The Orders Of St. John Care Trust

OSJCT St Wilfrid's Priory

Inspection report

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Date of inspection visit:
08 September 2016
09 September 2016

Date of publication:
18 October 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 8 and 9 September 2016 and was unannounced.

St Wilfrid's Priory is registered to provide accommodation and care for up to 24 older people with a variety of healthcare needs. At the time of our inspection, 19 people were in residence. St Wilfrid's Priory is an historic, listed building, dating back to the 1500s. Accommodation is provided over two floors which are accessible via staircases and a lift. All rooms are of single occupancy. Communal areas include a sitting room, dining room, a courtyard area with flowerbeds on one side of the building and accessible landscaped gardens which overlook the battlements of Arundel Castle then down towards the town centre and countryside beyond.

A registered manager was 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.

People were safe living at the home and were looked after by staff who knew how to manage their risks and protect them from potential harm. The premises were not ideally suited for people living with limited mobility, however, all parts of the home were accessible via stairs and a new lift had recently been installed. Staffing levels ensured that people received care that met their identified needs. The registered manager was in the process of recruiting additional staff to work in the afternoons to improve staffing levels at this time of day. Medicines were ordered, stored, managed and disposed of safely by trained staff.

Staff were trained in a range of essential areas including moving and handling, mental capacity, pressure area care, first aid and dementia awareness. They were encouraged to study for additional qualifications. New staff studied for the Care Certificate, a universally recognised qualification. Staff received regular supervisions and attended team meetings. They understood the requirements of the Mental Capacity Act 2005 (MCA) and their responsibilities to people relating to Deprivation of Liberty Safeguards (DoLS) and put this into practice. People had sufficient to eat and drink and were encouraged in a healthy diet. They had access to a range of healthcare professionals and services. As much as possible, people's individual needs were met in the adaptation, design and decoration of the home. Some adaptations were limited because St Wilfrid's Priory is a listed building.

People were looked after by kind, warm and friendly staff who knew them well. One person had brought their dog to live with them when they moved into the home. People's spiritual needs were catered for by visiting clergy or they attended church in the community. People were treated with dignity and respect. The registered manager worked closely with healthcare professionals, including the dementia in-reach team and had received advice from another healthcare professional relating to end of life care.

Activities available to people were organised, but were limited in content and regularity. Thirty hours per

week was allocated specifically to providing activities, but at weekends, care staff were expected to organise activities. The home was located at the top of a steep hill, so generally people required support from staff, relatives or friends in order to access the community on foot. We have made a recommendation that the provider reviews and improves the activities available to people. Care plans contained comprehensive, detailed information about people, their personal histories, likes and dislikes and staff delivered care that was responsive to people's needs. Complaints were investigated and managed in line with the provider's policy.

People, their relatives and staff were asked for their feedback about the service through residents' meetings, monthly residents' surveys and employee questionnaires. People and their families were happy with the quality of care at St Wilfrid's Priory. Staff felt the home was well managed and that the registered manager was accessible. Staff told us they enjoyed working at the home. A range of audit systems was in place to measure the quality of the care delivered and to identify any areas for improvement.

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.

People's risks were identified, assessed and managed appropriately by staff. Staff had been trained to recognise the signs of abuse and to take the necessary action.

Staffing levels were sufficient and the registered manager was in the process of recruiting additional staff to work in the afternoons. Safe recruitment practices were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had completed all necessary training to look after people effectively. They had regular supervision meetings and attended staff meetings.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and put this into practice.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to a range of healthcare professionals and services.

People's rooms were personalised in line with their preferences and contained items of importance to them.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well. Staff had time to spend with people and supported them with a friendly and warm manner.

People were involved in reviewing their care plans and they were treated with dignity and respect.

Is the service responsive?

Requires Improvement

One aspect of the service was not responsive.

There was a limited range of activities available to people and people were unable to access the community easily unless supported by staff, relatives or friends.

Care plans provided detailed information about people and their support needs enabling staff to care for them in a personalised way.

Complaints were dealt with in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People, relatives and staff were asked for their views about the service and the quality of care delivered.

Staff spoke highly of the registered manager and enjoyed working at the home.

A range of audits was in place to identify any areas that required improvement.

