hall. They were also supported to maintain their interests and hobbies. The registered manager and activities coordinator were looking into introducing a wider range of activities for people living with dementia and were aware of research in this area.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided. These systems meant the registered manager was able to make a fully informed view of the quality of people's experience of the service. They were committed to continuous improvement of the service.

## 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.

Staff had training about safeguarding people from abuse and avoidable harm and put that training into practice.

The provider had a system for determining safe staffing levels. Recruitment procedures ensured as far as possible that only people suited to work at the service were employed.

Arrangements for medicines management were safe.

### Is the service effective?

Good

The service was effective.

Staff had received relevant support and training. They had a good understanding of people's individual needs.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported with their nutrition, health and welfare and were supported to access health services when they needed them.

### Is the service caring?

Good

The service was caring.

We observed staff responding to people's needs in a caring and compassionate way.

People had opportunities to be involved in decisions about their care and support.

People's privacy was respected, though the call alarm system and a tannoy system were excessively loud and intrusive.

### Is the service responsive?

Good

The service was responsive.

Care and support was centred on people's needs. Records of care were not always completed.

People were supported to participate in a range of social and individual activities.

People had opportunities to give their views about the service including how to make a complaint. Their views were acted upon.

## Is the service well-led?

Good

The service was well-led.

People and staff had confidence in the management of the service. Staff were clear about their roles and responsibilities.

The quality assurance systems included audits and placed a high value on people's feedback.

# Waltham Hall Nursing & Residential 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.

Before the inspection the provider 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. We reviewed other information we held about the service including notifications that we had received from the provider. A notification is information about incidents and events which a service is required to send to the Care Quality Commission. We also contacted the local authorities who had funding responsibility for people who used the service and the local Healthwatch who are the local consumer champion for people using adult social care services.

The inspection site visit took place on 1 August 2016 and was unannounced. The inspection team comprised of an inspector, a specialist advisor who was a qualified nurse and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with eight people who used the service and relatives of two other people using the service. We spoke with the registered manager, deputy manager, three nurses, five care staff and two kitchen staff.

We reviewed six people's care plans and records, 10 people's medication administration records, a recruitment file and a range of records about people's care and how the home was managed. We looked at a range of policies, including a policy about dignity and pressure ulcer care.

Good

# Is the service safe?

## Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved to make people using the service safer. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

The provider had introduced a system to ensure safe levels of staffing that was based on people's assessed needs. This meant that at least nine care workers and two nurses were usually on duty during the day and seven care workers at night. A person told us, "I don't think there are enough staff here, especially at weekends. The girls [staff] really earn their money. They work really hard you know". When we asked a person if they had ever had to wait a long time for their call bell to be answered they told us, "It does depend on how busy they are, but I have had to wait about 15 minutes before now". A recent satisfaction survey of people using the service carried out by the provider showed that 17 out of 21 respondents said they felt enough staff were available. Staff we spoke with told us they felt enough staff were available. One told us, "We are always busy, but we cope. I haven't ever felt stressed because of staffing levels". Two others said, "Its [staffing levels] improved and we won't take more residents unless we have the staff in place" and "Yes there are enough staff but like everywhere some days can be busier than others". Our observations were that staff attended to people's needs without undue delay. This was partly because care staff and nurses were not distracted by non-care work such as cooking and cleaning because staff were employed to do those things.

The provider operated robust recruitment procedures. This included requiring job applicants to provide two referees that were contacted for references about the person's suitability to work for the service. Applicants had to provide an employment history and explain any gaps in employment on their job application form. At their interviews people applying for a position were asked questions that tested their suitability to work at Waltham Hal. Pre-employment checks included a Disclosure and Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. People using the service could be confident that the provider took every reasonable step to ensure that only staff suited to work for the service were employed.

People told us they felt safe living at Waltham Hall. No one raised any concerns about their safety. A person told us, "I like living here. There is a nice atmosphere and the girls [staff] are lovely to me". Staff we spoke with had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. They were aware that there was a whistleblowing policy in place. They knew how they were able to escalate their concerns if they felt that they were not being listened to by, for example contacting the Care Quality Commission or a local authority adult safeguarding team. Training records we looked at showed that staff, including kitchen and domestic staff, received training in safeguarding people from abuse and avoidable harm. People using the service could be confident that all staff, whether or not they were involved in providing care and support, knew how to recognise and report any safeguarding concerns.

We saw care workers support people safely when they used hoists to transfer people or when they supported people to walk. Equipment such as hoists was serviced and maintained.

