

Metro Care Homes Limited

Acacia Lodge - Staines

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 20 July 2016.

Acacia Lodge – Staines provides accommodation, nursing and personal care for up to 36 older people, some of whom are living with dementia. There were 19 people living at the service at the time of our inspection.

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 and associated Regulations about how the service is run.

There were enough staff deployed to keep people safe and to meet their needs promptly. People were supported by staff that had the skills and experience needed to provide effective care. Relatives told us that staff knew their family members' needs well and provided consistent care. Staff had an induction when they started work and access to ongoing training. Staff shared information about people's needs, which ensured they received their care in a consistent way.

The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy. People told us they felt safe at the service and when staff were providing their care.

Risks to people had been assessed and measures implemented to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. People's medicines were managed safely. People were supported to stay healthy and to obtain treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were professional and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity. Feedback obtained from healthcare professionals about staff was very positive. Healthcare professionals said that staff were friendly and caring and that they knew the people they cared for well.

The registered manager and staff worked closely with other healthcare professionals to ensure that people received good, individualised end of life care that reflected their wishes. People were given opportunities to discuss their wishes with staff and their next of kin and these were recorded in an advance care plan. A healthcare professional told us they and the registered manager regularly reviewed practice in this area to identify any ways in which improvements could be made. Healthcare professionals provided positive

feedback about the care provided by staff. They said staff were skilled and knowledgeable about the people they cared for, which enabled them to provide people's care in a consistent way.

People's needs were assessed before they moved to the service to ensure their needs could be met. Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their needs and wishes. Care plans were person-centred and provided clear information for staff about how to provide care and support in the way each person preferred. Relatives said staff monitored their family members' health and welfare closely, which meant they identified any concerns promptly. Healthcare professionals provided positive feedback about the responsiveness of staff when people's needs changed. They said staff always responded promptly and were proactive in seeking advice from healthcare professionals.

The registered manager provided good leadership for the service and led by example in their values and approach to supporting people. People and their relatives had opportunities to give their views about the care they received and told us that the registered manager responded appropriately to any concerns they raised. Staff told us they had opportunities to express their views and raise any concerns they had.

The registered manager had implemented an effective quality assurance system to ensure that key areas of the service were monitored effectively. Records relating to people's care were accurate, up to date and stored appropriately. Feedback obtained from healthcare professionals about the management of the service and the standard of record-keeping was positive. Healthcare professionals said the service was well run and that records were clear and accurate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

Risks to people's safety had been assessed and were managed appropriately.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the necessary skills and experience to provide effective care.

Staff were well supported in their roles through regular supervision and appropriate training.

People's care was provided in line with the Mental Capacity Act 2005.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported them.

Staff supported people in a way that promoted their independence.

Staff treated people with respect and maintained their privacy and dignity.

People received high quality, individualised end of life care.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care and treatment they needed.

Care plans were regularly reviewed to ensure they continued to reflect people's needs.

Staff knew people's individual needs and preferences and to provided care in a way that reflected these.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good ●

The service was well led.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

The registered manager had implemented effective systems of quality monitoring and auditing.

The registered manager had established effective links with health and social care professionals to ensure that people received the care they needed.

Records relating to people's care were accurate, up to date and stored appropriately.

Acacia Lodge - Staines

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, 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 20 July 2016. The inspection was carried out by two inspectors and was unannounced.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider submitted a Provider Information Return (PIR) in April 2016. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who lived at the service and seven relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with seven staff, including the registered manager, registered nurses, care staff and catering staff. We looked at the care records of four people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection of the service was carried out on 2 January 2014 when no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe at the service and when staff were providing their care. They said that staff supported them in a way that maintained their comfort and dignity. One person said of the staff, "I trust the staff. They always make sure I'm comfortable" and another person told us, "Without doubt I feel safe, I don't worry about that here." Relatives told us that staff provided care to their family members in a safe way. They said staff were aware of any risks to their family members' safety and managed these appropriately. One relative said, "The staff are very competent, they keep him safe." Another relative told us "They support him safely when they use the equipment."

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were available when they needed them and that staff attended promptly if they rang their call bells. One person told us, "The staff are always around. I don't have to wait for anything." Another person said, "The staff come straight away if I need them." Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. One relative told us, "There are always enough staff. He doesn't have to wait for care. They're here very quickly when he uses his call bell."

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. Care staff told us that qualified nursing staff were available if they needed to raise any concerns about a person's health or welfare. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

Staff carried out assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example staff evaluated the risks to people of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. The registered manager told us that safeguarding and whistle-blowing were discussed with staff at individual supervisions and team meetings. Staff told us they had attended

safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. Some of the staff employed had been recruited from outside the UK. These staff were subject to the same recruitment procedures as UK staff but also had to provide a criminal record check from their country of origin and evidence of entitlement to work in the UK.

