Flintvale Limited

Highbury Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on the 7 and 8 March 2017. Highbury Nursing Home provides nursing care and support for up to 38 older people who may also live with dementia. At the time of our inspection 37 people were residing at the home.

We undertook a comprehensive inspection of this home in March 2016. During this inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider did not have effective systems in place to assess, monitor and mitigate the risks to health, safety and welfare of people who used the service. We identified some concerns with moving and handling care plans and risk assessments and in addition the systems in place had failed to identify that staff competency was not checked in respect of restricting people's liberty. After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found improvements had been made and the home was compliant with the requirements of the law.

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

People told us they felt confident that the service was safe and protected them from harm. Staff knew how to help reduce risks to people because plans were in place to guide them. Effective safeguarding procedures were in place to ensure people were protected from potential abuse. There were sufficient numbers of staff on duty to support people in a timely manner. People were happy with the arrangements for their medicines; however the storage of medicines was not always safe.

People told us that staff had the knowledge and skills to support them with their needs. Assessments had been completed to determine people's mental capacity to make certain decisions. Further work was needed to ensure care records contained guidance of how to support people who had restrictions to their liberty. People were happy with the quality and variety of food and drinks provided and they were supported to access appropriate health care professionals when needed.

People said they were treated well by staff who were kind and caring. People were encouraged to be independent and make choices about their day. People's privacy and dignity was respected.

People's care plans reflected their level of support needs and contained people's individual preferences. Staff supported people in line with their care plans and had a good understanding of people's life histories as well as their needs and preferences. People told us staff supported them to keep in contact with their family and friends. People knew how to complain and an effective complaints procedure was in place to

support people to comfortably raise concerns.

People and staff we spoke with were complimentary about their experience of the home and the quality of the leadership. People told us they were encouraged and supported to express their views and experiences about living at the home. Systems for monitoring the quality and safety of the service were being undertaken to drive improvements within 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?

Requires Improvement

The service was not consistently safe.

Systems in place did not always promote safe storage of medicines.

Staff understood their roles and responsibilities to safeguard people from abuse.

Suitable staff were recruited and deployed to safely meet people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

People told us that staff were skilled and competent.

People were supported to make their own decisions about their care and support needs. Staff required further guidance on how to support people in line with any approved restrictions.

People had a choice of and enjoyed the food and drinks that were available to them.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff who were friendly and approachable and who respected their privacy and dignity.

People were supported to express their preferred daily routines.

Is the service responsive?

Good

The service was responsive.

People had care plans that reflected their wishes and were supported by staff who knew them well.

People were supported to engage in activities they liked.

People knew how to raise concerns and there was a system in place to deal with complaints in a timely and understanding way.

Is the service well-led?

Good

The service was well-led.

People and staff felt the home was well-managed.

People and their relatives told us that they were supported to give feedback and contribute to the development of the home.

The home was monitored to ensure the care provided was of quality and safe. The management of the home was stable, open and inclusive.

Highbury 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 unannounced inspection took place on the 7 and 8 March 2017. The inspection team consisted of one inspector, a specialist advisor with expert knowledge about nursing care for older people 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 service. On the second day the inspection was undertaken by one inspector.

As part of the inspection we looked at information we already had about the provider. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well an improvements they plan to make. This information was returned within the timescale requested. We asked the Local Authority, the local Clinical Commissioning Group and Health Watch if they had any information to share with us about the care provided by the service. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we met and spoke with eight of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with seven visiting relatives and two health care professional during the inspection to get their views. In addition we spoke at length with the registered manager, three registered nurses, the chef, the activity coordinator and seven care assistants.

We sampled some records including six people's care plans and 10 medication administration records to see if people were receiving their care as planned. We sampled two staff files and the way the provider's recruitment records. We sampled records maintained by the service about training and quality assurance to

see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with told us, "It is definitely safe. There is nothing to worry about and my door is closed when I want." All the relatives we spoke with had no current concerns about people's safety. One relative said, "I know [name of relative] is safe. Everything here makes me feel that way. They [the staff] look after her well."

Medicine was stored safely in locked trolleys in a locked medicines room when not in use. We did however observe the medicine trolley left unsupervised when people could have accessed medication during one of the two medicine rounds; this meant that medicines were not always kept secure and safe during times of administration. During the morning we saw that medicine blister packs which could not be stored in the medicine trolley were placed on a table. Although staff had been instructed to watch the medication its security could not be assured as staff may be distracted or need to leave and attend to more pressing needs. We discussed this practice with the registered manager who advised they would arrange for a larger medicine trolley to be purchased. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly. Medicine that had a short expiry date once opened was dated to ensure that staff knew how long the medicine could be used for.

