Braemar RCH Limited

Braemar Care Home

Inspection report

24-25 Wimbledon Park Road
Southsea
Hampshire
PO5 2PU

Tel: 02392811399
Website: www.braemarcarehome.co.uk

Date of inspection visit:
08 November 2016

Date of publication:
13 December 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on Tuesday 8 November 2016.

Braemar Care Home provides personal care and support to older people with both physical and dementia care needs. The home is registered with CQC (Care Quality Commission) to provide care for up to 26 people. The bedrooms are located on two floors with dining rooms and lounge areas located on the ground floor. The home is situated in Southsea, Hampshire and is within walking distance of the local shops and amenities. At the time of the inspection there were 24 people living at the home.

People living at the home told us they felt safe living at the home. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.
We found that medication was given to people safely, with staff receiving appropriate training. Management also undertook audits to ensure there were no shortfalls in practice.

Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken.

There were sufficient staff working at the home to meet people's needs. Feedback from people living at the home, visitors and staff was that staffing levels were sufficient.

Staff received an induction when they started working at the home, as well as receiving appropriate training and supervision to support then in their role.

The home worked within the requirements of the MCA (Mental Capacity Act), with the manager completing appropriate assessments if there were concerns about a person's capacity. The home also worked within the requirements of DoLS (Deprivation of Liberty Safeguards) and made referrals as necessary.

We saw people received enough to eat and drink, with people also making positive comments about the food provided at the home.

All of the people we spoke with during the inspection including people living at the home, visitors and health professionals made positive comments about the care provided.

People told us they felt staff treated them with dignity and respect and promoted their independence where possible.

People felt the home was responsive to their needs and we saw examples of staff doing this during the inspection.

Each person living at the home had their own care plan, which was person centred and detailed people's

choices and personal preferences.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns.

There were systems in place to monitor the quality of service such as audits, resident meetings, staff meetings and accident/incident monitoring.

Staff told us they enjoyed their work and liked working at the home and told us they felt there was an open positive culture.

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 living at the home told us they felt safe. Staff displayed a good understanding about reporting safeguarding concerns.

Medication was handled safely.

Appropriate checks were carried out before staff began working at the home to ensure they could work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People we spoke with confirmed that the care workers and other staff they met were competent.

Staff were aware of how to seek consent from people before providing care or support.

People living at the home told us they received enough to eat and drink.

Is the service caring?

Good

The service was caring.

Staff spoken to had a good understanding of how to maintain people's dignity and respected people's right. Staff showed patience and encouragement when supporting people.

We heard lots of laughter between staff and people and there was a positive atmosphere within the home.

People told us they received a good standard of care and that staff were kind.

Is the service responsive?

Good

The service was responsive.

Care files were well organised and contained information that covered a range of health and social care support needs.

Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Braemar Care Home

Detailed findings

Background to this inspection

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

We carried out this unannounced inspection on Tuesday 8 November 2016. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of two adult social care inspectors from the CQC (Care Quality Commission).

In advance of our inspection we liaised with external stakeholders based at Portsmouth City Council. This included the local Safeguarding and Contracts/Commissioning Team. This was to see if they had any information to share with us in advance of the inspection. As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents or serious injuries.

At the time of the inspection there were 24 people living at the home. During the day we spoke with the registered manager, the proprietor, three people who lived at the home, three visiting friends/relatives, four members of care staff and one visiting health care professional. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included three care plans, six staff personnel files and five medication administration records (MAR).

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in the dining room of the home to see how people were supported to eat and drink.

Good

Is the service safe?

Our findings

People living at the home said they felt safe as a result of the care they received. The visiting friends and relatives we spoke with also felt the people they had come to see were safe living there. One person said to us; "Yes I feel safe. There is a lift available which reduces the risk of me falling on the stairs which I like". Another person said; "I do feel safe. I've noticed that when things get broken they always seem to get fixed". A third person also added; "I certainly do feel safe. I know the doors are locked which gives me an increased sense of security". A visiting relative also added; "It's a safe environment, especially compared to where my relative used to live".

