Three Willows Care Home LTD

Three Willows Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 27 September 2018 and was unannounced. The service first became registered in September 2017. It was previously registered under another provider. This was the first inspection of the service with the new provider.

Three Willows Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Three Willows Residential Care Home provides accommodation and care to up to 21 people. At the time of our inspection 21 people were living in the home. Care is provided across two floors with their own communal area on the ground floor. The service specialises in providing care to older people who are living with dementia.

There was a registered manager at this service. 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 and their relatives told us they felt safe with staff and there were enough staff to meet their needs. Staff were trained in safeguarding and knew how to safeguard people against harm and abuse. People's risk assessments were completed, regularly reviewed and gave sufficient information to staff on how to provide safe care. Staff kept detailed records of people's accidents and incidents. Staff wore appropriate protective equipment to prevent the risk of spread of infection. Thorough recruitment checks were completed to assess the suitability of the staff employed. Medicines were stored and administered safely. The home environment was clean.

Staff knew people's individual needs and were provided training to meet those needs. Staff told us they felt supported by the registered manager and received regular supervision. People were supported to meet their dietary needs and told us they liked the food. Staff assisted and supported people to access ongoing healthcare services to maintain healthier lives. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood people's right to choices and asked their permission before providing care.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People's needs were assessed and met in a personalised manner. Care plans were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious

needs were respected when planning and delivering care. Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant.

The service had an end of life policy for people who used the service. The service explored end of life wishes during the initial needs assessment and care planning.

People, relatives, and staff told us the registered manager was supportive and available in the service. The service had various quality assurance and monitoring mechanisms in place.

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. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were recorded and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective. Staff undertook regular training. Staff received regular supervision and appraisals.

The provider met the requirements of the Mental Capacity Act (2005) to help ensure people's rights were protected. The registered manager and staff had a good understanding of Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink sufficient amounts and eat nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us that they were well treated and the staff were caring. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how

to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People and their relatives knew how to make a complaint if they were unhappy about the home.

The service had an end of life policy for people who used the service. The service explored people's end of life wishes.

People's cultural and religious needs were respected. Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. Staff told us they found the registered manager to be approachable and supportive.

The service had various quality assurance and monitoring systems in place.

Three Willows Residential Care Home

Detailed findings

Background to this inspection

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

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placements at the home, the local borough safeguarding team, and the clinical commissioning group. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on the 27 September 2018 and was unannounced. The inspection team consisted of two inspectors, one nursing specialist and an expert by experience, who had experience with older people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms. 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 with us. During the inspection we spoke with eight people who lived at the home and three relatives. We spoke with the registered manager, the provider, two senior care workers, three care workers, the chef, and the maintenance person. We also spoke with the hairdresser who was visiting on the day of our inspection. We looked at six care files, staff duty rosters, a range of audits, minutes for various meetings, medicines records,

accidents and incidents, training information, safeguarding information, a health and safety folder, and policies and procedures for the home. We also looked at four staff files which included recruitment, appraisal and supervision information.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the home was safe. One person told us, "I feel safe. I am very well looked after." Another person said, "Yes, I feel safe." A relative told us, "I have no concerns about my [relative]."

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Information on how to raise a safeguarding and the local authority safeguarding contact numbers were available in the communal area for people and staff. Staff and the registered manager had undertaken training about safeguarding adults. Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I will report any concerns to the manager. She will then investigate and notify social services and CQC." Another staff member said, "Go to your manager if [you] see signs of abuse or poor care." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

Records showed there had been one safeguarding incident since the new provider had taken over the service. The registered manager could describe the actions they had taken when the incident had occurred which included reporting it to the Care Quality Commission (CQC) and the local authority safeguarding team. Records confirmed this. The registered manager said, "I would get the staff member to document. I would raise a safeguarding and inform CQC." This meant that the provider would report safeguarding concerns appropriately.

Risks to people's safety had been assessed and records of these assessments had been made. Records showed risks were reviewed monthly. Risks were individual to each person and covered areas such as manual handling, fire safety, personal care, mobility, falls, nutrition, skin integrity, self-neglect, toileting, mental health, and medicines. Each assessment detailed the risk to people and the action needed to mitigate those risks. For example, one person had been identified at risk of falls and needed support with transferring with a hoist. Care records stated, "[Person] can be transferred with the assistance of two staff and a full body hoist. It is important that during the transfer staff constantly communicate with her and get her to assist in the transfer if possible." We observed this person being hoisted. Staff explained what they were doing throughout the process and encouraged the person to be involved with transferring as much as possible which reflected the written guidance provided. Staff we spoke with demonstrated that they were aware of risks to people and that the guidance had been followed.