Topical medicine (prescribed cream) administration charts were not always fully completed by staff or contained enough information to ensure creams had been applied appropriately. This meant that people could not be confident they would always get their prescribed creams when needed. We saw a recent medicine audit had identified some of these shortfalls and action was being taken to address this issue. Some people had medicine prescribed that was to be taken 'when required'. We saw that guidance was in place for most people. This guidance provided information as to when it was appropriate to administer this type of medicine and ensured that people received those medicines in a consistent manner.

People told us they were supported with their medicines. One person said, "I get my medicine from the nurse and they give it alright." A visiting relative told us, "The medication must be given to [name of relative] right. I don't worry about that. The staff are good."

There were clear, effective systems and processes for ordering and receiving medicines. When people received their medicines this was recorded clearly on the medicine administration record (MAR) charts provided by the pharmacy. Some people received their medicines in a covert manner. Covert administration of medicines may take place when a person regularly refuses their medicines and lacks the capacity to understand why they need to take it. The registered manager had ensured this was done in line with peoples' legal rights and best interests. Nursing staff we spoke with told us they were regularly assessed to ensure they remained competent and able to administer medication safely.

Staff we spoke with told us that safeguarding was something that was important to them. Staff told us they had received training on how to safeguard people from abuse. They could describe the possible signs of abuse and were confident to report any concerns or suspicions to both their manager or external agencies. A

member of staff told us, "I would report straight away to [name of registered manager] or CQC [The Care Quality Commission] or even the police." We saw that where concerns had been raised, the registered manager had taken the appropriate action and referred the concern to the Local Authority safeguarding team.

Risks to people had been identified and assessed. Risk management plans were in place to help staff reduce the risk of harm presented by people's specific conditions. A visiting relative told us that they were confident with the way staff supporting their relative with the use of a hoist and said, "They are very skilled and keep mum safe." A member of staff said, "I've had training how to use the hoist safely. Before I use it I make sure battery is fully charged, the person is in the right position, the area is free from obstacles and the sling is not torn." We saw that people were regularly supported to change their position to protect them from developing sore skin. We observed staff supporting people to transfer safely and saw they considered people's comfort and safety during these procedures. Risks identified had been kept under review to ensure people were protected with their changing needs.

Accidents and incidents were recorded as they occurred and relevant information had been shared with other agencies who had an interest in ensuring people who used the service were kept safe. We saw that any accidents or incidents recorded had been followed up by the registered manager. Records demonstrated that any learning from incidents had been shared with staff to minimise the risk of them happening again. Staff and records confirmed that first aid and fire safety training had been provided and staff we asked gave us a good account of what they would do in the event of a variety of emergencies.

Most people told us there were enough staff on duty to care for them well. One person told us, "I think there is enough staff. I wait 5 to 10 minutes if they are busy." Relatives that we spoke with had no concerns in respect of current staffing levels. One relative said, "There seems to be a lot of staff about when I have come in." Staff we spoke with told us that they felt the home was sufficiently staffed and they were able to meet people's needs.

The registered manager told us that dependency levels were reviewed on a weekly basis and that staffing levels changed when necessary to ensure there were enough staff on duty so people would be kept safe. The registered manager advised us that they were currently recruiting to night staff vacancies and told us, "When agency staff were used to cover staff absences we tried to secure the same staff to ensure consistency." On the day of the inspection we found there were sufficient staff on duty to support and assist people promptly in all aspects of their daily living.

The registered provider's recruitment process ensured risks to people's safety were minimised. Records showed the registered manager checked staff's suitability before they started working at the home. A member of staff told us, "I had to provide evidence for my DBS [disclosure and barring service] and references before starting work." We looked at two staff files and saw pre-employment checks had been completed. The registered manager had ensured that registered nurses had obtained and maintained their professional registration. People were supported by suitable staff.

Good

Is the service effective?

Our findings

People told us that staff knew how to support them. One person we spoke with said, "The staff are well-trained." One relative said, "Staff are knowledgeable with the use of the hoist." Staff were trained in skills they needed to carry out their role effectively and support people who lived at the home. One nurse told us, "We have access to training and can ask for clinical updates." Records showed that staff received regular training.

