

The Order of St. Augustine of the Mercy of Jesus

St Raphael's Care 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

St Raphael's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is a registered location of The Order of St Augustine of the Mercy of Jesus, a registered charity.

The home is run by Sisters who oversee the care home taking an active part in the day to day running and pastoral care of the residents. The home is set in its own grounds which provides residential and nursing care for a maximum of 58 people. The home specialises in providing care to older people who may have physical or sensory impairments and people who have dementia related conditions. There were 53 people at the home at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found that the service had remained good.

People felt safe at the service and staff and the registered manager were aware of their responsibilities for ensuring that people were kept safe. Risks were assessed and managed to keep people safe. Checks such as identity, professional registrations and criminal records checks were carried out on new staff as part of the recruitment process. People felt that staffing was suitable to meet their needs and was regularly assessed when people's needs changed. Medicines were managed safely using an electronic system and staff were assessed to ensure they were competent to administer medicines to people.

People were supported to have maximum 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.

People had their needs assessed and care was planned taking account of their ability. People said they were involved in reviewing their care and relatives were invited to attend reviews. People's relatives said "I'm always made aware of any changes". Staff received training and support which allowed them to provide care to people in a safe way and developed their skills in areas relevant to the needs of people at the service such as in dementia and end of life care. Staff felt supported and able to develop their skills. Staff said they were able to ask for training and training was regularly reviewed.

Staff were observed treating people kindly and respecting their dignity and independence. People said that staff were kind and caring. Relatives told us that they always observed staff being respectful to people which was observed during the inspection. Feedback received from people and their relatives was positive and they spoke highly of the service and staff. Staff communicated with people in a way that they understood and were patient with people. People told us they liked the staff and there was a nice and calm atmosphere within the home.

People's preferences and choices were reflected in their care plans. The service took account of people's

individuality and supported them to maintain their individual interests and keep in contact with relatives via video calling. People said that they enjoyed the activities available and the home had introduced the use of virtual reality to enhance people's sensory experiences. People knew how to raise concerns however said that they hadn't needed to. The home received lots of compliments and positive feedback. The service was working towards an accreditation in the Gold Standards Framework for end of life care and people and their relatives were encouraged to express their wishes about how they would like to be cared for when they reached the end of their life.

People told us they liked the registered manager and staff and there was a positive friendly culture. Staff felt supported and their views were sought to drive improvements. There were governance structures in place for information to be shared and lessons learned to be fed back to services by the provider. People and their relatives were asked for their views and action plans were put in place to address any shortfalls in the quality of the service. The service had won an award for 'Best employer of over 250 staff' from Skills for Care and staff were proud to work at the service.

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?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

St Raphael's Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 March 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our planning for this inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also considered statutory notifications received by the provider and previous inspection reports. A notification is information about important events which the provider is required to tell us about by law.

We looked at five people's care records which included risk assessments and other associated records, four staff files, records relating to the management of the service and policies and procedures.

We spoke to nine people who use the service, four relatives, three care staff, one RGN, an activities coordinators and three sisters of the Order of St Augustines. We also spoke with maintenance staff, the training manager, HR staff, the Care Director and the registered manager. We received feedback from one care manager from the local authority.

We also made observations of the environment and staff interacting with people.

Is the service safe?

Our findings

People told us that they felt safe living at St Raphaels and we observed that they were relaxed and comfortable in the home. One person said "I feel safe here because there's always someone around if I need help. And I need help with lots of things because I forget things." Another commented "I feel safe here all the time. The staff are lovely - they are my friends". And someone else said, "I can't think of anywhere else I'd be as safe." People said they thought there were enough staff and people told us that their rooms were clean and all communal areas were visibly clean and odour free.

There were systems in place to protect people from the risk of abuse. The provider had appropriate policies and procedures in place as well as information from the local authority detailing processes to follow if a person was at risk of abuse. Staff were knowledgeable about safeguarding and were able to access policies and procedures easily. Staff gave examples of what they looked out for such as changes to people's presentation and bruising and said that they were taken seriously when they had reported concerns. Positive feedback had been received from the local authority regarding the action the service had taken in relation to a safeguarding incident which had been investigated. People said that they felt safe and relatives told us that they were confident that their loved ones were "Well looked after".

