Fern Holdings Limited

Queens Lodge Nursing Home

Inspection report

Haslingden Road
Blackburn
Lancashire
BB2 3HQ

Tel: 01254681805
Website: www.queenslodge.co.uk

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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

Queens Lodge is a purpose built nursing and residential Home located in Blackburn, Lancashire providing care for up to 40 residents. People with nursing or personal care needs can be accommodated. A day care service is also provided. There are 28 single rooms and 6 twin rooms, all with private en-suite facilities. There is lift access to both floors.

We last inspected this service in September 2013 when the service met all the regulations we looked at.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, including the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

We found the administration of medicines was safe and people thought they received their medicines on time.

People who used the service said food was good. People were given a nutritious diet and had choices in the food they were offered. We saw meals were unhurried and people chatted to each other socially.

Some staff had been trained in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there was a good interaction between staff and people who used the service. People told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record of people's end of life wishes to ensure their needs could be met at this time.

There was a record kept of any complaints and we saw the manager took action to investigate and reach satisfactory outcomes for the concerns, incidents or accidents to reach satisfactory outcomes.

Staff, people who used the service and visitors all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment was maintained at a good level and homely in character. There were several small areas for people to sit in peace or for small groups to play games.

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. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. People were encouraged to take their own medicines with staff support. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service were encouraged to cook and clean for themselves. Staff supported them to follow a healthy eating lifestyle.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there was a good interaction between staff and

people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Queens Lodge Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one inspector and an Expert by Experience on the 16 February 2016. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced with people who were elderly and required personal care.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We had received 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 any improvements they plan to make. The PIR contained a lot of useful information which helped us plan the inspection and showed the services commitment to meeting the regulations.

During the inspection we talked with seven people who used the service, three visitors, three care staff members, the activities co-ordinator, the registered provider and registered manager.

There were 39 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for ten people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

Seven people who used the service all said they felt safe. Six of the people we spoke with knew who they could talk to if they felt unsafe. One person commented, "I do feel safe here but I am not sure what I would do if anyone was bothering me, if necessary I could kill them with my stick" (said jokingly). Three visitors told us they thought their relatives were safe at Queens Lodge.

Four people who used the service told us there were always enough staff on duty and three thought it would be better with more. Six of the seven people told us they never had to wait long for staff to answer their call bells. One person said she had waited too long for staff to get her up on the morning of the inspection. The registered manager had responded to the concerns raised to the person's satisfaction. Two people said, "Staff never keep me waiting long so I suppose they must have enough staff. Anything I need is usually available" and "I don't feel restricted at all and they respond well if I use the buzzer." On the day of the inspection we looked at the numbers of staff on duty. There was a trained nurse on each shift (looking at the off duty we saw that this was the only day one nurse was working – all other days there were two), two senior care staff, five care staff, a cook and kitchen assistant, a domestic, a laundry assistant, a maintenance person and an activities co-ordinator. The off duty showed this to be the norm.

Three members of staff thought there were enough staff to meet people's needs and they had time to sit and talk to people. One staff member commented, "I think there are enough staff here. We get chance to sit and talk to people. In the afternoon we get more chance. I took a person out to see my car. He was very pleased and I am glad I had the time to do it."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen safeguarding policies and procedures to follow a local initiative. This meant they had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. There was information about raising concerns in the staff room. All the care staff members we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service. A staff member told us. "I think people are safe. The providers would be down on you like a ton of bricks if there was any danger." There had not been any safeguarding referrals since the last inspection.

All seven people who used the service had their medicines administered by staff and said they were happy with being supported by staff to take their medicines on time. One person said, "The staff take care of my medicines and they do it well."

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects on medicines administration including ordering, storage and disposal. All staff

who supported people to take their medicines had been trained to do so. We looked at ten medicines records and found they had been completed accurately. There were no unexplained gaps which meant the medicines had been given at the times stated in the records.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register if required. We checked the medicines stored and controlled drug book and saw the records were accurate. Food supplements and dressings were stored safely but separately from medicines.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary (BNF) to reference for possible side effects or contra-indications. There were guidelines for the safe administration of medicines from the Nursing and Midwifery Council (NMC) for staff to follow their guidelines. Staff who administered medicines had their competency checked to ensure they followed safe practice.

Drugs prescribed to be given when required had a separate fact sheet which clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This meant it was safely administered.