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who lived at the home how they could both report and escalate concerns. The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. One member of staff said; "People being handled roughly or using incorrect moving and handling techniques would be abuse. I would speak with the manager initially, but if appropriate action was not taken I would contact CQC". Another member of staff said; "We get relevant safeguarding training. There are various types of abuse which can take place such as financial, sexual and physical. Safeguarding is about making sure people are not abused".

Staffing levels on the day of the inspection were sufficient to care for people safely. The staffing numbers consisted of four members of staff during the morning and afternoon and two members of staff at night. This was to provide care and support to 24 people. During the inspection we observed staff were able to meet peoples needs in a timely manner such as assisting people to go to the toilet, assisting them to mobilise, supporting people to eat and administering medication. There was a calm atmosphere at the home and staff did not appear rushed or unable to respond to peoples requests.

Everybody we spoke with including people living at the home, staff and visiting friends/relatives told us they felt there were enough staff working at the home. One member of staff said; "I've worked here at both night and during the day and there are never times when we can't cope". Another member of staff said; "Staffing levels are very good. I feel they are sufficient to meet peoples needs". A person living at the home also commented; "Whenever I ring for the staff they come very quickly actually". Another person said; "The staffing is fine as far as I can see. They are quite quick at responding to what I need". A visiting relative also added; "I think there are enough staff. Staffing levels are fine".

We looked at how medication was handled and viewed five peoples MAR (Medication Administration Records). There were two storage areas for the medication which included a locked trolley kept in one of the lounge areas and a secure cupboard in the dining room. The deputy manager of the home told us that only senior members of staff had access to the keys. Each of the five medication records we looked at had been signed by staff when medication had been administered. We were also able to cross reference this by checking medication still left in the blister pack to determine if medication had been given safely.

Medication records were also accompanied by photographs, which would reduce the risk of staff giving medicines to the wrong people. Staff had access to a 'patient information' chart which provided information each medication, what it looked like, relevant dosage instructions and the times to be administered. We also found there were accurate records maintained of the medicines fridge. This ensured medication was stored at the correct temperature. At the time of the inspection there were no controlled drugs in use.

We saw staff had received appropriate training in relation to medication and the people living at the home said they got their medicines at the times they needed them. One person said; "I would forget to take my medication so the staff remind me. They seem to have a lovely system here for peoples medicines I've noticed". Another person said; "They always bring it to me each day and are very good at getting the doctor in when needed".

We looked at how the home managed risk. We saw each care plan we looked at contained risk assessments for areas such as the use of bedrails, falls and MUST (Malnutrition Universal Screening Tool). Each risk assessment contained control measures about how to keep people safe. For example one persons falls risk assessments provided staff with information about ensuring they had their walking frame with them when mobilising and also had a hip protector in place to minimise the risk of injury if they fell. Where required, people also had bed rails in place to prevent them from falling from bed during the day or night. These had been installed with consent from either the person themselves or family members.

There was also a system in place to record accidents and incidents. This captured full details of the incident which occurred and any action taken as a result. The manager had also completed an analysis of accidents which had occurred and if anything needed to be implemented such as the reviewing of care plans or further training being provided to staff. This would ensure any re-occurring trends could be addressed, with appropriate action taken to help keep people safe.

We looked at how staff at the home cared for people who were at risk of developing pressure sores. We saw people had appropriate skin care plans in place which provided staff any tasks to complete to ensure people remained safe. This included checking the skin daily and re-positioning people every two hours to provide adequate pressure relief where needed. We checked a sample of these records and found they were accurate and up to date. Equipment was also in place such as pressure relieving mattresses and cushions. We also saw other health professionals were involved where necessary such as district nurses. A visiting health care professional told us; "My experience of this home has been good. They are vigilant, hands on and are good at reporting concerns. They always call us. The staff always undertake any re-positioning and follow our advice. They are very good and I have no concerns".

We looked at six staff personnel files and found there was evidence of robust recruitment procedures. The files included application forms, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks evidenced to us that staff had been recruited safely meaning they were safe to work with vulnerable adults.