OSJCT St Wilfrid's Priory

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.

The inspection took place on 8 and 9 September 2016 and was unannounced.

One inspector and an expert by experience undertook this inspection. 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 by experience at this inspection had expertise in older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Prior to the inspection, we asked two healthcare professionals for their views about the home. They have given their permission for their comments to be quoted as part of this report.

We observed care and spoke with people and staff. We spent time looking at records including four care records, four staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with 11 people living at the service. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the area operations manager, an HR adviser, two care leaders, the cook and an activities assistant.

The service was last inspected on 29 July 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People were safe living at St Wilfrid's Priory. A healthcare professional stated, 'We did not have any concerns around safety for the residents. Staff responded very quickly to any changing needs of the residents in order to ensure their wellbeing and safety. Staff were very mindful of the short series of steps from the entrance corridor to the residents' lounge and ensured that no-one at risk used these stairs without support. On all our visits there was always a calm atmosphere. We never observed any resident in distress'. According to the training matrix, over 80% of staff had completed safeguarding training; two members of staff required this to be refreshed and the registered manager was aware of this. We asked staff about their understanding of keeping people safe. One member of staff showed us their 'safeguarding crib card', a pocket-sized document which they carried with them. The card provided a ready reminder to the member of staff about what constituted potential abuse and what action to take. Another member of staff described their understanding as, "It's safeguarding residents or anyone from abuse" and went on to give examples of different types of abuse such as, "Sexual, mental or verbal".

Risks to people and the service were managed safely. We observed one person was brought into the garden and assisted to walk around by staff. The care staff told us that residents needed to be accompanied to remain safe. At one point, we observed the handyman walking with one person and having a chat. People's risks had been identified and assessed appropriately and care records contained advice and guidance for staff on how to support people safely and mitigate risks. Care records contained assessments for people in a variety of areas such as falls, fire safety, skin integrity and moving and handling. One person had been assessed as capable of taking their own medicines and their risk assessment reflected this. People's risk of developing pressure areas had been assessed using Waterlow, a tool specifically designed for this purpose. In addition, people's risk of becoming malnourished had also been assessed using a Malnutrition Universal Screening Tool (MUST), which measured people's risk using their height, weight and Body Mass Index as indicators. Risk assessments were reviewed by care leaders and one care leader explained, "When needed, every 28 days at least". The registered manager referred to people's changing care needs and said, "Some people have become confused. We try and keep people as long as they're not a risk to themselves or others".

St Wilfrid's Priory is an historic, listed building and was never designed as a care home. Consequently, some parts of the building are difficult to navigate by people with limited mobility and they are reliant on a lift to access the first floor of the home. The lift had broken down several weeks before our inspection and people were using a stair lift, supported by staff, to safely move between floors. At the time of our inspection, the installation of the new lift was nearing completion and the registered manager was hopeful it would be operational very soon. Occupancy levels had been kept deliberately low whilst the building works were being completed. One of the staff told us, "Well, the building's a challenge. The new lift will make life 100% better". We observed that some areas of the home were in need of redecoration or refurbishment and the registered manager stated that there were plans to refurbish the ground floor toilet, and other areas, before the end of the year. The registered manager also told us that there were limitations on adaptations that could be carried out, since St Wilfrid's Priory is a listed building.

Staffing levels were assessed and monitored based on people's care and support needs. We asked people if they felt their call bells were responded to promptly. One person said, "I sometimes have to wait a bit longer, but only because they're busy". We asked people whether staff attended to their call bells during the night. One person said, "There's always somebody here at night if I need the toilet". During the morning, a care leader and three care staff were on duty and after lunch, there were two care staff plus a care leader. At night time, three waking staff were on duty. We asked staff whether they thought staffing levels were sufficient. One staff member said, "On the whole there is. In the afternoon there are only two care staff and one care leader". They felt this could be an issue when supper was served, people wanting to go to bed and medicines to be administered. Another member of staff said, "Overall I think the girls do a good job, but I think sometimes you feel pressured to get round and do the job. The care the residents get is good". Some care leaders felt it could be a challenge completing the staff rotas and making sure that shifts were covered safely. If necessary, agency staff were used to meet any gaps or shortfalls. One team leader said, "Sometimes it's a bit difficult covering the rota. We are in the process of getting a third member in the afternoon". The registered manager confirmed that they were in the process of recruiting additional staff to work in the afternoon. We checked staffing rotas for three consecutive weeks and found that staffing levels were consistent across the time examined. Safe recruitment practices were in place. Before new staff commenced employment they were required to complete an application form, attend an interview and two references were obtained. In addition checks were made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