People's medicines were managed safely. Staff made sure people understood what their medicines were for and checked whether they required pain relief. One person told us, "The nurse talks to me about my tablets and asks if I need any extra" and another person said, "I get my tablets at the right time." Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked.

There were appropriate arrangements for the ordering and disposal of medicines. The registered manager had recently carried out a medicines audit and identified some areas for improvement, such as the consistency of directions on medicines labels. We saw evidence that the registered manager had taken action to address and resolve these issues. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Is the service effective?

Our findings

Staff had the skills, knowledge and experience they needed to provide people's care. People told us that staff knew them well and provided the care they needed in the way they preferred. One person said, "The staff are very good, they all know the care I need."

Relatives told us they were confident in the skills and knowledge of the staff who cared for their family members. They said their family members received consistent care from regular staff. One relative told us, "We're very happy with the care he gets. The staff are competent and they know him very well." Another relative said, "I'm very pleased with the way they treat him. The care is very good. The staff are very switched on, very knowledgeable." A third relative told us, "They are regular staff, he knows them all by name."

The registered manager provided us with feedback obtained from healthcare professionals about the effectiveness of staff. Comments made by healthcare professionals included, "Staffs' skills and knowledge enable them to provide a good standard of care", "The care and treatment is very consistent", and "Care appears very good. The staff are skilled."

Staff told us they were supported in their work and said they had access to the training they needed to do their jobs. They said they worked well as a team and that morale was good. One member of staff told us, "We have a good team here. We support one other." The staff we spoke with were positive about their roles and committed to the values of the service, such as providing care in a person-centred way and treating people with dignity and respect.

All staff attended an induction when they started work, which included shadowing an experienced colleague. Staff said they had also familiarised themselves with people's care plans during their induction, which provided detailed guidance about how people preferred their care to be provided. Staff attended core training during their induction, including health and safety, moving and handling, safeguarding, infection control, fire safety and first aid.

Staff had access to training in areas relevant to the needs of the people they cared for and the safe use of equipment involved in people's care, such as slings and hoists. The registered manager audited training records regularly to ensure that staff were up to date with the knowledge and skills they needed. Training was provided specifically for registered nurses in areas such as wound care and the management of syringe drivers. Registered nurses were aware of their responsibilities regarding revalidation, a process which requires registered nurses to periodically demonstrate their competency to practice, supervised by their professional body.

Staff had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. The supervision of staff was shared between the registered manager and the assistant manager. Staff told us the provider had supported them to undertake vocational qualifications in health and social care. The registered manager told us that two staff were working towards the Care Certificate, which is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

The registered manager said that all other staff had achieved vocational qualifications in health and social care equivalent to, or higher than, the Care Certificate.

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 make 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 and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to have a balanced diet and were involved in choosing the menu. They said they enjoyed the food provided and could have alternatives to the menu if they wished. One person told us, "The food is pretty good. If I don't like something, they will always do me something different." Another person said, "The food is very good, I look forward to it."

Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "He likes the food here. They cater to his needs; they are very good like that. He's a bit fussy but they do his favourites for him." Another relative told us, "He's a fussy eater but they've tried really hard to find things he likes. They'll always make him something different if he doesn't like what's on the menu."

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. The service had access to healthcare professionals, such as a speech and language therapist, if people developed needs that required specialist input. Catering staff demonstrated a good knowledge of people's individual dietary needs, such as gluten free and soft diets, and had received guidance on the preparation of specialist diets. We observed that people who required assistance to eat and drink received this support.

People's healthcare needs were monitored effectively and people told us they were supported to make a medical appointment if they felt unwell. One person told us, "They always get a doctor in if I feel ill." Staff were able to explain the signs they looked for to indicate if someone was unwell and the action they would take if they noticed these. A member of staff told us, "We always observe the residents and if there is any change we report it to the nurse in charge."

Relatives told us they were confident that staff monitored their family members' health and obtained

appropriate treatment when needed. One relative told us, "They monitor his health very well. He was underweight when he moved in but he's put on weight. His health has improved so much since he's been here." Another relative said, "They've always arranged an appointment with a GP when he's needed one." A third relative told us, "They've been very good managing her diabetes. They encourage her to eat and drink regularly, plenty of fluids and snacks. They keep records of what she eats and they make sure she sees a doctor if she needs to."

Staff shared and communicated information about people's needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. The minutes of team meetings demonstrated that the registered manager used these meetings to discuss any changes in people's needs and to reinforce best practice in the provision of their care. Relatives told us that staff were always available to discuss their family members' health and well-being. One relative said, "They all know Mum so it's very easy to talk to them about her needs" and another relative told us, "There is always someone available if I want to discuss anything. They are very knowledgeable about his needs."