During the inspection we looked around the premises. We saw the home was clean and free from any malodours. We saw that bathrooms had been fitted with aids and adaptations to assist people with limited mobility when bathing and toileting. We saw that liquid soap and paper towels were available in all bathrooms and toilets. This would help to reduce the risk of the spread of infections. People told us they always found the home to be clean and well kept. A visiting relative said, "Cleanliness here is second to none and the home is cleaned from top to bottom every day."

Good

Is the service effective?

Our findings

People living at the home and their relatives told us they felt staff were sufficiently trained and had the correct skills to provide effective care. A person who used the service told us, "If I needed help the staff would respond quickly, such as if I needed the doctor, and this is better than I could have got at home". A visiting relative told us, "I visit every day and I feel the staff are competent and very approachable. The deputy manager is very good and quick on the case."

The staff we spoke with told us they completed the induction when they first started working at the home. The induction was centred around the care certificate and provides staff with an introduction into working in a care setting. One member of staff said, "We do training and some is through the local authority and some is "In-house." Another member of staff said, "I did an induction when I started but I've been here many years now so I can't really remember the detail."

We looked at staff training, staff supervision and appraisal information. The staff we spoke with told us they had enough training available to them and felt supported to undertake their work. One member of staff said, "I have some training coming up in end of life (EoLC) care and we train all the time". Another member of staff said; "All of the training is fine and there is plenty available. If you want more training it is usually provided". We looked at staff training records which indicated they had completed training in a variety of areas relevant to their job role, such as food hygiene, fire safety, dementia care, first aid, infection prevention and control, moving and handling, malnutrition care and assistance with eating, end of life care and medicines safe handling and awareness. This evidenced to us that staff were provided with the relevant training to care for people effectively.

Staff told us they received supervision and an annual appraisal as part of their work and we looked at a sample of records which demonstrated these took place. We saw that some of the areas discussed included personal matters, actions from the previous meetings, responsibilities and performance, working relationships, training and development and things to work towards for the next meeting. Staff supervision allows staff to discuss their work with their line manager in a confidential setting and also work towards set goals and objectives. A member of staff told us; "They tend to be roughly every three months. They are useful sessions and everybody is so approachable". Another member of staff added; "I would say they tend to be every three to four months. It is a good opportunity to talk about any problems".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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. The registered manager demonstrated effective systems to manage DoLS

applications. We found that the service was complying with the conditions applied to the authorisations.

There was a current safeguarding policy in place, detailing the procedures to follow if any concerns were identified and these were supported by policies on Autonomy and Choice, DoLS, Advanced Decisions, Equality, Advocacy and Service User Legal Rights. The staff we spoke with had an understanding of DoLS and told us they had been provided with appropriate training, which we verified by looking at training records, which identified that 100% of staff had completed training in MCA/DoLS.

The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required. One member of staff said; "If people are unable to make decisions in their best interests and could potentially harm themselves then a DoLS could be required". Another member of staff added; "If people are bed bound and don't have capacity then we always make referrals. We do mental capacity assessments where people lack capacity to make decisions and training is also provided".

Staff were aware of how to seek consent from people before providing care or support. People living at the home also said staff sought their consent before delivering care. One staff member said, "I always ask people before doing anything. We have a person who is deaf so one way we can communicate is by writing things down on a white board and waiting for the person to write the response. Also I look for signs such as a thumbs-up and smiling face to show me they are happy with what I have suggested". A person living at the home also told us; "Yes I would say staff ask for my consent. Anything that is laid on is for my benefit and is what I want".

People's care plans contained records of visits by other health professionals. We saw people's weights were being monitored where a need for this had been identified. We saw that a range of professionals including GPs, speech and language therapists (SALTs) and district nurses (DN's) had been involved in people's care. This demonstrated staff at the home were seeking advice and guidance where necessary and could provide the necessary care and support people required.