People's medicines were managed so they received them safely. A care leader took the overall lead on medicines management and was responsible for ordering, storing and disposing of medicines, supported by other staff. When medicines were administered to people from a medicines trolley, staff wore a tabard which stated, 'Do Not Disturb', thus ensuring that the staff member was not distracted from their task of administering medicines to people. Stocks of medicines were stored in a separate medicines room, the temperature of which was kept at a safe level to ensure the efficacy of the medicines. Weekly audits were completed to ensure Medication Administration Records (MAR) had been signed by staff to confirm people had received their medicines as prescribed. A 'Medication Expiration Check' was completed which showed every medicine prescribed to people and its expiry date thus ensuring that only medicines within their 'Use by' date were administered. Some medicines required refrigeration and a separate fridge was specifically kept for this purpose. Forms were completed when people needed to take their medicine out of the home, for example, if they were going to be out for the whole day. When topical creams were used for the first time, the date of opening was recorded on the packaging, as creams have a limited life once opened. An audit of medicines was completed by a pharmacist in a visit to the home in May 2016 and no concerns were identified. Care leaders and night staff had completed medication training. The care leader who was the 'lead' on medicines management had completed a medication master class, which was additional, more advanced training. The home had been awarded an outstanding achievement award internally by the provider as only one medication error had occurred between January 2015 and December 2015.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Essential training was provided to staff in infection control, moving and handling, pressure area care, mental capacity and safeguarding. Additional training was also available in food hygiene, end of life care, first aid and dementia awareness. The training matrix showed that the majority of staff had up-to-date training. Where training was needed or required to be refreshed, this showed up in red and alerted the registered manager, who could then ensure that staff attended any outstanding training. We asked staff about their training. One staff member said, "It's like a never-ending thing. I've done fire training, pressure areas, living well with dementia, mental health and safeguarding". Another member of staff had completed a level 3 diploma in health and social care. They told us, "I had all my basic training when I first came". A third member of staff had completed 'Train the Trainer' which enabled them to deliver moving and handling training to other staff. In the main, however, training was delivered by a trainer employed by the provider, in addition to e-learning. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff received supervisions with their line managers and one staff member explained these were held, "Quite regularly, three monthly, with two performance development reviews (PDR) a year". The provider's policy relating to supervisions stated that staff should receive two supervisions per year and two PDRs a year. However, records for at least two staff could not corroborate this and they may not have received supervisions with this level of regularity, although some staff were involved in group supervisions. The registered manager told us that supervision meetings had taken place and gave us a copy of their supervision schedule for 2016. We discussed this with the registered manager. When staff supervision meetings do take place, notes from these meetings should be saved in a format that ensures they can be accessed easily when required.

Staff meetings were held with separate meetings for care leaders and minutes confirmed these meetings had taken place. At one staff meeting, areas under discussion included people's water jugs and commodes, the introduction of an extra afternoon shift, residents, kitchen, communication, lunches and the laundry. Actions arising from staff meetings were not always reviewed at the following meeting. For example, a medication audit issue had been raised at a care leaders' meeting on 20 April 2016, but was not discussed or reviewed at the next meeting on 11 May 2016 to confirm that action had been taken. We discussed this with the registered manager and suggested that minutes from the previous meeting were revisited and any actions arising were reviewed, to ensure these had been completed.

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. For example, a best interest meeting had been held for one person to discuss their difficulties with

swallowing and advice had been taken from a dietician relating to their diet and consistency of food. Capacity assessments had been completed for some people living at St Wilfrid's Priory. Some people, who did have capacity, had identified people they trusted, for example, relatives or friends, to make decisions on their behalf relating to finances, care and welfare. Records were held in the office to confirm that nominated people had Lasting Power of Attorney and were authorised to make decisions on behalf of another person.