Staff we spoke with told us that they had attained various qualifications in health and social care so they could meet people's current and changing needs. Staff told us that they received regular supervision to reflect on their care practices and how to support people effectively. One member of staff told us, "I have regular supervision. I discuss if I'm happy and if I have any worries." We saw that the registered manager undertook observations of staff to review if their care practices met people's needs and how they could be developed.

Staff we spoke with told us that they had received an induction and the opportunity to shadow more experienced staff. A recently recruited member of staff told us, "I did some training during my induction and then shadowed other staff for three days." The registered manager advised us that their training provider had used the nationally accredited 'Care Certificate' for new staff and that the modules from the Care Certificate had been embedded into the relevant training sessions for staff.

We saw that staff participated in and contributed to handovers between shifts to enable staff to facilitate continuity and provide the best possible outcome for people. The provider had suitable management on-call rotas in place to support staff when they required advice and guidance. Staff told us that they communicated well with each other and spoke positively of the good relationships between themselves. A nurse we spoke with confirmed that discussions were held regularly between the nursing team to discuss people's clinical needs. One nurse told us, "The manager is a nurse and she has lots of experience."

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. Staff we spoke with had a good understanding on the principles of the MCA and what it meant for people living at the home. One member of staff told us, "The MCA supports people who can't make some decisions. It's important to support people to make decisions; reassure them and give them time." We saw where best interest decisions had been made on people's behalf; they were accompanied by the appropriate mental capacity assessment. One visiting relative told us, "I have Lasting Power of Attorney in Health and Welfare for my relative and I'm involved in all the decisions for them."

Some people's end of life plans recorded that they did not want to be resuscitated [DNR (Do not attempt resuscitation)] if they were unresponsive to immediate lifesaving treatment. We noted that the appropriate documentation had been completed and was available in people's care plans. Whilst the nursing staff were

aware of the people who did not want to be resuscitated, some of the care staff we spoke with were not aware of people's expressed instructions. The registered manager advised that this concern would be rectified immediately and all staff would be informed.

We saw staff gained people's consent before they supported them with care and support. For example, before people were transferred with a hoist their consent was sought and we saw staff asking for people's permissions to remove their headphones. Most people told us that they were given the opportunity to make their own choices and decisions. One person told us they had chosen to have their bed placed in a particular way and said, "I can have this bed the way I like. I like to look out of the window." Another person told us, "I have seen a couple of doctors and I have had that conversation about DNR with them."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. Staff we spoke with had some knowledge of which people had restrictions on their liberty. However, not all staff could describe why people were being deprived. Care plans we sampled did not consistently contain information of how to best support people in the least restrictive way and in line with their DoLS authorisation.

People spoke positively about the food provided at the home. One person told us, "The food is very good. There's no waste put it that way. They give me what I like." We spoke with the chef who told us that the menus were flexible to meet the needs and preferences of people. One person we spoke with told us, "I have vegetarian food. I like vegetable soup and mashed potatoes." The menu took into account the cultural needs of people living in the home. One relative told us, "[name of chef] has tried really hard to provide mum with Afro-Caribbean food." Some visitors sat with their relatives during lunch and had lunch together and supported them with their meal. Some people were at risk of not eating or drinking enough and recording charts were in place to monitor the amount offered and taken. Staff we spoke with knew which people needed special diets and we saw there was appropriate information in care records relating to people's individual eating and drinking support needs. We observed staff preparing drinks that were thickened to avoid the risk of choking. We saw the minutes of a residents meeting and saw meals were spoken about, this included menu choices and options. Most of the people we spoke with told us how much they enjoyed 'Friday's fish and chip takeaway."

People confirmed that they attended health care appointments and felt their health needs were met. One person told us, "I think the dentist is coming today because I am in pain and my cap is loose." Another person said, "The doctor has been to see me. I tell them if I need to see him and they know too." A number of relatives praised the health care their loved ones had received. A relative said, "The doctor saw her when she had a bout of flu and then a series of colds. I was notified when the doctor came and about the medication antibiotics she was given." Records we looked at highlighted that staff worked with other health care professionals to provide effective health care.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff and consistently told us they were happy with the staff who supported them. One person we spoke with told us, "The staff are excellent." Another person said, "There is a friendship and fellowship here. They are all friends." Relatives we spoke with were consistently complimentary about the staff. One relative said, "What I like is that the staff care. I watch them with the other residents and they do genuinely care." We observed that most staff actively engaged with people and communicated in an effective and sensitive manner. However we did note that some staff on occasions did not interact with people when supporting them with certain tasks. Whilst we did not see anyone distressed by this, for some people living at the home this failed to ensure that they had been treated with respect. The registered manager told us how she encouraged staff to maintain a caring approach and said, "I observe staff and they are good and caring. On occasions I do sometimes have to remind them to stop being task focused. I promote people's quality of life to make sure they have good and loving care."