When we arrived at the home there was an inviting aroma of food preparation and we observed the breakfast meal. We saw people gradually getting up and coming into the dining room for breakfast which was cereal, porridge, toast, jam or marmalade, boiled eggs and a warm or cold drink. There was also a choice of a hot breakfast on request, such as a full English breakfast. The service had achieved a food hygiene rating score (FHRS) of five. The menu was displayed on the dining room wall. The dining room had a pleasant homely atmosphere and the meal-time experience was not rushed.

We saw staff were attentive to people's needs and gently encouraged them to eat and drink at breakfast and dinner time. One person who did not require a specialist diet but who had some difficulty in eating told us, "I enjoy the food, it's good home cooking and there are two choices every day. The kitchen staff talk to me every day about preparing my food so it's easy for me to eat."

Special diets were catered for, food allergies were recorded and people had nutrition and hydration care plans in place. Where required a Malnutrition Universal Screening Tool (MUST) had been completed which identified the risk level for the person regarding eating and drinking. These were supported by a SALT diet advice sheet which identified the food and drink types that the person could safely eat and drink such as a pureed diet or syrup consistency liquids, the position the person needed to sit in, the equipment that was needed, the type of assistance required and things to look out for such as ill-health. People using the service had at least two daily food choices at each meal.

We saw there were no special adaptions to the environment, such as pictorial signs on the doors and contrasting coloured grab rails in the bathrooms which would assist people living with a diagnosis of dementia. The registered manager told us they had been in discussion with a local dementia friends group about this and had also sought national advice on creating dementia friendly environments, which would soon be incorporated into the home. There was a large enclosed and secure courtyard garden area to the rear of the premises with a variety of plants and seating.

At the time of the inspection, the home had plans in place to extend the home into an adjacent conjoined property and work had already commenced, which did not interfere with the existing environment. One person told us that they had been given first-refusal on the soon to be developed rooms, though they were very happy with their current arrangements.

Good

Is the service caring?

Our findings

The people living at the home told us they were happy with the care they received. One person who used the service told us, "If I said the care was excellent that would be about right. It takes all of the worries away that I had when I was at home". Another person said; "I'm quite happy with everything so far. The staff are friendly and everybody makes an effort to speak with me". Another person told us; "They provide a good level of care and I am satisfied. I have nothing but praise. It's a very nice care home". People also described staff as kind and caring. One person said; "The staff are all very good. They treat me well and have a lot of patience". Another person said; "They are all very polite and get me anything that I need".

The visiting friends and relatives we spoke with during the inspection also told us they felt a high standard of care was provided at the home. One relative told us; "It was a big thing bringing my mum here and we feel very lucky to have been able to. The staff are very caring and are quick to respond to any health issues". Another relative said; "We visit several times a week and we think the care here is excellent actually".

During the inspection we observed people appeared well presented and looked well cared for. Peoples hair was tidy and their feet, hands and finger nails were clean. Peoples had personal care and hygiene care plans in place and we were able to look back through daily records to establish that staff provided care interventions on a consistent basis, as well as providing baths and showers as necessary. A visiting relative told us; "When I visit my mum, she is always clean and well presented. Her clothes are clean and she always looks so fresh. One of the things about this home is that the cleanliness is second to none".

Throughout the course of the inspection we heard lots of laughter between staff and people and there was a positive and calm atmosphere within the home. Staff interacted with people throughout the day and it was clear that they had a good understanding of the individual people who used the service. We observed many occasions where staff spoke privately on a one-to-one basis with people. On one occasion we observed a person to become agitated and aggressive towards staff at the lunch time meal when they thought that they had not yet eaten. We saw that staff responded in a calm and respectful manner, gently explaining to the person that they had already eaten, whilst at the same time offering the person a piece of fruit to which they smiled and responded positively. This demonstrated the good interpersonal skills staff possessed when caring for people.

People told us staff treated them with dignity and respect and we observed people were treated with kindness during the inspection. The staff we spoke with were also clear about how to treat people in this way when delivering care. One person said to us; "Since I have lived here I have been treated as a proper person and I've noticed the staff always knock on my door before coming in". Another person said; "I feel the staff always treat me with upmost respect". A member of staff also said; "Its important to ask people about everything and ensure people are talked through how they would like things to be done. Knocking on doors is important as well". Another member of staff added; "Always talking to people and telling them what is going on shows respect. I'll close doors and curtains as well during personal care to make sure it is private".