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 and hospitals 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. Only one DoLS had been authorised by the local authority at the time of our inspection and the registered manager was awaiting decisions on DoLS for other people living at the home. Staff had a good understanding of their responsibilities under MCA and DoLS. One staff member told us, "I always assume the person has capacity. Even if I don't agree with a person's decision". Another member of staff explained, "If someone has mental capacity, then it's their right to do what they want to do and we try to keep them as independent as possible".

People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet. We observed that trays with squash were available for people to help themselves to throughout the day in two communal areas of the home. Fruit and cereal bars were also on offer. Hot drinks were available such as tea, coffee or hot milk. We asked people what they thought about the meals at St Wilfrid's Priory. People told us they could choose to eat where they wanted. One person told us they found it difficult to eat independently and preferred to have their lunch in their room, supported by staff. They felt their wishes were respected and told us they liked the food very much, with a preference to have a cold pudding, which was respected. They also told us they felt that supper was offered a little early, so arrangements were made for them to have their sandwiches covered over in their room, so they could eat them when they liked. Another person told us that the, "Food was reasonably edible" and that they were always offered a choice. They added, "If I want more, I always get it". A third person said the food was, "Reasonable" and that staff were, "Always happy to bring me something else". We observed lunch being served in the dining room and that the choices of food available were shown to people so they could then decide which option to choose. The menu for the day was also on display on the wall in the dining room.

We spoke with the cook about the menu and they explained that people were consulted on this at residents' meetings. They told us, "We try and get as much input as we can. What they like and want on the menu". They added, "We plate up the meals and let people have a look at them". The cook said that people enjoyed roast meals and stews and that special diets, such as gluten-free, were also catered for. They said, "One person hates gravy!" so their meal never had gravy added. Another person who lived with type-2 diabetes had this controlled through their diet. The cook told us, "He likes fruit salad and sugar-free whips". Where people had been identified as at risk of malnourishment, meals were prepared using cream or cheese or butter, to give them a higher calorie intake. One person had lost weight over a period of time and their care record showed that advice had been sought from a dietician and speech and language therapist. As a result, and with the person's consent, meat was liquidised as this made it easier for them to swallow. People could choose to have a cooked breakfast if this was their preference. Menus were planned over a four week cycle and changed at least twice yearly.

People were supported to maintain good health and had access to a range of healthcare professionals and services. A healthcare professional stated, 'Staff and [named registered manager] responded in a timely way to changes for their residents – both emotional and physical. They were keen to take on new ways of working that our team suggested to promote the wellbeing of their residents. They were able to quickly

recognise changes, particularly physical, in their residents and would contact other clinical staff such as GPs for their support'. Care plans showed people received support for a range of healthcare needs such as the district nurse and GP. One care plan recorded that a referral had been made to the mental health team following the person sustaining a fall.

People's individual needs were met by the adaptation, design and decoration of the home, within the confines of what the provider was permitted to do since the building was listed. People's rooms contained furniture supplied by the provider and also furniture that people had brought with them. Rooms were personalised and contain items of importance to people, such as pictures and photographs. In the upstairs and downstairs hallways, there were armchairs and window seats for people to sit in should they want to leave their room but not go into the larger communal areas. A healthcare professional commented, 'The home has a comfortable, homely and welcoming environment. We felt it worked well as a 'home' for those people living there. The bedrooms that we did see were warm and reflected the individual residents'.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Everyone we spoke with was happy with their care and spoke highly of the staff who cared for them. Comments from people included, "The girls are lovely and very helpful", "I get on well with my carer [named keyworker] and she buys me everything I need" and, "The carers have a wonderful sense of humour, I can tell them anything". We saw that one resident had brought their dog to live with them when they moved to St Wilfrid's Priory. A separate risk assessment had been drawn up to address any risks presented by the dog living at the home. We observed that staff knew people extremely well, their likes and dislikes and how they wished to be cared for. Staff were warm and friendly with people and were patient with them as they supported them around the home. A healthcare professional stated, 'The staff and the manager are all caring. We saw many incidences of kindness and compassion towards the residents. We saw examples of a genuine warmth between the staff and the residents. This was also reflected in the warm welcome that was extended to our team'. As one member of the inspection team was leaving St Wilfrid's Priory, they observed three people had moved from the back garden, to the front, sunnier garden. They had been given blankets and a call bell so they could summon staff to come and fetch them when they wanted to return indoors.