Most staff we spoke with knew people's individual communication skills, abilities and preferences. One person said, "I do most things that I like to do." Staff showed compassion when supporting people and we saw they took time to comfort and reassure people if they became upset or anxious. A visiting relative told us how supportive staff had been when their loved one had moved in and said, "Staff were amazing, so supportive and attentive and had to cope with me weeping." Staff told us they treated people with kindness and empathy and we saw they showed interest and patience when supporting people. We saw staff gave people the time to express their views and listened to what people said. For example, we saw staff asking people, "What would you like to drink" and "What would you like to do today."

People told us they were given choices and were involved in planning their care. People said that staff respected their wishes. A person who lived at the home said, "I like to have a shower at 7:00 am." We saw this had been actioned by the registered manager. People and their relatives told us that the registered manager and staff asked them about how they wanted to be cared for. Care plans we viewed showed that people's individual preferences had been sought and had been signed by the person or their relative to confirm they reflected their wishes. We saw people were confident to ask for support when they needed it and staff responded without delay. People told us that regular reviews took place to ensure their care plans remained relevant to them.

People were supported by staff who knew how to maintain their privacy and dignity. One person we spoke with said, "They [the staff] cover my legs when hoisting me." Staff shared examples of how they protected people's privacy. One member of staff told us, "We always use the privacy curtains in the shared rooms." We observed most staff knocking on people's doors and speaking to people discreetly about their personal care needs. People told us that they could speak with relatives and meet with health and social care professionals in the privacy of their own room if they wanted to do so. Staff we spoke with described the importance of ensuring that people's rights to confidentiality were maintained. One member of staff told us, "We never discuss other residents in front of other people." However we noted that on one occasion people's confidential files were left unsupervised in the communal dining room. We brought our findings to the attention of the registered manager who advised us that this was not normal practice and the

confidential information was removed to a secure office during the inspection.

People's own rooms were decorated to their own taste to make them welcoming and familiar. A relative we spoke with told us, "My mum has her own room and we have put all her personal possessions in." People were encouraged and supported to maintain relationships with those that mattered to them. People we spoke with told us that they could have visitors at any time. We observed people visiting the home throughout our visit and we saw no restrictions to visiting. A visiting relative told us, "There is no restriction on visiting unless there is a bug or when I have a cold." Another relative said, "I can choose when to come and how long I want to stay."

Good

Is the service responsive?

Our findings

People told us that staff knew and responded appropriately to their needs. One person told us, "They [the staff] know I like to go to bed at 8pm." A person who lived at the home told us, "I am happy with my care plan. My family go to the meetings too." The staff we spoke with were able to describe people's current needs that were consistent with their care plans. One staff member told us, "What's important to people is recorded in their care plans." People's care plans contained information and guidance for staff about all aspects of people's daily routines, communication and life histories. People had been supported to express their opinions about the care and support they received and if it was in line with their wishes.

The registered manager knew that it was important to some people that they were supported to follow their religious beliefs if they wanted to. One person who lived at the home said, "I go to the church service once a month. They come here." Records we saw highlighted that people had been asked about their religious needs. People were supported in line with their needs and wishes. Staff we spoke with were knowledgeable about people's specific needs. One member of staff described a particular way a person preferred to have their personal care completed and what attire they chose to wear in line with their religious wishes. The care plan of one person whose first language was not English had identified that the person was to be supported by a member of staff who reflected their diversity and culture and was able to communicate in the person's preferred language. On the first day of our inspection it was noted that the person appeared to be isolated and did not converse with staff or other people. The registered manager advised us that they tried to ensure that staff on each shift could speak with people in their first language. Our observations on day two of our inspection confirmed that staff and people who lived there could communicate with each other fluently.

Staff and the people we spoke with told us about the activities that people enjoyed. We saw that staff supported people to choose what they wanted to do each day. One person said, "I liked the quiz this morning." The registered provider had employed four activity co-ordinators who had developed a range of group and individual activities and an 'All about me' folder which contained things of interest about all people who lived at the home. We spoke with two of the activity coordinators for the home who shared with us the wide range of activities that take place. We saw planned activities and dates for forthcoming events were displayed around the home so that people and their relatives could choose what to participate in. The events included pub lunches, grand national, day trips, remembrance Sunday and a number of diverse religious festivities. We saw these activities were in line with peoples' expressed preferences.