People's care plans included risk assessments associated with people's personal care routines. These included details about how to support people safely to prevent them from experiencing harm during personal care. People who were assessed as being at risk of falls had protective equipment in place in their rooms. There had been only four instances of people experiencing an injury as a result of a fall since our last inspection. In each case a risk assessment was reviewed and steps taken to reduce the risk of a similar incident. For example, people were provided with low beds, fall mats and bed-rails (with a person's consent).

The provider had taken action to apply learning from an unforeseeable and unusual accident that occurred at Waltham Hall. Their action removed the risk of a similar accident occurring again by replacing door furniture in all areas used by people using the service.

People were able to summon support by using call alarms. A person told us, "I have a call bell if I want to use the bathroom and I have to wait until a carer comes to have a strip wash". However, we saw in one room that a person's call alarm had a long cable that trailed across the floor. This was so that a person could use it from any part of their room, but it did pose a risk that a person could trip over the cable. We discussed this with the registered manager who told us they were addressing this and that people were being supplied with call alarms they wore with a pendant which dispensed with the need for cables. An overhaul of the call alarm system was under consideration by the provider.

People told us they received their medicines at the right times. A person told us, "Oh it comes like clockwork. Morning, teatime and night". We observed a `medications round' and saw that the nurse supporting people with medicines wearing a red 'do not disturb' bib which meant they could concentrate on the round and not make mistakes. We saw that medicines were administered safely. A person told us, "They always watch me take my medicine" and we saw that medicine administration records (MARs) were signed only after a person had their medicines. This meant the MARs records were a reliable assurance that people had their medicines.

The arrangements for the ordering and storage of medicines were safe. Temperatures of storage areas were taken daily which meant that the integrity of the medicines was protected. Arrangements for the disposal of unused or out of date medicines were safe. We saw an audit log trail for disposed medication that confirmed this.

We found the home had been well maintained and provided a pleasant environment for the people who lived there. However, we saw that doors to sluice rooms were not always locked. We also saw that doors between the residential area of Waltham Hall and a private residential area were not controlled. This meant there was a small risk of unauthorised people entering Waltham Hall and people living at the service entering a private residential accommodation. The registered manager was aware of this risk and was discussing a solution with the provider.

Good

# Is the service effective?

## Our findings

People told us that they thought staff were sufficiently skilled to meet their needs. One person told us, "They look after me really well here". A relative of another person said, "The staff are good here". Another said, "There seem to be a good nucleus of staff who would/can keep things going when there are staff leaving". Eighteen out of 21 people who responded to the most recent satisfaction survey said that staff were good at providing care and support.

Staff we spoke with told us their induction and training had helped them to support the people who were using the service. A care worker told us, "My induction was very good and very informative. I shadowed an experience carer for two weeks then I was observed. By the time I worked alone I felt confident and support was always available". Another care worker told us, "It was daunting working in care for the first time. The training was very good".

The deputy manager had responsibility for overseeing a staff training plan. We saw that staff had attended training in `generic' skills such as moving and handling, health and safety and safeguarding but also training about conditions that people using the service lived with, for example pressure ulcers, dementia and conditions that affected how people received personal care. A care worker told us, "The training I had prepared me for my role". We saw recent written feedback from relatives of people using the service which was complimentary about staff skills. One person wrote that the improvement their relative had experienced in their health was `proof of how good the care has been' and another wrote that staff excelled at providing care and that it was `without question the best they could get'.

In addition to training, staff were supported through supervision, appraisal and good communications from the management team. A relative, referring to staff communications, told us, "I know they get excellent handovers at shift change". A care worker told us, "The senior care workers and nurses tell us about people's needs and how to provide care". Another told us, "We get feedback from the manager, senior and nurses about people's changing needs". They explained they were kept up to date about people's needs because they received daily verbal and written feedback from seniors and nurses after they had attended `handover' meetings. We observed a handover meeting of seniors (each of which was a team leader), nurses and the registered manager. The needs of people using the service were discussed and the outcomes of the discussions were written into a communications book that care workers read when they arrived to start their shifts.

All the staff we spoke with told us they received supervision sessions where they felt they could bring up any concerns or issues they may be having.

People told us they felt that staff communicated well with them though one person commented that they found it difficult to understand some care workers and nurse's accents. Relatives of people using the service told us that they felt staff communicated well with the people they supported.