People told us staff promoted their independence where possible. The staff we spoke with were also clear

about how to allow people to maximise their independence when providing care. One person said to us; "The staff have always encouraged me to do as much as I can for myself and they do actively encourage it. Another person said; "The staff are always encouraging me to keep moving and walk with my frame". A member of staff also said; "I always involve people with their care. For example when I'm doing personal care I will make use of two flannels so that people can do some for themselves". Another member of staff added; "Asking people what they want to do is important so we can see what help they need. There are a few people here who can do their own things and that is something we very much encourage".

During the inspection we saw people were offered choice about their routines and how they wanted to spend their day. This included participation in activities, where they chose to sit and the food they wanted to eat. People were also able to spend time in their bedrooms if this was something they wanted to do. The staff we spoke with were also clear about how to offer people choices when delivering care. One member of staff said; "I offer people a choice of clothing and often they will point to the clothes they want to wear". Another member of staff added; "People have a choice of when they get up and when they go to bed. It is their home and they can do what they want".

Good

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. One person told us, "When I came in I brought in a piece of furniture that was important to me from my past and my room is exactly as I like it."

We spoke with one person and saw that their room contained lot's of artistic equipment which they had brought with them when they entered the home. Pictures they had painted were displayed throughout the home and they described to us how they encouraged and supported other people living at the home who were interested in doing art work.

People's care files contained comprehensive pre-admission information which as captured during a pre-admission assessment carried out at the persons own home or previous place of residence. This covered areas such as social history, family and professional contact details, emotional wellbeing, preferred activities, medical history and previous health and social care professional input, current medicines prescribed, EoLC wishes where this had been identified, capacity and communication, mobility and falls, eating and drinking, personal care, continence care, if an existing care plan was in place, if all relevant parties knew of the planned placement and whether or not the home could meet the person's needs.

Care files were well organised and contained care plans that covered a range of health and social care support needs. This included information on mobility support, activity preferences, people's social histories, sleep, dressing, personal care preferences and getting out and about. There was also a summary sheet of people's care and support needs, which would provide a quick and accessible overview of how staff should support each person in accordance with their needs and preferences. The staff we spoke with understood the contents of the care plans, and knew people's needs and preferences. People's dependency levels were identified in their care plan and this covered areas such as heath and wellbeing, communication, mobility and safety, nutrition, personal care, continence, skin care and at night times. This meant staff had access to relevant guidance about people's care and support needs.

People's care files identified that individuals and their relatives were involved in the planning of their care and personal preferences were discussed. People we spoke with and their relatives confirmed to us that they were involved in the care planning process. We asked staff if people could choose which staff members supported them and they said, "People don't generally make a choice but there is one person who has specifically asked for two members of staff to provide assistance with bathing and this has been arranged."

The care records showed regular visits from relevant other professionals such as a GP, an optician, a chiropodist and district nurses. This meant appropriate healthcare professionals were accessed when people required them. Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment. The care plans were reviewed monthly by the senior carer or manager. The care plans we looked at also contained detailed life history information taking into account their younger days, significant relationships, marriage, war years, family employment. This meant staff had access to information about peoples backgrounds and could provide care based on their likes and preferences.

We saw people had a choice of activities to stimulate them and activities on offer were displayed in various places throughout the home. One person told us, "I go out regularly with staff for a walk and also like going to a local coffee shop." A visiting relative said, "I feel there are lots of activities going on daily; there are two activities staff as well as the normal staff group and [my relative] is happy with this." Activities included arts and crafts, quiz and discussions, music and songs, seated physical activities, reading and writing, sensory games, board games, magnetic darts, bingo, ball games, hand massages and manicures and one-to-one therapy sessions. There was also a piano in one lounge and this was used on a regular basis by visiting singers and church singers. Our observations and discussions indicated people who used the service expressed their views and were involved in making decisions about their activities. The service celebrated people's birthdays where it was their wish to do so.