On the days of the inspection we saw staff encouraging people to engage in many activities. For example, card games, reminiscence activities, arts and crafts and a cinema afternoon. We saw dementia friendly interactive wall decorations and pictures of people enjoying themselves displayed around the home. In addition we also saw staff support people on an individual basis with activities such as reading, chatting and nail care. People were also supported to spend time on their own if they preferred. Some people were listening to their chosen music on personal head phones. One person was seen knitting and told us, "I like knitting and knit for myself."

We looked at how people who lived in their rooms were supported to pursue their interests. One of the activity co-ordinators told us, "We visit everyone daily in their rooms. Yesterday I spent some time with [name of person] reading poetry. His family told me how he used to love poetry. I saw him smile when I read to him. " A visiting relative we spoke with said, "The activity lady comes and chats to dad in his room every day and suggested having a radio on. They have asked me what sort of music he likes. "

People were encouraged and supported to maintain contact with relatives and friends. A visiting relative told us that staff had supported her to help her parents visit each other. She said, "It can get quite emotional when they see each other, but it's so important to keep that contact."

People were aware that they could raise a concern about their care and support. We saw information was displayed about how to make a complaint. One person told us, "I would tell the staff here if I was unhappy." Relatives we spoke with confirmed they felt able to raise any complaints and concerns and that they felt confident that their concerns would be responded to in a timely manner. One relative told us, "I would speak to the manager if I was concerned about anything." We looked at records held on complaints and saw where complaints had been made the registered manager had systems in place to investigate and respond. This included ensuring the person who had made the complaint received the outcome of the investigation. We concluded that there were effective systems in place to listen and learn from people's experiences, concerns and complaints.

Good

Is the service well-led?

Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have effective systems in place to assess, monitor and mitigate the risks to health, safety and welfare of people who used the service. We identified some concerns with moving and handling care plans and risk assessments and in addition the systems in place had failed to identify that staff competency was not checked in respect of restricting people's liberty. After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection we found improvements had been made and the home was compliant with the requirements of the law.

People and the relatives we spoke with told us that they felt they lived in a home that was well led. One person told us, "I know [name of registered manager]. She is very good." A visiting relative we spoke with said, "If I had the choice of winning the lottery or seeing my mum happy like she is here I would choose this." People and their relatives spoke positively about the registered manager and knew who the registered manager was. We saw that the registered manager had a visible presence around the home and knew people well. A visiting health professional told us, "There is good leadership here."

The provider stated in the provider information return (PIR) that the opinions of residents and families were sought to ensure that they were happy with the care and staff. We saw that people and their relatives were encouraged to provide feedback and to be involved in the development of the service. The registered manager conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the home. Resident meetings were also held to gather views and experiences of living at the home. We saw that some people had voiced their concern about the noise level at night. The registered manager had addressed this with staff requesting they be more considerate. People's views were used to improve the quality of the service.

The service was well-led because there was visible leadership that promoted a culture that was positive and open. One relative told us, "I am more than happy with the home. It is very well run and when the recent care thing [CQC rating] went up I was kept informed." One member of staff told us, "If we make a mistake we are told to be honest and go to [name of registered manager] straight away. She is approachable and we can speak to her anytime. "All the staff we spoke with understood how they could whistle-blow if they had any concerns. The registered manager had systems in place for monitoring incidents, accidents and complaints. We saw that following any incidents the registered manager had made necessary changes to minimise the chance of the incident happening again. The registered manager advised that us that they were further improving the monitoring systems by developing standardised oversight reports of all intelligence received.

Our inspection visit and discussions with the registered manager identified that they were knowledgeable about all aspects of the service. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the

provider's website. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff were supported to carry out their role effectively and they told us that they felt well supported by the registered manager. A member of staff told us, "[name of registered manager] is a good manager, fair and accommodating." Staff we spoke with understood the leadership structure and lines of accountability within the home. Staff we spoke with told us that they attended regular staff meetings and we saw these were held as a way of engaging staff to be part of the development of the service. One staff said, "We are asked for our opinion how we can improve the home."

Quality and monitoring checks were completed by the registered manager. Where concerns with quality were identified we saw an action plan had been put into place and changes had been made. The registered manager completed monthly audits in key areas, which included, medicines, infection control, health and safety and care plans. We found these were effective in driving improvement and raising standards.