Equipment checks and servicing were regularly carried out. The service had completed all relevant health and safety checks including fridge/freezer temperature checks, fire system and equipment tests, emergency lighting, gas safety, electrical checks, and water regulations. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were

recorded. The home also provided a monthly analysis report on falls looking at the history of the falls, where the incident happened, time of the incident and the actions taken.

People, staff and staff rotas confirmed there were sufficient staff on duty to meet people's care and support needs safely. One person said, "There are quite a few [staff] to look after me." A relative commented, "There are plenty of carers." One staff member told us, "There is sufficient staffing. We don't use agency staff here. There is enough staff to pick up shifts when staff are off sick." Another staff member told us, "Yes, there is sufficient staffing. Staff absences are covered by existing staff who like extra shifts." Staff rotas were created once a month and showed four care workers including a senior care worker supported people during the day and night shifts included two care workers. The registered manager had introduced an 8am to 11am shift to support staff with morning personal care and breakfast activities. This was introduced in response to staff 's request of more support during morning shifts as people's needs were more demanding during that time period.

The provider followed staff recruitment practices to ensure people were supported by staff that were safe, of good character and with appropriate skills. Records confirmed that checks were carried out on potential staff before they started working at the service. These included two references, criminal record checks, proof of identification, right to work in the UK check and a record of the staff's previous employment. One staff member said, "The recruitment process was explained well. I completed the application form, had my interview and waited for the DBS checks and references before they confirmed my appointment." This meant the provider had taken steps to ensure suitable staff were employed.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time. This was confirmed by the staff we spoke with and documented in their training records. Medicines administration record sheets were up to date and had been completed by the member of staff administering the medicines.

Storage was appropriate for the amount and type of medicines in use. All medicines and trolleys were kept in a locked room. Drug refrigerator and storage temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures. The home had a clear policy on the administration of medicines and this was available to all staff.

Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Controlled drugs were stored appropriately and the keys held securely. Clear records were maintained in the controlled drugs register. Routine checks of stock balances of controlled drugs were undertaken regularly in accordance to ensure the amounts held reflected what was recorded in the register.

Staff were trained in infection control and during the inspection we noticed staff wore appropriate personal protective equipment such as gloves and aprons when supporting people. Infection control audits were carried out on a weekly basis to ensure people's safety. Records showed that staff conducting the audits recorded areas of concerns. The relevant staff including the maintenance person and the domestic staff recorded the date and the actions taken to address the concerns. One person said, "[Home] is clean and tidy." Another person told us, "Everything is too clean."

Good

Is the service effective?

Our findings

People who used the service told us they were supported by staff who had the skills to meet their needs. One person said, "I don't get upset about anything. I can't think of anything to improve my stay." Another person told us, "The [staff] are good."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. The assessment looked at medical history, medicines, nutrition, mental health, toileting, mobility, social history, personal interests and social contacts. Records confirmed this.

Staff we spoke with told us they received regular and sufficient training to do their job effectively. Records confirmed this. Staff comments included, "There is a lot of training goes on both in-house and external training. Two sessions a day so that there is always staff working on the floor", "We get regular training. The more you update the more it helps. They also gave me training in NVQ" and "Training really good actually, do it in your own time. I have learnt a lot through this way of training." Records showed the training included moving and handling, safeguarding, medicines, nutrition and hydration, infection control, health and safety, food hygiene, first aid, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were also provided with training specific to people's health conditions such as dementia, stroke, pressure ulcer management and diabetes.

All new staff were given a detailed induction that included areas such as health and safety, fire safety, first aid, welfare activities, care plans and risk assessments. A staff member who had recently started working at the service told us, "Induction was good, [management] showed me how to use the hoist, explained about [people who used the service] needs and those on DoLS." The staff files showed that staff had completed the induction programme, which showed they had received training and support before starting work in the home. Staff also completed the Care Certificate after they had received their induction training and records confirmed this. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

Staff told us they received one to one supervision every three months and found it helpful. Their comments included, "Every two to three months, they tell you if you are doing well and if [I]have any concerns can tell them" and "Every three months receive supervisions, it's good, gives a chance to speak to [registered manager] in private, issues around staff members." Topics discussed in supervision included review of work performance, training, support and development, work targets and standards required, personal needs and matters arising. Records confirmed this. Staff also received annual performance appraisals where their performance was appraised and objectives set for the following year. Topics discussed in appraisal included reliability, punctuality, flexibility, attitude to work, service users, others, staff, awareness of people's needs, own work and other staff and general appearance. Records confirmed this.