There were enough staff to meet people's needs. Staffing was determined based on the needs of the people who used the service. Staffing was broken down between the middle floor which had one nurse and eight care assistants and the top and bottom floors which had one nurse and five care assistants. Staff were observed throughout the day and they were efficient, patient and staffing levels were observed to be appropriate to meet people's needs. People did not have to wait when they needed assistance. One person's relative said "There's always lots of staff around, they never seem to be short".

Appropriate checks were carried out when staff were recruited. Each staff record reviewed contained proof of each staff members identity and proof of their right to work in the UK. The provider had carried out checks of people's previous employment history by obtaining references from previous employers. Criminal records checks were carried out and checks of professional registrations were also recorded and updated regularly to ensure that registered staff kept up their registrations.

Risks to people were assessed and appropriate ways of reducing and managing risks were implemented. Staff carried out risk assessments when people arrived at the home and updated them monthly or as necessary to ensure they were accurate and people would receive the care they needed. For example, people who were identified as being at risk of malnutrition through using a nutrition risk assessment were weighed more frequently than other people and referred to dieticians for advice on how to ensure they were eating and drinking appropriately. This information was also communicated to kitchen staff so that they were able to prepare meals that met people's needs.

Equipment was regularly serviced and calibrated to ensure it was in good working order. This had been done within the last six months. Environmental risk assessments and health and safety checks were carried out in line with the frequencies set out in the providers policies. People's relatives said that the home was

always well maintained and if they needed anything such as a light bulb replacing, it was done very quickly. Other environmental checks such as water temperatures and flooring was checked monthly to ensure they were safe for people.

Fire procedures were displayed which included plans of the building so that visitors were able to identify where in the building they were and the nearest emergency exit. All fire equipment was regularly serviced and maintained to ensure it was available and ready to be used in an emergency. There were personal emergency evacuation plans (PEEPs) in place for each person which contained detailed information about people and how they would need to be supported if they needed to evacuate in the event of an emergency. The information included people's level of mobility and if any equipment was required to support them, whether they had any sensory impairments and their level of understanding of the situation. These were located in an area which was easily accessible and staff were knowledgeable about fire and evacuation procedures and how to access the PEEPs.

People received their medicines in line with the prescribed guidance. Staff were observed administering medicines. Staff explained to people that it was their medicine before giving it to them. They watched them take it and only left people once they were happy that the medicine had been swallowed. Staff received training in how to administer medicines safely. An electronic system for managing medicines was used. This included recording what medication had been dispensed to the home, what had been administered to people and when and highlighted if there were any missed doses. This allowed the registered manager and the provider to carry out regular checks and audits of medication. Medicines were stored safely and temperatures of rooms and fridges where they were stored were checked daily. Anyone who was prescribed 'as required' medicines had individual protocols in place which described when the medicine should be given, how much and how often they were able to have the medicine and when they should be referred back to the GP.

There were appropriate procedures in place for managing infections. Staff were observed wearing personal protective equipment when they were providing personal care and serving food. Monthly infection control audits were carried out and any areas for improvement were identified and acted on such as replacing signage for the laundry. Staff received training in infection control and spoke competently about procedures they followed.

Incidents were reviewed and lessons were learned and shared to prevent them happening again. An incident had occurred where a person had fallen down some stairs. The registered manager had investigated what had happened. A risk assessment was carried out and a stair gate was placed at the top of the stairs to prevent other people falling. Staffing was also reassessed to ensure that there were enough staff. The registered manager had also introduced a falls prevention programme which was delivered to all new staff as part of their induction.

Is the service effective?

Our findings

People told us that they thought the care they received was very effective and the staff were well trained. One person told us "They are very kind and do a good job". Another said "They really are very good indeed." Staff were observed interacting with people and they knew and understood people's needs and another said "It's real quality care, I wouldn't want mum to be anywhere else."