Is the service caring?

Our findings

People were cared for by kind and compassionate staff. People told us that staff treated them with warmth and kindness. One person said, "I took a bit of time to settle in but I really like it here now. It's a very caring place. The staff are really nice." Another person told us, "I feel like the staff know me really well. It's like a family really." A third person said, "I never feel like I'm being rushed or just another person. The staff are really caring."

Relatives told us their family members had developed positive relationships with the staff who cared for them. They said staff genuinely cared about their family members and that this was evidenced in the way they provided their care. One relative told us, "The staff are brilliant, they are like a family. They made a real effort to help her settle when she moved in. They are so kind and they know her so well." Another relative said, "We're very lucky with the staff here. They are very caring. They've really made an effort to get to know him." A third relative told us, "The staff are lovely. He gets on very well with them all; he enjoys their company."

The registered manager provided us with feedback obtained from healthcare professionals about staff. Comments made by healthcare professionals included, "Staff are articulate, caring and very helpful to care professionals visiting the home and the residents", "The nurses are skilled and all with kindness and compassion", "Staff are welcoming and friendly - all polite and well turned out" and "I found the staff to be friendly and caring and joy to be around, although some staff need more confidence."

People told us staff treated them with dignity and respect. One person said, "I am treated with respect, without a doubt. No-one takes any liberties. They treat me like an adult." Another person told us, "I can't fault them. They always knock before they come in. I need quite a bit of care and they always make sure it's done in a dignified way." A third person said, "We are free to make our own decisions. The staff wouldn't dream of making me do something I didn't want to do."

Relatives said staff ensured their family members were treated with respect and their dignity was maintained when receiving care. One relative told us, "The staff are very respectful." Another relative said, "He is treated with respect. They always knock and wait for him to ask them to come in, even when he's got his door open." Staff told us the registered manager had instilled in them the importance of treating people with dignity and respect. One member of staff said, "It's important to treat the residents respectfully and to involve them in their care if we can. We wouldn't want to do something that made them feel uncomfortable." Another staff member said, "The way I approach it is to treat them as I would want to be treated."

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them, making conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support.

Relatives told us that staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. One relative said, "They encourage him to do things for himself where he can." Another relative told us, "They've encouraged her to move independently so that she keeps her mobility." Staff provided examples of how they had supported people to regain their independence, such as working with one person to enable them to shave themselves. People told us that staff knew their preferences about their daily routines and respected these choices. Relatives said that staff always supported people to look their best, which was good for their self-esteem. One relative told us, "They make sure she is always well presented. She has always taken a pride in her appearance and looking her best is important to her."

Staff supported people to maintain contact with their friends and families. For example people were encouraged to telephone their relatives if they were unable to visit. Relatives told us that staff contacted them regularly with updates about their family members' welfare. One relative said, "They will always 'phone me if he's not well but often it's just to let me know how he's doing." Another relative told us, "They are very good at keeping us up to date."

The registered manager and staff worked closely with other healthcare professionals to ensure that people received high quality, individualised end of life care that reflected their wishes. The registered manager had implemented the Gold Standard Framework (GSF) for end of life care. The GSF model enables good practice in end of life care to be available to all those nearing the end of their lives. A healthcare professional told us they and the registered manager regularly reviewed practice to learn from what had worked well to improve our care.

A healthcare professional told us that staff at the service worked co-operatively with specialist palliative care professionals to ensure people received high quality end of life care. They said the nurses at the service were competent in administering end of life medicines if required. Each person had been assessed in line with the GSF to ensure their individual needs were anticipated and provided for. The assessment outcome for each person was regularly reviewed to ensure it remained accurate. The healthcare professional said staff always sought appropriate medical advice if a person became acutely unwell.

An advance care plan had been developed for each person living at the service, which recorded their wishes and preferences about their future care. These aspects of care had been discussed with people and their next of kin. Discussion included under which circumstances a person may wish to be admitted to hospital and where they would prefer to receive end of life care. People's wishes were documented in their care notes and communicated to all staff members. This information was also held on the person's electronic notes held at the GP surgery.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Relatives told us that their family members' needs had been assessed before they moved in to ensure their needs could be met. They said their family members had been encouraged to contribute to the assessment and outline their preferences about their care. One relative told us, "They did an assessment at her home. It was very detailed. They made sure they covered all her needs and that she was involved in the process."

Relatives told us staff responded quickly if their family members' needs changed. They said staff monitored their family members' health and welfare closely, which meant they identified any concerns promptly. One relative told us, "They respond very well to his needs. They anticipate his needs, I'd say. He's prone to UTIs [urinary infections] so they monitor that very closely." Another relative said, "They know him so well they can anticipate his needs." A third relative told us their family member had lost weight and staff had responded appropriately to address this issue. The relative told us, "When they realised he was losing weight, they introduced one-to-one staffing to help him eat and that has helped. He's been eating a bit more since then and has put on some weight."