We looked at how the service managed complaints and we found that the home had procedures in place to receive and respond to complaints. There was a complaints policy and procedure in use, however this was out of date and in need of updating to ensure it referenced the most recent legislation. People we spoke with told us they had never had to raise a complaint, but would feel comfortable doing so if required. There was information displayed on the notice boards in various parts of the home about the process to follow if people wished to make a complaint. One person living at the home said; "If I had a complaint I feel I could speak to the manager and it would get sorted out". Another person said; "I'd feel comfortable speaking with the staff about it as they are all very helpful".

Good

Is the service well-led?

Our findings

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

Staff told us they enjoyed their jobs and felt their was a positive culture at the home that was open and transparent. One member of staff said; "I had never worked in care previously, but I feel there is a good culture here and we are like a little family". Another member of staff said; "I've worked here for 10 years which says a lot. We get support from all the managers and it is clear to see the home owners have put a lot more into the home than what they take". Another member of staff added; "It's a very positive place to work. All the staff get on well together, the residents are treated well and it's homely".

We were told by staff that management and leadership at the home was strong. Staff told us they felt management were approachable and felt listened to. One member of staff told us; "Everything is very well run here. I find them to be approachable and can go to them with concerns". Another member of staff said; "I feel able to speak with management about both work and personal issues. I could talk to them about anything". A third member of staff also added; "Management always seem willing to advise. They are very approachable when you have a problem which is a good thing".

There were systems in place to monitor the quality of service. This included audits of areas such as care plans, the environment and medication. This provided the opportunity to check high standards were being adhered to and that appropriate action could be taken if shortfalls were identified. The home also had systems in place to seek feedback from people living at the home. This included hosting relatives meetings and sending satisfaction surveys. We looked at the most recent survey which had been sent. We saw people were asked for their opinions about feeling welcomed, being kept informed about decisions, being satisfied with the care provided, if they were aware of how to complain and if there were any additional comments they would like to make. The registered manager told us the most recent surveys had only just been sent and as a result, only three had been returned. Each survey contained positive feedback about the services provided. This system enabled the home to seek and act on feedback in order to improve the quality of service provided.

We looked at the minutes from recent team meetings which had taken place. This provided staff with the opportunity to discuss concerns and their work with management in an open setting about how the quality of service could be improved. Some of the topics of discussion included strengths and weaknesses, accident prevention, activities, recording, housekeeping schedules, menus and supervisions/appraisals. One member of staff said; "There is one taking place today actually. They are good and we can discuss concerns and worries". Another member of staff added; "We always feel listened to".

The home worked in partnership with a variety of organisations and details of this were identified throughout the home. For example the home was a member of the National Association For Providers of

Activities For Older People (NAPA) which is a voluntary organisation dedicated to increasing the profile and the understanding of the activity needs of older people. Other partnership working included the Solent Care Home Research Group, where the service worked with the Solent NHS Trust to expand research opportunities for people living in care homes. The service was also a member of the Research Ready Care Home Network whose aim was to improve the lives and health of older people living in care homes. Feedback we received from a healthcare professional stated, "The manager of this care home engages positively with the six weekly Nursing Home Registered managers meeting facilitated by myself, and ensures attendance by their staff at training opportunities. During this year this has included a Leadership & Development programme and a Clinical Up skilling Programme for Registered Nurses".

The home had good links with the local community. This included links with local churches where they visited the home several times a week, allowing people to take part in 'Music for the brain'. This provided a way for people living with dementia, along with staff, to express themselves and socialise with others in a fun and supportive group. The home also participated in the Duke of Edinburgh award scheme and provided the opportunity for modern apprentices to work at the home and develop their skills. The home had also been involved in the Marquee (Managing Agitation and Raising Quality of Life) Research Study conducted by the Solent Research team. This aimed to increase knowledge about dementia, agitation and personhood and provided relevant information to anybody living with dementia and their family members.

The service had a range of policies and procedures in place which covered all areas of care provision. However we found that these referenced the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and were therefore out of date and in need of reviewing and updating. The manager told us these would be updated following the inspection.