The kitchen was clean, food items were stored appropriately and labelled. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good. Food hygiene notices were displayed in the kitchen. Records showed fridge and freezer checks were completed

daily.

The chef was aware of the people who were on specialised diets and explained the meal preferences for these people which were reflected in the care records we looked at. There was a rolling four week food menu in place which included at least two hot meal options. The chef told us that people could ask for alternatives to the food choices for that day and records confirmed this. Staff told us and our observations confirmed people were asked their food option each morning.

People told us they liked the food. One person told us, "The food is good. I like chicken. [Staff] come around and ask what you want." A second person said, "The food is very good. It is cooked really well." A relative commented, "[Relative] eats everything. Has enough to drink. I can get drinks myself." Another relative said, "[Relative] loves [the] food. It always looks nice and good variety."

During lunch we saw people being offered a range of drinks. Meals were attractively presented and there was a relaxed and calm atmosphere. Each table had a table cloth, fresh flowers and condiments available. Staff members chatted with people while they waited for their food to be served. For example, we observed one staff member supporting someone to eat. The staff member was kind, patient and encouraging. The staff member asked the person, "Go on try two more [vegetables]. Go on try it. It is nice." Also, another person was presented their food and they asked if they could wait twenty minutes. The staff member advised the person that would be fine and they would keep the food warm for them.

People were supported to maintain good health and to access healthcare services when required. Records showed people attended appointments from a range of healthcare professionals such as GPs, dentists, chiropodists, opticians, district nurses, tissue viability team, and dieticians.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the registered manager was able to explain the process they would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications. We saw evidence of these principles being applied during our inspection.

Staff were seen supporting people to make decisions and asked for their consent throughout the inspection. One staff member told us, "Our responsibility is to make sure [people] are kept safe and respect their decisions whilst bearing in mind that their freedom should be respected." Another staff member said, "If someone has not got capacity, there is DoLS put in place. If say no to food, encourage them, give them time

and come back and offer again. Never force them." This meant the service was meeting the requirements relating to consent, MCA and DoLS.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. For example, we overhead a staff member say to a person, "[Person] are we going to try and walk today? Are we going to walk a bit?" The person responded they did not want to walk at that time. One staff member told us, "Give [people] a choice of clothes, food and respect people's belongings."

The premises, décor and furnishings were maintained to a good standard. They provided people with a clean, tidy and comfortable home. The registered manager told us since the home was under the new provider it had started to be refurbished. This included decorating communal areas and people's bedrooms, new carpets and a training room being made available. There was a secure access to a large garden for people's use. Specialised equipment was available for people such as a hoist and walk in showers. People's bedrooms were personalised. One relative told us, "The new owners have refurbished."

Good

Is the service caring?

Our findings

People and their relatives told us that they were well treated and the staff were caring. One person told us, "[Staff] are gentle with me when helping with dressing." Another person said, "I like the general atmosphere and everyone is sociable. We are encouraged to join in. The [staff] are lovely and I join in everything." A third person told us, "If you need any help [staff] are perfect." A relative commented, "[Relative] is content and comfortable." A second relative told us, "[Relative] came from another home when [their] needs changed. I am so happy."

Staff knew the people they were caring for and supporting. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. One staff member said about working at the home, "I love it, it is really good. I have grown as a [person] and a professional since [being] here." Another staff member told us, "[I] enjoy looking after [people who used the service] and helping them." Staff communication with all residents was warm and friendly. Throughout the day we saw staff sitting with people and showing genuine interest as they talked to them.

People's privacy and dignity was respected. Staff told us they knocked on people's doors before entering their rooms and we saw this during the inspection. One person said, "The [staff] knock when they come in to my room." A relative said, "[Staff] knock when entering [relative's] room." A second relative told us, "I think that the [staff] take [relative's] dignity into account when [dressing them]. The [staff] call [relative] by their preferred name.' A third relative said, "Staff take time to listen to [relative]." Staff we spoke with gave examples of how they respect people's privacy. One staff member told us, "I make sure [people] are clean, safe and their dignity is kept." A second staff member said, "Make sure doors are shut when in toilet and bedrooms [and] taking into consideration their feelings."