All staff we spoke with understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation

of Liberty Safeguards (DoLS). MCA and DoLS is legislation that protects people who lack mental capacity to make decisions about their care and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Any restrictions must be authorised by a local authority. The registered manager had practical working knowledge of the MCA because they had made applications for people to be cared for and supported under a DoLS authorisation. The deputy manager, senior team leaders, nurses and care workers we spoke with demonstrated good awareness of the MCA. They all knew, for example, that a person had to be presumed to have mental capacity to make decisions about their care and support unless there was evidence to the contrary. A training plan we looked at showed that nearly all staff involved in providing care and support for people using the service had attended training about the MCA.

We saw that staff sought people's consent by explaining what care and support they were proposing to provide. They proceeded only after a person either gestured or said that they wanted the support. Staff we spoke with told us that they sought a person's consent before providing personal care, for example supporting. One told us, "I always ask if they want me to support them with a personal care routine. If they decline I will record that in the care records".

People's feedback about the meals they had at Waltham Hall was mainly positive. Seventeen out of 21 people who responded to a recent satisfaction survey question about the quality of food said they enjoyed the food. A person told us, "The food here is adequate. I don't remember being hungry at all". Another person told us they enjoyed their cooked breakfasts but said about hot meals at lunch time, "I don't like the hot meals. They look a bit iffy, a bit grey". They told us they had sandwiches instead. We spoke with the registered manager about what people told us about meals. They told us that meals were cooked on site and that much of the food was locally sourced. They were looking at increasing the range of food so that people had a wider choice as a result of feedback from the recent satisfaction survey.

People who required support with eating their meals received it. Staff supported people to eat their meals at a comfortable pace. Their support contributed to what we observed to be a pleasant dining experience for people. However, we did see one care worker who did not show empathy with a person they supported. When a person who was taking longer than others to eat their dessert the care worker said "Oh come on now [person's name], you can do much better than this" in a brusque tone. We mentioned this to the registered manager who told us they would speak to staff and remind them of the standards of care they expected.

Care plans we looked at had a `Malnutrition Universal Screening Tool' (MUST) assessment of people's risks of malnutrition or obesity. MUSTs were used to assess the level of risks and actions were in place to support people to increase or lose weight according to their need. We saw from records we looked at that people were weighed monthly and, if necessary, had their blood sugar and blood pressure levels checked monthly. We also found that advice from health professionals in relation to people's eating and drinking had been acted on by staff. This meant that people had effective support in relation to their nutritional needs.

People were supported with their health needs. Care plans included information about health conditions people lived with and how they wanted or needed to be supported. Care records we looked at included evidence that people's health was monitored and that the service worked with health professionals such as GPs, district nurses, tissue viability nurses, physiotherapists and others to maintain or improve their health. People told us that their GP visited them. One told us, "I see my GP here doing his rounds and he always stops to say hello, even if he is not coming to see me".

Relatives of people using the service told us that staff kept them informed about changes in their relative's

health. Some felt reassured by this. One told us, "I don't have to worry about [person's name]. They ring me when anything happens and keep me informed if the GP is called or if his health changes".

Good

# Is the service caring?

## Our findings

People told us that staff treated them with kindness. A person said, "They [staff] look after me and I don't have to worry about anything". Another told us, "The staff are very supportive and always make me feel welcome". A relative of another person told us, "It is a blessing to know that [person using the service] is in good hands and well looked after". A relative had sent the service a thank you card in which they wrote that staff showed `a capacity of calm, uncomplaining endurance, kindness and care'.

Care workers were able to develop caring relationships with people because of the training and support they had. Their training enabled them to understand conditions people lived with. They received the latest information about people's needs from `handover' meetings and a communications book. They also read people's care plans. Care workers told us they understood about people's needs, how they wanted to be cared for and supported and what was important to people. We observed that care staff were kind and friendly with people and spent time having conversations with them. Three people told us they enjoyed talking with staff. Cleaning staff also stopped to have conversations with people. One said, "They [staff] are lovely" when explaining how much they enjoyed and valued the caring nature of staff. Another told us, "They [staff] are always popping in when they pass".

We saw that care workers had a good understanding about what people liked and things they looked forward to. For example, we heard a care worker say to a person, "I will pick up your sachets of cappuccino later and bring them in tomorrow is that okay?" and the person respond "That will be lovely, thank you. I can't do without my cappuccino".