People's spiritual needs were catered for. During our inspection, a vicar from Arundel made his monthly visit. One person was asked by care staff if they would like to attend a service at the home and was then escorted to the activities room. Several people took Holy Communion. One person told us that if their relative could not take them to church, then the care staff were, "Very good at getting somebody to take me".

Where possible, people's life histories were recorded in their care plans and it was clear that staff knew people well as they told us about people's interests, hobbies and experiences of life. Staff had time to spend with people and to converse on matters of interest to them. A care leader explained that they tried to liaise as much as possible with families before people were admitted to the home, in order to write up people's life stories. They said, "We try and get as much filled in with families as possible on people's care plans". People were supported to express their views and to be actively involved in making decisions about their care. Care plans showed the involvement of people in drawing-up their care plan and people had signed documents confirming this. For example, an annual 'Resident Review' for one person showed that a meeting had taken place between staff, the person and their relative, and feedback obtained relating to meals, their room and on activities.

People were treated with dignity and respect. We observed that staff knocked on people's doors and asked their permission before entering. Staff told us that personal care was delivered to people behind closed doors, in a sensitive manner.

A healthcare professional had worked closely with staff at the home concerning end of life care. They told us that the registered manager was extremely receptive to acting on advice, but that if she was not there, that other staff would not always carry out the healthcare professional's instructions with the same degree of accuracy. However, the healthcare professional was complimentary about the care staff and said, "They

are always willing and smiley and say 'yes'", then added, "If they had a nurse who was accessible, that would help I think".

Requires Improvement

Is the service responsive?

Our findings

Activities were restricted for people as the activities co-ordinator had been unavailable to work for several weeks. A member of the housekeeping staff had helped out to deliver some activities and another member of staff, who worked part-time, had also been involved. However, this person was due to leave their employment and no other staff, apart from the member of housekeeping staff, had been recruited or seconded specifically in an activities role. We were told that approximately 30 hours of activities, in total, were allocated each week. Where people were unable or unwilling to join in with organised group activities, they had 1:1 support from staff to pursue an interest or hobby or to have a chat. During the afternoon of the first day of our inspection, several people were escorted by staff into the back garden. One person remarked, "How lovely it was" and that when their grandchildren came to visit, "They could run around and they were safe". On the second day of our inspection, a group of touring actors gave their rendition of 'A Midsummer Night's Dream' outside in the garden. This event was thoroughly enjoyed by all who attended. However, in the absence of the activities co-ordinator, organised activities for people were limited. One person mentioned that their keyworker went shopping for them, "To buy all the things I need", but when we asked if they were ever taken out shopping to be involved in buying their own things, they said, "No". We were unclear whether this was something they wanted to do or not.

The entertainment programme drawn up for September 2016 showed activities available such as going out into the garden, knitting circle, art, crafts, music for health, church service, puzzles and games and hairdressing. In the week commencing 26 September, apart from hairdressing and music for health on Monday, no other activities for the week had been organised as the member of housekeeping staff was on leave. Another member of staff commented on the limited activities available to residents and said, "They all need stimulation". A third member of staff told us that care staff organised some activities at weekends and added, "I think we could do outings if I'm honest". Generally, people were unable to access the local town of Arundel easily unless they were supported by staff, relatives or friends, as the home was situated at the top of a steep hill and access to the shops was down inclined pavements, which could be hazardous for people with limited mobility or in wheelchairs.

We recommend that the provider reviews the hours and staff allocated to ensure that people have a range of meaningful activities available to them which is based on their choices and interests.

People received personalised care that was responsive to their needs. Care plans were detailed and comprehensive and provided advice and guidance on how people wished to be supported and cared for. Before people were admitted to the home, a pre-admission assessment was completed and this formed the basis for the care plan which was drawn up within 48 hours of people being admitted to the home. A care leader explained that information would then be added to the care plan over time, as people's care needs evolved and they adjusted to their new environment. Staff told us that care plans were reviewed with people every six months by the care leaders. People's relatives and/or friends were also included in the care plan review. Each person was allocated a keyworker, who co-ordinated their day-to-day care needs, such as ensuring people had sufficient toiletries and items of clothing. Care plans included information about people's 'significant life events' and guidance to staff on people's needs including personal hygiene

preferences, nutrition, oral health, communication, elimination, mental health, resting and sleeping and hobbies and interests. People's memory, orientation and communication were assessed using the Crichton Rating Scale, an evaluation tool to assess disability, which is used for people receiving long-term care.