People were involved in their care. Staff ensured people were given opportunities to make day to day decisions about their care. A relative told us, "We get invited to meetings. Could raise any issues." We observed staff offering people choices when providing them with meals and drinks during the inspection.

People's independence was encouraged. One person said, "I am quite independent regarding getting up. I can wash myself." Another person told us, "I am quite independent but I can ask for a cup of tea if I want one." Staff gave examples how they involved people with doing certain aspects of their personal care to help become more independent. This was reflected in the care plans for people. The care plans had a section called "Things I can do/things I am unable to do." For example, one care plan stated, "I can wash my upper body with support. I can clean my teeth. I can make my choice of what I want to wear. I can eat and drink without assistance." One staff member told us, "If they are able to eat themselves we encourage them. We encourage them to wash their face. [Person who use the service] uses [electronic tablet] independently to watch the news. Some people help out in folding clothes." We observed people who used the service preparing the dining room tables for lunch.

Good

Is the service responsive?

Our findings

People and their relatives told us they enjoyed living at the home and the care they received was responsive to their needs. One person said, "Staff are very patient. I don't wait long if I ring my bell." A relative told us, "Staff keep us up to date. Rang the other day to check if we were coming to visit as [relative] was going out." Another relative said, "We always get updated if, for example, [emergency services] has been called we are told 'this is the outcome'."

Care records contained details of people's personal histories, people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised and reviewed monthly. Care plans included guidance on communication, mobility, mental health and cognition, self-neglect, medicines, personal hygiene and skin care, dressing, diet and eating, cultural and religious needs, toileting, night care, moving and handling, leisure and social care, activities and end of life. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one care plan stated, "[Person] likes reading [the] newspaper and other reading materials. Staff to ensure that she has her daily paper, Staff to ensure that the magnifier glass is clean at all times and she has it with her at all times." We observed this person during the inspection with a newspaper and the magnifier glass with them as stated in the care plan. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had access to planned activities. The home employed a full-time activities co-ordinator. However, during our inspection, the activities co-ordinator was on planned leave for two days. The home had organised external activities to be provided over the period of the two days. During the afternoon we observed an opera singer performing for people. People were singing along and enjoying themselves.

Activities on offer included quizzes, singalongs, exercise sessions, and arts and crafts. People also had access to activities outside of the home. These included monthly visits to the cinema, weekly pub lunches, boat trips during the summer period, garden parties and a weekly BBQ. A hairdresser was available to help people maintain their personal appearance. Peoples' views were very positive about the activities. One person said, "I enjoy the activities. I go on outings, a restaurant meal. I enjoy painting and drawing." A second person told us, "I go out to the pub for lunch and like the idea of the opera singer coming. Her voice is very good." A relative said, "[Relative] was a draughtsman, does painting and drawing. [People] so enjoyed a boat trip on the River Lea that the activities person organised a longer trip."

People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the care planning process. Staff showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "You wouldn't treat [LGBT people] differently because of their sexuality. We have spoken about [LGBT] in staff meetings." A staff member told us, "It would not bother me, as I am [LGBT]. It would not bother [staff]. We treat everyone the same however [we are] aware of people's individual differences. Treat people equally." Another staff member said, "Personally I don't really see that [their sexuality] just makes the person who they are, there is

more to the person. I would still care for them as people deserve great care."

The provider followed appropriate complaints procedures. People and their relatives were encouraged to raise concerns. Complaints records showed there had been one complaint in the last year and suitable actions had been taken promptly to address the concerns. The complaint policy detailed the complaint procedure and contact details for the local authority and ombudsman for people to contact if they were not satisfied with the outcome of the complaint.

The provider's compliments folder had people and their relatives compliment letters and cards thanking staff and the management for their service. Some quotes from compliments letters and cards, "To all the staff for being so kind to [person who used the service] whilst she was with you. It gave her a happy ending" and "We know it takes the whole team for Three Willows to be so caring and kind but that starts and is maintained with superb leadership. Thank you for your care, kindness and support."