The registered manager provided us with feedback obtained from healthcare professionals about responsiveness of staff when people's needs changed. Comments made by healthcare professionals included, "Staff have good communication skills and respond promptly to any changes in care and treatment", "Staff always respond promptly to changes" and "The staff are proactive and do not hesitate to contact the team should there be any significant changes to the patient's condition."

Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their needs and wishes. One member of staff told us, "It's about providing care for that individual person. What one person needs is not the same for another person." Another member of staff said, "We take into account the needs of each resident. We treat people as individuals. We would want that for ourselves."

Care plans were person-centred and provided clear information for staff about how to provide care and support in the way each person preferred. Care plans were reviewed regularly to ensure that they continued to reflect people's needs. Relatives told us that they had been consulted about their family members' care plans and that their input had been encouraged. One relative said, "A care plan was written for him when he moved in, which was discussed with us. There are reviews during the year to make sure everything's up to date, which we are invited to contribute to." Another relative told us, "We're asked for feedback about the care plan. I'm sure they'd make changes if we asked for them but I've never found fault with anything. They cater for his needs 100%."

As people spent the majority of their time in their rooms, there was no programme of group activities. Instead staff spent time with people in their rooms supporting them to take part in an activity of their choice and ensuring they did not become isolated. Staff told us this meant activities could be tailored to meet people's individual needs. People and their relatives told us this arrangement suited their needs better than

a planned programme of activities. One relative said, "He chooses to spend most his time in his room. They have offered him activities; it's his choice not to join in. They've brought things to his room to encourage him to get involved in something." Another relative told us, "He likes to stay in his room but they make sure he's not isolated. He keeps his door open and they are always popping in to say hello."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. One person told us, "I would feel able to complain if I needed to. I'm sure what I said would be listened to" and a relative said, "I've never needed to complain but I would feel able to if necessary." The provider had not received any complaints about the service in the last 12 months and no complaints had been made to the CQC.

Is the service well-led?

Our findings

Relatives told us the registered manager provided good leadership for the service. They said the registered manager was committed to maintaining high standards of care and to supporting staff well. One relative said, "It's extremely well run. The manager is very competent. She knows the residents very well and she's a caring person." Another relative told us, "The manager will do anything for you. She is very friendly and helpful. I think the staff are well supported. They seem happy in their work; they all come across as cheerful."

There was an open culture in which people, relatives and staff were encouraged to contribute to the improvement and development of the service. People and their relatives had opportunities to give their views about the care they received and these were acted upon. They said the registered manager and staff always listened to what they had to say and responded appropriately. One relative told us, "The manager is always available if you want to talk to her. We can speak to her at any time and she always takes on board what we have to say." The provider distributed and collated satisfaction surveys each year, which enabled people, relatives and healthcare professionals to give their views about the service. We found the results of the previous survey had highlighted the quality of care, the staff and the food as positive aspects of the service.

The registered manager provided us with feedback obtained from healthcare professionals about the management of the service and the standard of record-keeping. Comments made by healthcare professionals included, "The home is well run, up to date with policies & procedures", "Record keeping is clear and concise", "Records are accessible and organised" and "The home has an involved manager who is interested in promoting residents' care and likes to ensure they get the best treatment."

Staff told us the registered manager was approachable and encouraged them to have their say about how the service could be improved. One member of staff told us, "The manager is very supportive. Her door is open if we need anything." Another member of staff said, "The manager always includes staff in everything. You feel like your opinion matters."

The registered manager had implemented effective systems to monitor and improve the quality of the service. Regular audits were carried out which checked key areas of service delivery, such as the quality of recording, complaints, food, accidents and incidents, pressure ulcer care and medicines management. A report of each audit was produced and where areas had been identified for improvement, the registered manager had detailed the action taken to address the issue. The local authority had carried out quality monitoring visits to the service and produced reports of these visits. The reports provided positive feedback about the quality of care people received and the kindness and skill of staff.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and any appointments they attended. Relatives told us the quality of record-keeping was good and accurately reflected the care their family members received. One relative said, "Their record-keeping is clear and concise." Another relative told us,

"The records are very well kept, very thorough." A third relative said, "We were checking his records every day when he moved in to make sure he was getting the care he needed. They were always up to date. "

The registered manager had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed. For example the registered manager worked closely with the allocated GP for the service to ensure people received the care they needed at the service and avoided being admitted to hospital. We saw written feedback from the GP praising the efforts of the registered manager and staff in delivering high quality care.