Any creams or topical treatment was undertaken by nursing staff except for barrier creams and recorded correctly.

We saw that electrical and gas equipment was serviced. This included portable appliance testing (the electrical system is a type that checks there are no faults all the time and notifies management if there is a fault), the fire system and emergency lighting, the lift, hoists and call bell system.

There was a system for repairing or replacing any broken or defective equipment. On the day of the inspection we saw a person was employed to undertake repairs and decorate the home when required.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs the person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered provider and registered manager work at the home full time and conduct infection control audits and check the home is clean and tidy.

There was a laundry which was sited away from food preparation areas and there was a designated person to keep clothes and linen laundered. There were four washers which had the facility to sluice clothes and four dryers in good working order. There was a system for bringing dirty laundry in and sending clean laundry out to prevent cross contamination. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. We saw staff used the equipment when they needed to.

All the people we spoke with said the home was clean. One person told us they had reported a toilet which had been soiled which was quickly cleaned.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, nutrition and moving and handling. The system would highlight when a review had to be conducted, any changes which were then made available to all staff and any referral to a specialist such as dieticians or tissue viability nurses.

Good

Is the service effective?

Our findings

All the people we spoke with said the meals were good, especially lunch. One person said, "The meals are very good and I don't wait long if I want help with things."

People could take their meals in their rooms, although on the day of the inspection most people used the dining room. We observed their experience at lunch time. One of the team was invited to take a meal and found it was warm, tasteful and nutritious. There were sufficient tables and seating for all the people dining and the meal was served promptly. There was a sociable atmosphere with people talking to each other or staff.

The dining tables were set with table cloths, crockery, cutlery and condiments for people to flavour food to their tastes. We observed that three people who used the service were given assistance in a dignified and individual way. There were always between three and five staff to assist people to enjoy their meal.

People were given an option of juice, tea or coffee with or after their meal. The meal consisted of soup, a main course and a sweet. People were offered a choice of meal if they did not like what was on offer. One person did not like the sweet and was offered fresh fruit salad as an alternative.

Special diets such as for people with diabetes were prepared. On the day of the inspection we did not see any person who had cultural or ethnical dietary needs. The cook recorded the meals taken and followed a four week menu cycle. People were asked about their preferred foods and the menu changed accordingly, with the occasional addition of tripe or liver and onions given as an example.

The service had been given a five star, very good rating at their last environmental health inspection. This meant the cook followed safe kitchen practices. We looked in the kitchen and saw that it was clean and tidy. We saw there was a good supply of fresh, dried, canned and frozen foods. This included fresh fruit.

Each person's plans of care showed a nutritional assessment had been undertaken and specialist help and advice sought when necessary. We saw some people were given food supplements because they required them. People's weights were recorded regularly to help staff keep track of anyone who may be gaining or losing weight.

Six people we spoke with said staff asked for their consent to care and treatment before providing any support. We saw from looking at three plans of care that although they were electronic people gave their written consent to care and treatment which was securely stored.

Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need,

where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. There were fifteen current applications being processed by the local authority. This meant that people's rights were protected. The majority of applications were applied for because people did not have the mental capacity to make the decision to stay in the home. There was a section in the plans of care staff had to complete which assessed people's mental capacity. Where possible a best interest decision was made to protect people's rights whilst they waited for their DoLS decisions to go through the correct channels.

All seven people we spoke with said the environment was kept to a good standard. This also included outdoor space. People were accommodated in either the 28 single bedrooms or 6 twin bedrooms. All rooms had en-suite facilities. There were sufficient bathing and shower facilities which had mechanical aids for people who had mobility problems. When we toured the building we found all equipment was in good working order. Bedrooms had been personalised to people's tastes and contained sufficient comfortable furniture.

Communal areas were homely and provided people with sociable or quiet areas. People were able to sit where they felt most comfortable. During the day we saw people sat together in the main lounge, in the television lounge, reading in or near the conservatory or playing dominoes in a quiet upstairs seating area. Some people liked to stay in their own rooms.

There was a lift which enabled people to use both floors of the building. The garden was accessible to people who used the service and people could go into the garden when the weather was good.

The home was nicely decorated and furnished. There was a variety of seating for people to relax in. There was a hairdressing salon.

New staff completed an induction. The staff we spoke with although they had worked at the service for some years confirmed they had been given sufficient support during their induction to care for people. At the present time the service had enrolled two new staff on the care certificate. Staff were part way through completing the care certificate workbook. This meant the service were following best practice guidelines for new staff.