Risk assessments carried out were used to develop care plans and took account of people's ability in order to support them to remain as independent as possible whilst maintaining their safety. For example, one person was assessed as being a high risk of falls however they were still supported to move around independently without any equipment to support them. The risk assessment identified that they liked to walk around the home and the care plan reflected that although they were independent, staff should be alert when the person was moving around to enable them to support the person if they became unstable which we observed throughout the day.

Staff sought advice and guidance from other healthcare professionals and made referrals to other healthcare services when necessary. The electronic care record system logged every discussion with other healthcare professionals and it was easy to track how and why decisions to seek advice or make referrals had been made. One care record showed that a person was displaying increasing behaviour that challenged and staff had first contacted the GP who had then made a referral to the older people's mental health team. The person's care record contained detailed information about the person and advice from healthcare professionals as well as records of the person's episodes of challenging behaviour. This had been reviewed to identify if there were any patterns or triggers which could aid staff to calm the person or prevent occurrences. We were able to see where the person's care plan had been reviewed and updated to reflect advice and changes following updated risk assessments. We observed staff offering reassurances to the person throughout the inspection and saw that the person remained calm throughout the day.

Staff received training and support which enabled them to carry out their roles competently. There was an annual training plan that was based on the needs of the home as well as core training such as moving and handling, infection control and basic life support. The 2018 plan also included additional training around ageing health problems including the care of people with conditions such as Parkinson's and coronary heart disease. All the staff had received a virtual dementia training which gave staff a sense of what it would be like to live with dementia. Staff said that this had given them an insight into the people they supported and one staff member said "It really made me think differently about how I respond to people". Relatives had also been invited to take part in the training. Training was delivered in different formats such as face to face training and road shows to cater to staff's different learning styles. There was an in house training team who provided the training and were able to be flexible to arrange training on a needs basis as requested by the registered manager.

Staff had been trained in how to move people safely. Staff were observed using the hoist to move people and talked through everything that they were doing, making sure that they had eye contact with the person they were helping and checking they were comfortable and not anxious. Those people who were mobile

were encouraged to walk, if necessary, with walking frames or tri-wheelers and were supported to do so in their own time and were not rushed.

Staff received regular supervision and appraisals which allowed them to reflect on how they performed their roles. The format for supervision encouraged staff to identify how they could improve and what the service could do to support that. Staff said that they felt encouraged to develop and felt confident that if they needed to raise concerns or ask for additional support that they would be listened to. Registered nurses received clinical supervision and were supported to maintain their registrations. Nurses said that they enjoyed taking lead roles in areas such as end of life which enabled them to develop their skills and expertise in specific areas. They also met with clinical staff who worked in the provider's other services for peer support.

Mealtimes were relaxed and sociable events. There were two options for each course and even though people had previously indicated which they would like, staff asked again what a person wanted before serving them. Where people struggled with cutting food or using cutlery staff offered assistance. People were offered drinks throughout the meal and these were refilled as often as they wanted. If a person gave up on a meal without finishing the plate was not instantly removed instead staff chatted to the person and encouraged them to eat a little more.

Kitchen staff were kept informed of people's dietary requirements and had information about any food allergies that people had. Records were kept of these in the kitchen and staff were knowledgeable about each person's individual needs. Alternative meals were available for people who did not want or were not able to have the main meal choices due to their needs. As part of the 'resident of the day' scheme, kitchen staff were involved and prepared special meals for people such as an ice cream sundae for someone who had specifically requested it. Kitchen staff had received training in areas specific to their roles which included allergen training and food hygiene.

Everyone we spoke with was very complimentary about the food and the majority of plates were returned empty. When everyone had been served staff offer additional vegetables for people. One person told us "The food is very good, there's always a choice and you can have as much as you want." A group of four people sitting at one table were talking about the food and one commented 'Is yours good? It looks good, mine is delicious'. A family member said "The food is wonderful, the spread at Christmas dinner was beautiful. I often come in and have dinner with her"

The premises were suitably adapted to meet the needs of people with dementia and who were at a high risk of falls. The provider had recently renewed the surface on the area outside the home to a material which was slip-resistant to reduce the risk of people falling. There were handrails in bathrooms and some people's bedrooms to enable them to remain as independent as possible. There was a lift for people to move between floors if they were unable to use the stairs.