Advanced care wishes were written in people's care plans about how people wished to be supported with their end of life needs and evidence of discussions were recorded. The registered manager told us people were supported to receive end of life care at the home if they wished. People were supported by palliative care specialists such as palliative nurses, district nurses and the GP surgery for the home. End of life care plans were regularly reviewed to make certain people's wishes were met. Do not attempt cardio-pulmonary resuscitation (DNACPR) forms were in place for individuals where appropriate and we saw evidence of discussions with multi-disciplinary teams and people's relatives to ensure that people were consulted about important decisions about their healthcare needs.

Good

Is the service well-led?

Our findings

People who used the service and relatives spoke positively about the registered manager. One person told us, "I know the manager. I see her about." Another person said, "There is nothing that could be made better. The manager is busy." A relative told us, "We have not had any issues with [registered manager]."

Staff told us that they felt supported by the registered manager. One staff member said, "[If you] need help [registered manager] is always available [to] talk about it. Feel very supported in my role." A second staff member told us, "If I need help I can go to [registered manager]. She is helpful." A third staff member said, "If we don't agree with [registered manager] opinions, she doesn't get defensive, she considers our views."

Staff, people who used the service and relatives were very positive about the new provider and the changes being implemented. One person said, "I think the new owners are good." Another person told us, "I think that the new owners are good. I have met them." A third person said, "The new owners have spent a lot of money." One staff member told us, "There have been a lot of positive changes since the new provider. The [home] has been decorated. When [new provider] took over, he came in and asked all staff individually what we wanted. If we ask him about anything he responds straightaway. He visits regularly, spends time with residents and family." Another staff member said, "[New provider] is like a breath of fresh air. He trusts my judgement. I think he is a sensible, approachable nice guy." The registered manager told us she felt supported with the new provider. They told us, "[New provider] is quite hands on. Visits once a twice a week. He calls every day. He is very supportive."

The service held regular staff meetings where staff could receive up to date information and share feedback and ideas. Meetings were held for day staff, senior staff, and night staff. Topics included were Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), staff absence and sickness cover, residents' activities, safeguarding, meal times, and training. Staff told us they found meetings helpful. The management also facilitated two handover meetings per day to ensure new staff coming on shifts were aware of people's physical and emotional wellbeing, and of any appointments and visits they needed to be aware of. Records confirmed this. A staff member said, "I have attended staff handover meetings and they are very informative. It prepares me for my shift. If I want to remind myself of the discussion I look at the handover book."

Residents and relative's meetings were held every quarter to provide and seek feedback on the service. Topics recorded for the meetings included food menu ideas and feedback, activities, new staff feedback, suggestions on improving the décor of the home, staffing, health and safety, hygiene and cleanliness of the service. One relative told us, "There is a relative's meeting coming up."

The provider had a number of quality monitoring systems in place. These were used to continually review and improve the service. The provider's management policy stated that either the director or the associate must visit the service a minimum of 10 times a year. Provider's quality audit records showed the provider had carried out monthly visits since taking over the service and reviewed the service's standards of care. The provider reviewed people's care plans, safeguarding, complaints and incidents records, had discussions

with people, staff and healthcare professionals to establish if the service met people's individual care needs effectively. The provider also had a formal discussion with the registered manager following the audit to identify areas of improvement and these were recorded in the audits. Records confirmed this.

The provider carried out annual surveys to seek feedback from people using the service, relatives and staff on the quality of care. Areas covered in surveys were choice of home, care and treatment, care planning and activities, meals and nutritional needs, medicines, your surroundings, staffing and complaints. Quality surveys results showed people and their relatives were generally happy with the service. The registered manager told us any specific areas of improvement identified via the returned survey forms were addressed at once. Records confirmed this. Some quotes from people's and relatives survey results included, "Staff always kind, patient and delightful" and "Spend a lot of time in the lovely garden in the summer." People were also asked for their feedback on quality of food on a monthly basis. Records showed people were generally happy with the food and the choices offered.

Staff survey results showed staff were happy working with the service and felt supported. A quote from the survey results, "Very homely for residents and now the has been decorated nicer for us workers." Areas of improvement were discussed during the staff meeting. Records confirmed this.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us she attended the local authority care home manager's forum to share information. The local authority care home manager's forum also had a telephone support network. The registered manager told us she found this helpful with support and guidance. Also, the home worked with a local authority contracts team, social services, district nurses and the Alzheimer's society.