Staff knew what mattered to people. A person told us it mattered to them that their clothes were clean. They told us, "I don't have to worry about my clothes. The laundry service works really well. I have never lost anything". Another person said, "It's [laundry service] like magic. They whip your clothes away and they come back all clean and nice". Staff knew about important events in people's lives. They went an `extra mile' in arranging for a person's wife who lived in another care home to visit them at Waltham Hall on their wedding anniversary.

We saw care workers asking people if they were comfortable and support them to adjust their seating position. Care workers supported a person to go into the garden after they said they wanted to go there. We saw only one lapse for staff being attentive when we noted that a person was left alone outside a hairdressing salon for nearly two hours without staff checking why they were waiting so long. We discussed this with the registered manager who had become aware of this and who identified a lack of communication between staff and the hairdresser as the reason for the delay. They told us new procedures would be put in place for hair salon appointments which would prevent this happening in future. We found that what people told us and what we saw and heard was compatible with the findings of the most recent survey in which all 21 people who responded to a recent survey stated that staff were kind.

Staff respected people's their privacy and dignity. They referred to people by their preferred name when they spoke to them or about them. We saw staff close people's bedroom doors when they went to support

people with personal care. People had a choice of male of female care worker. A person told us, "I have a male carer to help with my shower.  I wouldn't be comfortable with a female at all".  When staff supported people with transfers they did so whilst respecting people's dignity by adjusting their clothing or using towels to cover people's legs. We drew the registered manager's attention to a set of photographs we saw of a person's pressure ulcer. The photographs included more than the area of the wound and unnecessarily included an exposed area of the person's body. We discussed this with the registered manager who told us that guidance about taking photographs whilst preserving a person's dignity would be added to existing guidance.

People were involved and encouraged to make decisions about their care, for example about when they were supported with personal care. People's care plan and records showed that people's individual needs, wishes and preferences had been sought and recorded.

Relatives and friends were able to visit people without undue restriction. We saw from the visitor's signing-in book that people visited throughout the day during the week and weekends.

During our inspection we heard a tannoy system that was used for communication with staff. Whilst this had benefits for staff communication it was loud and could be heard in communal areas and people's bedrooms. We were concerned that people using the service could find this intrusive. We made a similar observation at our last inspection. The call alarm system emitted a high pitched sound that was uncomfortably loud in areas close to the sound source. Those areas included people's bedrooms. No one complained about the volume, but we discussed both with the registered manager and staff who felt the systems required modernising to make them less intrusive.

Good

# Is the service responsive?

## Our findings

People received care and support that was focused on their personal needs. Twenty of the 21 people who responded to the most recent satisfaction survey reported that they felt they were treated as individuals. A person told us, "They look after me really well here". A relative told us that [person using the service] had particular needs and that the registered manager "Made sure [person] only had the staff that could deal with their needs".

Staff we spoke with had a good understanding of, and were knowledgeable about people's individual needs. They were able to tell us about people's care and support needs, preferences and likes and dislikes. They were also clear about what people's health and support needs were. Our observations and review of records demonstrated that people's care had been delivered appropriately though there were some gaps in some records, for example in `repositioning' charts which meant we could not always be assured that care routines were always carried out. A visitor we spoke with was confident that his relative had not always been repositioned. They told us, "This issue [pressure ulcer] arose because they were not turning her often enough when she was in bed". Whether this was the case was subject to a local authority safeguarding investigation.

The care and support people received made a difference to the quality of their lives. We saw recent written feedback from relatives that confirmed this. One relative stated, `I think the improvement in [person's name] medical situation is proof of how good the care has been'. A relative of another person wrote, `The care given was exceptional. It was a great comfort to us all to know she was so well looked after'.

People's care plans were reviewed a month after they began using the service. People and their relatives were involved in those reviews. People's care plans were then reviewed monthly by their key worker. A key worker is a care worker who takes a lead role in a person's care and support. The service's activities coordinator was also involved in some reviews to discuss the types of activities people wanted.

The service had a programme of activities. This included visits by a local school choir, singers and entertainers. Social games such as bingo, dominoes, quizzes and skittles were organised. People participated in `arts and crafts' activities and things they'd made, drawn or painted were on display. People with religious needs were supported to practise those because faith services took place at Waltham Hall. We saw lots of photographs of social activities that had taken place at Waltham Hall over the past 12 months. These included `animal therapy' visits when different animals were brought to Waltham Hall for them to hold or stroke. People had access to a resident pet rabbit. Two days before our inspection a fete took place that was attended by relatives and people from the local community.