All seven people we spoke with said staff knew what they were doing and appeared well trained. Visitors told us staff had the necessary skills and knowledge for the job they were doing. Three staff we spoke with said they were given sufficient training to meet the needs of people accommodated at the home. Comments included, "I am the home stroke champion. I went for more training around stroke management and pass on knowledge to other staff. You can ask for more training if you want to" and "I have done enough training to do the job. With the right training little kinks can be ironed out and sorted."

Staff files and the training matrix showed staff were trained in subjects like the MCA, DoLS, first aid, food safety, moving and handling, infection control, health and safety, safeguarding, medicines administration and fire awareness. Staff were also encouraged to complete training in health and social care such as a diploma or NVQ. We saw some staff received training in dementia care, behaviours that challenge, pressure sore prevention, nutrition, end of life care and the care of people who have had a stroke. The training provided at this care service should enable staff to meet the needs of people who used the service.

Staff told us, "I can absolutely go to the nurse in charge if I want advice or support. I would also go to the

registered manager or provider. I think I am very well supported in what I do", "I think I am well supported to do the job. I do find I can talk to the proprietors to discuss my career. We have appraisal and you can talk about what you want then" and "They are very supportive. No problems going to any of them for advice, guidance or personal reasons." The registered provider and manager work at the service during the week and said they were available for any staff member to come to them for advice, support or to discuss training needs. Training was also brought up at staff meetings. The providers reviewed the appraisal with staff as part of the supervision process regularly. Staff told us they thought they were supported to carry out their respective roles.

All seven people said staff would organise for them to be seen by their doctor if they were ill. One visitor was aware staff made referrals to other professionals, one thought they were aware and one visitor was not the next of kin. We saw that people had access to professionals and specialists. This included hospital consultants, specialist nurses and dieticians. People were also able to attend routine appointments such as chiropody, opticians and dentists. People who used the service had their own GP.

Good

Is the service caring?

Our findings

Four people who used the service said they felt free to make everyday choices without restriction. Two thought they probably could and one person said no, although this person did tell us staff were fine about it when she did make her own choices.

Seven people we spoke with told us staff were kind to them. They said they were treated with respect and felt listened to. They told us that they were treated with dignity by the staff who were careful with knocking on doors before entering and asking for agreement when providing care.

People also said they were supported to be as independent as possible. They said this was because staff provided ongoing encouragement to do as much as they could for themselves. One person told us she had been moved to the ground floor to move around more independently.

People who used the service told us, "Yes the staff are kind, they treat me well and listen. I think they take notice" and "The staff here are very good and kind. They do have time to talk to me and they listen to my views. I am sure they almost always act on anything I have suggested or asked for." People were happy with the positive attitude of staff.

Six people told us that they felt supported in maintaining links with family and friends and said that any visitors were always made welcome and were offered drinks. They enjoyed the visits of relatives either in their own rooms or in one of the smaller lounge areas. Visiting was encouraged and unrestricted so people could remain sociably active. All three visitors considered staff to be kind and caring and also prepared to listen to them and to their relatives. They also said that their relatives were supported to be as independent as possible. One visitor commented, "She is as happy as she could be and they are all (staff) very good with her."
We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better.

We saw from the plans of care that people had an end of life plan so their wishes were known at this difficult and sad time. Some staff undertook end of life training which would help them provide sensitive care and offer support to bereaving families.

We observed staff during the day. We did not see any breaches of a person's privacy and that staff delivered care in a professional polite manner. There was also some light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service.
There were two church denominations who came to the home to offer services or communion if people wanted to practice their faith in this way. A person's religious needs were recorded in the plans of care.

Good

Is the service responsive?

Our findings

Most of the people we spoke with said they know how to make a complaint or felt they could talk to someone such as a staff member or a relative. One person had raised a concern and said it was dealt with quickly. A visitor said, "My relative has not been here very long but we have had to point out a problem with cleanliness in a WC. It was quickly put right."

There was a suitable complaints procedure located in the building for people to raise any concerns. Each person also had a copy in their rooms. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. People did not have any concerns or complaints on the day of the inspection. People were confident staff would respond to any concerns they might have.