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 checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. the registered manager had completed capacity assessments for people and had made applications for DoLS where people did not have capacity to make decisions about receiving care and treatment at St Raphael's. There were six people with DoLS authorisations in place at the time of the inspection. The home was acting in accordance with the conditions set out in these.

Staff were observed seeking consent before carrying out any care or supporting people to the bathroom. We observed that where people refused personal care, staff respected this. Staff were discreet and returned to people after a period of time to see whether they would like to receive their personal care later staff used a different approach to gain the people's consent to carry out tasks.

Is the service caring?

Our findings

Staff spoke warmly to people and treated them with compassion. People said that staff were "Very Kind" and when talking about staff called the "Our Angels". A relative told us "Everyone is treated as an individual". A relative told us They have a high level of respect for people and handle them very gently".

We observed staff knocking on doors before entering people's rooms. This showed a continued respect for people and their privacy. Staff were observed taking the time to sit down beside people and talking to them, making sure they made eye contact and used appropriate touch to reassure when necessary. We also observed that staff on the nursing floor spent time knocking on doors and spending a few minutes talking to people and offering to carry out tasks such as brushing their hair.

People and their relatives were asked to contribute to their care plans. People's relatives had given information about people's life histories which had been used to ensure that staff knew about people and we observed staff talking to people about things they had done in their life and their families. Family members told us that their relative had a review of their care plan roughly every six months although we saw that people's care plans were updated more frequently if their needs changed. For example, people who had fallen had their care plans reviewed to ensure that all the support in place was still relevant to minimise the risk of them falling again and any relevant referrals were made to other services such as falls clinics.

People's relatives were made to feel welcome when they visited and were kept informed about how their loved one was when they had the legal right to. One relative said "The staff are fantastic, whenever we come to visit everyone knows what is going on. No matter who you speak to they can tell you how she is, We've never had someone saying, oh I don't know anything about her. They know. I don't know how they do it in such a big home but it's brilliant. They are very "on the ball." People's relatives felt that they were supported as well as their loved ones. One relative said "The family have been through a very difficult time and the sisters were aware of it and were very supportive of us all."

Staff were responsive to people's emotional needs and understood when they needed additional support. A family member gave us an example about how their relative was distressed when they arrived and staff recognised that she would be uncomfortable eating in a dining room with people they didn't know so they set a table in their room for them and their family and served them lunch there together to give them an opportunity to relax in a quiet environment with only people she was familiar with. The relative said "It worked like a dream and I thought how wonderful it was that they knew almost intuitively what to do".

People were supported to be as independent as their needs would allow. Where people were able to walk they were encouraged to do so. We observed staff walking with people with frames, guiding them to make sure that they were safe. In the afternoon when there was entertainment, one lady with a walking frame wanted to dance to the music. One of the sisters "danced" with her and her walker so that she was still able to join in. Another person was agitated by the number of people at the entertainment but one of the sisters stayed with them comforting them and reassuring them, including singing to them.

Is the service responsive?

Our findings

People were positive about the staff and the care they received. One person said "They are very good, all nice and kind to me." Another person said "the best thing about being here is everyone is so kind - I can't think of anything bad I can say about it". Another person said, "They always make time for you and will sit and talk to you. They want to know you."

Staff knew people well. Staff knew people's backgrounds and could tell us what they did for a job before they retired, where they lived and their family background. One person had family in another country and they were supported to use Skype so that they could have contact with them. The staff arranged the call for the most convenient time to fit with the time difference. The person was happy and engaged when talking to his relative and he told us "It is wonderful to see them".

Information was provided to people in a way that they understood and there were large print and pictorial documents and signs displayed for people who had difficulty reading. People and their relatives told us that the staff always made sure that they understood what they were being shown and were able to talk things through with people. We observed staff sitting with people and talking through things such as menus to ensure that they were able to understand what they were being asked to choose. Staff told us that if they needed to obtain information in a different language, they had access to interpreting services and also had staff who were able to speak different languages.