The service had an activities co-ordinator who was away on the day of our inspection and two other days that week. When we looked at the `activities board' we saw that no activities were scheduled for the days they were away. We didn't see any activities taking place on the day of our inspection. A care worker told us none were scheduled in the absence of the activities coordinator. However we did see staff engaging in conversation with people and it was evident people enjoyed this. Staff took people shopping on days they

were off-duty which gave people an opportunity to go to the nearby town of Melton Mowbray.

A person using the service told us, "I don't join in many activities here. There is nothing much for the men". Twenty out of 21 people who responded to a recent provider survey said that they participated in activities. A care worker told us that about 20 people regularly took part in games, which meant up to 36 people did not. We spoke with the registered manager about developing a wider range of activities that more people could participate in. This included some activities that were more person centred and based on people's hobbies and interests. They told us that there had been preliminary discussions about this with the activities coordinator and relatives about this. It was also intended that volunteers would be used to assist with some activities.

The social activities at Waltham Hall protected participants from social isolation. People who did not participate in activities were supported in different ways to prevent them from feeling lonely. Some people formed friendships with other people. A person told us, "I do have one lady that I see when I go to the lounge. We both chat away to each other and that is nice". We saw people sitting in small groups engaging with each other. A person who preferred to spend time in their room told us that they asked staff to leave their bedroom door open during the day so "I can see people coming and going. The carers do stop by and pop their heads in for a quick chat too, which is nice".

People knew how they could raise concerns or complaints if they had any. A person told us, "I really don't have anything to complain about, but believe me; if I did I would not be afraid to say it". They told us they would raise concerns with a care worker. Another person said, "I am not afraid to speak up for myself". A relative told us, "I did have to complain about one member of staff and how they spoke to [person's name] but I give them their due they sorted it out quickly". People or relatives could raise concerns with the registered manager. When they did the registered manager met with them to discuss and resolve their concerns. People's concerns were resolved. For example, the order in which a person's personal care routines were carried out was changed and another person had the furniture in their room rearranged to their taste.

Good

# Is the service well-led?

## Our findings

People using the service and relatives we spoke with were satisfied with the care and support they received. They felt the registered manager was approachable and welcoming. A person told us, "I know the manager's door is always open and I can go and speak to her". Staff felt supported by the registered manager and the senior staff team. One told us, "It's a well led service and the manager is easy to get to see. She is very empathetic".

The provider had safeguarding procedures to keep people safe. These included a whistle-blowing procedure for staff to raise concerns about what they thought could be poor or unsafe practice. Care workers we spoke with told us they were confident about raising concerns if they had any because they believed that they would be taken seriously.

The provider had a Statement of Purpose that set out their aims and objectives. The organisations values were explained to staff during their induction. The registered manager made observations during `walkabouts' of whether staff practised those values.

Leadership of the service was evident. People using the service and relatives knew who the registered manager was. Staff were clear about their roles and responsibilities. For example, care workers knew what they could make decisions about and what they had to refer to a senior care worker, a nurse or the management team. People using the service and relatives understood how staff were organised and they distinguished their roles by the uniforms staff wore. This made it possible to identify the different roles staff had. The different grades of staff worked well together as a team. Communication between seniors, nurses and staff was effective. Information care workers needed to know about people's needs was communicated to them in one-to one meetings, staff meetings, and through a communications book. Staff were informed about developments at weekly staff meetings.

Staff we spoke with told us they felt motivated. One told us, "People and staff are happy here. I enjoy working here". All the staff we saw were friendly and enthusiastic.

People were encouraged to share their views about the service in `residents meetings' and through the use of surveys. A person using the service told us, "I have completed surveys which I know they read". The most recent survey results were positive across a wide range of areas people were asked to rate. The registered manager reviewed the responses to the survey, took action to address a very small number of comments that identified scope for improvement and shared findings with relatives and staff.

The six-monthly satisfaction surveys were a key part of the provider's quality assurance procedures and showed that people's feedback about the service was valued. The survey questions were such that people's responses allowed the registered manager to take a well-informed view of people's experience of the service. They told us, "We are brave with our surveys because we invite people to give their views, both critical and positive".

Other quality assurance activities included a schedule of checks, for example health and safety checks, testing of fire safety systems, reviews of the quality of care plans and care records. Audits of medicines management procedures were also carried out. In addition to internal monitoring the service also had an annual audit by an external service.

The registered manager had a clear understanding of how they wanted to improve the service. This included improving the call alarm system and finding an alternative for the tannoy system used for staff communications. They were in discussion with the provider about this.