Two of the people we spoke to told us that they did not engage with the activities provided as they preferred not to. Others said they enjoyed bingo, exercises, quizzes, arts and crafts, music to movement, board games, flower arranging, pet therapy, dominoes, the tuck shop, outings and the monthly professional entertainer. There was also a DVD and book library, some of which were in large print. There was a weekly schedule of activities. The activities co-ordinator said, "There are set activities but I don't always stick to the list because I can change each day to suit the people who want to attend. If I can I get the relatives to join in. People are not just sitting and playing but socialising as well." People were able to attend activities if they wished.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

Although people we spoke with said they were unsure if they had read their care plans they told us they were able to discuss any care issues with staff who would respond appropriately. Two visitors we spoke with thought they would be contacted if any changes occurred with their relative and one was not the next of kin. The third visitor said, "I am not aware of staff making referrals to other services or contacting me about changes in my relatives care but it is still early days so I had best say, not yet."

We looked at three plans of care during the inspection. The plans were individual to each person and people who used the service signed and agreed to the plan. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The electronic system gave the registered manager and provider notification when a review was due, when any changes had occurred or if any part of the plan

was not complete or overdue. This made the plans very easy to audit and ensured details were up to date. A staff member told us, "The first thing we do is look at the computer system to see what has happened. I love the computer system. It is so much quicker and in greater detail than before. There is a lot more personal detail and individualised care recorded in it."

Six people told us they got the support they wanted when they needed it and one person said not always. All seven said that they had ample opportunities to express their views directly to staff or management. People were able to attend meetings if they wished. We looked at the minutes from the last meeting and saw that in December 2015 16 people attended. Meetings were held quarterly. Items discussed included meals and although people were happy with their food suggestions were passed to the cook (we noted they had been added to the menu), activities and what people liked. People liked the craft sessions and live entertainment. Care plan reviews and how people could be involved and the use of Skype was also on the agenda at this meeting. The action list from the meeting was to send suggested foods to the cook and to obtain new earphones for the talking book.

Good

Is the service well-led?

Our findings

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All seven of the people we spoke to told us they could talk easily to the manager, they would be listened to and were cared for by staff who definitely knew them well. One person told us, "I have been in three care homes counting this one. The first two were not in the same class as this and even if I wanted to fault it I couldn't." All three visitors said they thought management and staff were supportive. Visitors said, "I am visiting my relative who has been in here for eight years now and has been very well cared for. I think it is very well run and everyone, including the registered manager and provider are very easy to talk to" and "I do think we have made the right choice with this home and the managers are very easy to talk to".

Staff told us, "The registered manager and provider are very supportive and here to talk to at any time. It can be busy and stressful but we always support each other. There is a very good staff team. I feel comfortable with my work colleagues. I would allow a relative to be cared for here", "It's a family" and "The owners are very supportive." People we spoke with, staff and visitors all thought management was approachable.

There was a recognised management system so that staff and people who used the service were aware of who was in charge and who they could go to if needed. The registered manager and registered provider worked at the home and were available to support staff. The staff we spoke with had worked at the service for many years so should know the people who used the service well.

The service had regular meetings with staff. At the last meeting topics included the care of people who used the service, meals and mealtimes, staff training and the laundry service. Staff were invited to bring up topics of their own and management decided on what action to take to improve care and support.

We saw from looking at records that management conducted regular audits. These included the environment, infection control, medicines administration, care planning, cleaning rotas, fire prevention, business continuity, policies and procedures and staff training. The quality assurance systems helped managers to check on the way the service was performing.

We looked at the policies and procedures which included confidentiality, health and safety, medicines administration, privacy and dignity, infection control, end of life care, safe moving and handling, safeguarding and complaints. There was a document which showed policies had been reviewed and new ones added such as the duty of candour.

The computer system would also highlight any incidents or accidents, which were flagged to the registered manager to take any action required. This meant that were possible accidents and incidents were minimised.

Trained staff had a handover at each shift to pass on any changes to people's care and condition. The care planning system highlighted any changes to staff who logged on to the system every morning to get the latest update. Changes were highlighted so staff knew what people's current care needs were. The system used would also let staff know if any reviews or appointments were due.

There was evidence in the plans of care that the registered manager and nurses liaised with other professionals who visited the home to help ensure people received the care they needed.

People were encouraged to complete quality assurance questionnaires. People were asked their opinion on a variety of topics around the attitude and quality of staff, the environment, food and care. The results were positive with good comments about staff. People were also asked what improvements they would like to see. The answers were used to maintain or to try to improve the quality of the service.