Relatives told us that staff were very responsive and acted quickly if people's health needs deteriorated. One relative said "They take very quick action. I always leave feeling relaxed in the knowledge that she is being well cared for." Care records showed that staff recorded who they had spoken to and if they had been unable to get hold of a person's relatives, or other healthcare professionals involved in their care they tried again until they could reach them or left messages. A healthcare professional confirmed that they were kept well informed of any changes.

Staff had received training in dementia and we observed them interacting with people in different ways depending on their level of need. They were able to adapt how they spoke to people in order to keep them calm and relaxed such as by being tactile and holding hands with one person who responded well to that or by engaging people in conversations and activities that were familiar to them in order to help orientate them. People's relatives said "They always know exactly the right response to stop my mum from getting anxious".

People's birthdays were celebrated and a 'Resident of the Week' program was in place, where each week a different person was selected and the staff planned special activities around that person for the week. Family were invited to come in and have lunch with them, either in the dining room or in their room. The person was able to choose activities and meals which were special to them and spent time with staff reviewing their care. Staff said "This really helps us to get to know people". A relative told us that they had been invited to come for tea and review their relative's care that week as their relative was resident of the week that week. They said that they were looking forward to it and their relative was really pleased to have been chosen that week.

The home had a chapel which people were able to attend to practice their religion and attend mass. People from the local community were also invited to attend services in the chapel and staff told us that it was well attended. There were other quiet spaces throughout the home where people were able to go to practice their spiritual preferences if they wanted to however at the time of the inspection most people preferred to go to the chapel.

There were varied activities which people with different levels of needs could participate in. Some people liked to be on their own rather than in the lounge and one person used the activities room to sit with his books and read. Others liked to be involved in daily living tasks, some delivering laundry back to people's rooms or setting the tables in the dining room. These activities helped to give a sense of purpose to people's lives. In addition to the organised activities a variety of outside entertainers also visited the home. On the day of the inspection an entertainer played the piano and sang with people. There were 40 people in the sitting room for this and people were well supported by staff who joined in. Some family members also joined the singing and one person accompanied the piano with a harmonica. Those people who stayed in their rooms or were bed bound were not at risk of being isolated as staff stopped to say hello and check how they were.

The home had recently begun using virtual reality headsets to allow people with dementia to have sensory experiences. This included underwater and beach themes. The headsets were connected to a screen so that staff and relatives were able to participate in the experience with them. Staff provided additional items such as bowls of water and sand which people could touch or dip their feet into to enhance the experience. Staff acknowledged that this did not appeal to everyone however they had seen positive results from people who had been willing to try it. Relative's said that they thought it had been "Fantastic". Staff told us that people had been relaxed and animated when talking about what they were experiencing.

The home was working towards achieving the gold standards framework for end of life care. Staff were working with staff from other services operated by the provider where it had already been implemented to support it being rolled out at St Raphael's. Staff also attended end of life meetings at the providers other homes. A nurse had been allocated as the lead and had discussed the changes to the process for end of life care to other staff at meetings. This included relaying that attention should be paid to details such as brushing someone's hair and offering people's families food and drinks.

People and their relatives told us that they hadn't needed to complain. A relative said "I can't think of anything I would need to complain about, they have such high standards of attention to detail, if you mention anything its dealt with straight away." Another said, if I had a problem I would speak to the manager, I wouldn't be afraid of doing so." The complaints procedure was displayed around the home and there was also a suggestions box which encouraged people to leave comments on how the service could improve. Relatives told us that they hadn't used the suggestions box much as they felt comfortable speaking directly with staff or the registered manager and were always encouraged to give their feedback.

The service received a large number of compliments and thank you cards. They were all kept in a file and thank you cards were shared with staff. Comments included "Thank you for looking after mum so well over the past five years" and "Just a note to thank you for all the delicious tea we enjoyed with my aunt last week". There was also a book of remembrance for all the people who had used the service but passed away to honour their memory. Relatives told us that they thought this was a "Nice touch".