We asked staff about their knowledge of people and their care plans. One staff member referred to new people being admitted to the home and said, "If there's someone new, then I ask. I wouldn't move anyone I didn't know about". The staff member explained that this could be a risk to the person and they would always read about people's mobility and associated moving and handling requirements. Handover meetings were held between shifts so that staff could discuss people's care needs, appointments and activity involvement. We sat in on a handover meeting held after lunch. Staff discussed what people had been doing during the morning and their plans for the afternoon. Some people had requested to spend time in the garden during the afternoon and staff were selected to support people outside in the sunshine.

Complaints were investigated and managed in line with the provider's policy. We looked at two complaints received within the last 12 months and saw that these had been responded to in a timely way and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

People were asked for their views about the home through monthly residents' surveys. Two people per month were selected and asked for their feedback each month, which meant that overall everyone was asked on an annual basis. People were asked about their care, the attentiveness and friendliness of staff, whether they were treated with dignity and respect and consulted about their care and the quality of care delivery. One person's survey stated, 'Would like towels changed more and more housekeeping'. As a result new staff had been recruited to address this issue. Another person stated that they had not been involved in their care plan. The registered manager spoke with the person and their keyworker to ensure that they were involved in reviewing their care plan. Residents' meetings took place and one person had been nominated to be the spokesperson on behalf of everyone living at the home. People were not involved in interviewing new staff, although one person had expressed an interest to participate in interviewing in the future. Three residents' meetings had been held so far in 2016, with the last on 12 August 2016. The minutes from this meeting showed that people had discussed the new lift, the 40th anniversary celebration of the home, future plans and new menus. Relatives and visitors were asked for their feedback about St Wilfrid's Priory. One relative stated, 'We are very pleased Dad is cared for at St Wilfrid's. The staff are very caring and professional when supporting him. He is happy and feels safe and secure here, which is a great relief'.

We asked staff for their views about the management of the home. One staff member said, "I like the fact that staff stay a long time and we all support each other. It's nice working in a small home, you get to know the residents and families. You get to know everyone who comes in and we encourage families to stay for lunch". Another staff member said, "The manager's good. We're a good team; we all muck in together". A third staff member commented, "I think it's good, we all pull together as a team. We try not to use agency [staff]. I get quite a lot of support from [named registered manager] and she's encouraged me to do more". A healthcare professional stated, '[Named registered manager] has a very good relationship with her staff. Communication between them is good and [named registered manager] is accessible to her staff. [Named registered manager] knows the strengths of her staff and those areas where they need a bit more support. Our impression was that [named registered manager] is a very effective manager – kind and supportive'.

Employees were asked for their feedback more formally through an employee survey, 'Care to Talk', which had been completed in 2016. This survey asked for staff responses relating to their working conditions, career opportunities, learning and development, rewards and recognition. Of 37 staff surveys sent out, 22 staff had responded, that is 59% of the workforce. Responses, in the main, were positive, but a statement, 'We have enough people [staff] to get our work done', was only agreed with by 10% of staff who responded. However, the registered manager was in the process of recruiting additional staff to work in the afternoons.

People's care records were kept securely in a separate office, access to which could only be gained through a keypad code known only to staff. Quality audits were in place which measured different areas of the home in line with health and social care regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). An auditor of the provider conducted annual two day visits and looked at different regulations and how the home responded to the requirements of these regulations. We saw checks had been made in areas such as medicines management, care plans, infection control, catering, falls,

complaints, health and safety, staffing, pressure care and residents. These identified areas where the home was working well and areas which might require improvement. Audits overall showed there were no significant areas that required improvement. Staff felt that the quality of care delivered by the home was good. One member of staff explained, "I think the care team do a good job and I think [named registered manager] is a good manager. She listens and she's 100% there for the residents". Another member of staff told us, "We are family to people and if you feel appreciated, you learn to appreciate others".