Is the service well-led?

Our findings

People and their relatives spoke highly of the home and said that they felt that there was visible leadership and an open and homely culture. We observed a comfortable, relaxed atmosphere within the service and the registered manager told us that people liked the service because it felt homely.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was based at the service on a full time basis and was aware of their responsibilities which included notifying the commission of any significant events set out in the regulations. The registered manager had submitted appropriate notifications to the Care Quality Commission.

People knew the registered manager well as she was always visible on the floor. People and their relatives as well as staff said that they felt she was approachable. People and their relatives commented that both the registered manager and her staff did a very good job. One person said "The best thing about this home is that the staff are all happy with each other and they are genuinely caring - it's not put on for the benefit of visitors, it's like this all the time."

The values of the organisation were clear throughout the service and people and their visitors talked about how inclusive the service was and how people were respected and supported to maintain independence for as long as possible. Staff spoke about how they supported people to make choices and treated people with respect which was observed throughout the inspection. The values were underpinned by the principles of the Order of St Augustine: to care for people with love and compassion. Staff demonstrated this when interacting with people and when talking to us about the people they cared for.

Family members told us they felt the organisation was "first class" and "very well run". All feedback received was positive and no one could think of anything that needed improving. People and their relatives told us that they had seen improvements at the home. One relative said "The care has always been good but the introduction of Activities Co-ordinators to stimulate the residents has made a huge difference." There were quarterly resident and relative meetings where people and their relatives were informed about what was going on in the home such as building works and staff changes as well as being asked for their opinions and feedback. Residents and their relatives had given positive feedback about the service during the most recent meeting.

There was a governance structure in place for monitoring and managing risks to the organisation. There were monthly meetings held including home managers and senior manager meetings across the organisation. There were also committees in place such as maintenance and health and safety committee meetings which reviewed key issues and made decisions about how to implement changes. The Sisters were also involved in overseeing the management of the home to ensure that the values of the Order were taken into consideration when making decisions.

Regular staff meetings were held for staff in all departments which allowed staff to keep informed about changes in the home and raise key points from their own areas. Nurse, carers and team leader meetings were held monthly and at each meeting points from the last were carried forward to ensure that anything which needed following up had been done such as checking that a door which had been highlighted as ineffective had been repaired. Meetings also included discussing incidents and any learning as a result of them was shared. At each meeting, the minutes of the previous meeting were reviewed to ensure they were an accurate record of the previous meeting. Staff were expected to attend at least one in every three meetings and minutes were shared with those that were unable to attend. Staff had made suggestions such as brightening the lights in two bedrooms and offering suggestions to engage with people such as offering hand massages.

Audits and spot checks were carried out regularly to assess the quality of the service. A monthly mealtime and nutrition audit was carried out which reviewed the quality of the food as well as the mealtime experience. The most recent three audits did not pick up any negative factors. Three monthly care plan audits were also carried out which reviewed five care plans and assessed all areas. Some of the areas requiring improvement included 'end of life care plans need to be discussed with families' which we saw had been acted on. The call bell system was monitored monthly to check how long people had to wait before staff responded and no unacceptable waits had been identified.

The Care Director carried out audits of accidents and incidents monthly. Each incident was individually reviewed and actions were reviewed to make sure that appropriate follow up had occurred and learning had been shared. Actions included updating care plans and risk assessments and arranging appointments with GPs. Incidents were also looked at collectively to see whether there were any patterns occurring such as the similar incidents or incidents occurring in a certain area or time of day.

Learning was shared between the providers homes and the registered manager attended meetings with other registered manager where they discussed incidents, improvements and feedback from meetings and forums attended in the local community such as the local dementia alliance. An incident had occurred in a previous home and minutes of staff meetings showed that this had been discussed and learning had been shared.

The provider had recently won the Skills for Care 'Best employer of over 250 Staff' award which had been presented the week before our inspection. The home had undergone a rigorous process of interviews with staff at all levels, Staff said "I'm so proud to work here" and "It really is a fantastic place to work".