Care Quality Commission

Sanctuary Care Limited

Rowanweald Nursing 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?	Requires improvement

Overall summary

We undertook this unannounced inspection on 22 October 2015. Rowanweald Nursing Home provides nursing care and accommodation for a maximum of 45 older people some of whom may have dementia, mental health needs, physical disability or sensory impairment. The home is purpose built and on the ground floor and second floor of the building. It is subdivided into 3 units. At this inspection there were 35 people living in the home.

At our last inspection on 25 & 26 November 2014 the service did not meet Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. This corresponds with Regulations 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. At that inspection the registered person did not always ensured that care plans included detailed guidance for staff to follow to minimise the risk

Summary of findings

of people acquiring pressure ulcers. At our inspection of 22 October 2015 we found that the service had suitable arrangements in place to provide safe care and treatment.

The home did not have a registered manager. The new manager was in the process of applying for registration with the Care Quality Commission (CQC) to manage the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives informed us that they were mostly satisfied with the care and services provided. They said that people were treated with respect and they were safe. There was a safeguarding adults procedure and suitable arrangements for safeguarding people. A number of concerns and safeguarding allegations had been received by us and the local safeguarding team. Some of these were substantiated while others were not. Staff co-operated with investigations carried out by the safeguarding team. Action was taken by the provider following recommendations made after these investigations.

People's care needs and potential risks to them were assessed. Staff prepared appropriate care plans to ensure that that people received safe and appropriate care. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual choices and preferences of people.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Consultation meetings had been held for people and their representatives. The home had an activities programme but effort was needed to provide a more varied range of activities so that people could have regular access to adequate social and therapeutic stimulation.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were mostly satisfied with the meals provided. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory.

Staff had been carefully recruited and provided with training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. There were enough staff to meet people's needs. The staffing levels were satisfactory.

The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by the manager, the regional managers and directors of the company. Complaints made had been promptly responded to. We however, noted that previous audits and checks had not always identified and promptly rectified deficiencies with regard to the care provided to people. There is therefore a need for the provider to continue to carry out robust and comprehensive audits together with prompt action in response to deficiencies identified. This is necessary to ensure the safety and welfare of people who use the service.

We found the premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out.

Summary of findings

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. The home had a safeguarding procedure and staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. There were arrangements to ensure that the home had sufficient staff to meet people's needs.

The home was clean and infection control measures were in place.

Is the service effective?

Good

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs.

People's healthcare needs had been closely monitored and attended to. Their nutritional needs and preferences were met.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. Staff were reminded by their managers to treat people with kindness and spend quality time with them. People were treated with respect and dignity.

Staff supported people in a friendly manner and were responsive to their needs. Adaptations and equipment were available to assist those with mobility problems.

Feedback from people, their relatives and health and social care professionals indicated that staff made effort to support people and develop positive relationships. People and their representatives, were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices.

The home had an activities programme. However, it was not sufficiently varied and some people informed us that they felt bored due to the lack of appropriate activities.

Summary of findings

The home had meetings and people could express their views and suggestions. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Requires improvement

One aspect of the service was not well-led. People we spoke with expressed confidence in the new manager and stated that they could approach her.

The results of a recent satisfaction survey and feedback from people and relatives indicated that most people were satisfied with the care and services provided. Staff were aware of the values and aims of the service and this included treating people with kindness.

Social and healthcare professionals told us that they have had concerns regarding the monitoring of the service. We noted that previous audits and checks had not always identified and promptly rectified deficiencies. There is therefore a need for the provider to continue to carry out robust and comprehensive audits to ensure the safety and welfare of people who use the service.

Rowanweald Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 22 October 2015 and it was unannounced. The inspection team consisted of two inspectors, a pharmacist specialist, a specialist nurse advisor and an "expert by experience". An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. We also contacted health and social care professionals and obtain feedback from five of them about the care provided in the home.

There were 35 people living in the home. We spoke with fifteen people and four of their relatives. We also spoke with seven staff, the regional projects manager and the new manager of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms.

We reviewed a range of records about people's care and how the home was managed. These included the care records for eight people living there, five staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

People and their relatives told us they felt that people using the service were safe. The service had suitable arrangements in place to ensure that people were safe and protected from abuse. A person who used the service said, "It's a pleasant place, It's fine, they look after you." A second person said that the home was "spotlessly clean, there are no smells." A third person said "There is no cruelty, they don't make you do anything you don't want to do." A relative said, "The home is good. My relative is well looked after. Always clean and well cared for. It's a very good place."

Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. Following some prompting they informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and details of the local safeguarding team were on display near the reception area.

Staff were aware of the provider's safeguarding policy. People's care needs had been carefully assessed. Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with people choking, falling and pressure ulcers. People's care plans also contained Personal Emergency Evacuation Plans in the event of a fire or other emergency.

We looked at the staff records and discussed staffing levels with the registered manager. The home was subdivided into 3 units called Arden, Pelena and Rheola. On the day of inspection there was a total of 35 people who used the service. In Arden people required assistance with personal care. The staffing level consisted on one carer during the day and one carer on waking duty during the night. In Pelena and Rheola people required nursing care. In each of these two nursing units

there was one nurse and 3 carers during the day shift. During the night shift all three units shared one nurse and 5 carers on waking duty. Staff we spoke with told us that on the whole the home had sufficient staff. People informed us that staff were attentive and prompt in their response when help was needed. A person who used the service said that she hardly used the call bell but when she did use it, it was answered quickly. Two other people were happy with the speed of response to the call bell. The manager stated that she would regularly review staffing levels with staff, people and their representatives to ensure that the staffing levels were adequate.

We examined a sample of five staff records. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There arrangements for the recording, storage, administration and disposal of medicines were checked by our pharmacist specialist. He found that the arrangements were satisfactory. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were returned to the local pharmacist for disposal. Clear guidance was seen in people's care plans regarding their medicines management. For example one person's care plan recorded the person 'has a tendency to spit tablets out' of their mouth and there was guidance on minimising this behaviour including 'tablets to be given one by one.' Individual medicines risk assessments were also documented.

People told us that they had received their medicines from staff. The home had a system for auditing medicines. This was carried out internally by the manager and regional manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records indicated that staff had received training on the administration of medicines. There were no gaps in the medicines administration charts examined.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, emergency lighting and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. Only two fire drills had been carried out in the past twelve months. The manager responded promptly and informed us soon after the inspection that a third drill had been carried out and another was scheduled in two months time. We noted that a recent report by the fire authorities in June 2015 indicated that there were a

Good

Is the service safe?

number deficiencies. The manager provided us with documented evidence that they had been rectified. The electrical Installations inspection report of January 2015 was unsatisfactory. We received documented evidence soon after the inspection from the company's surveyor to indicate that these had now been rectified.

Staff we spoke with had access to protective clothing including disposable gloves and aprons. They knew that soiled laundry needed to be put in a red bag. Staff knew about guidance to be followed to minimise the risk of infections such as norovirus. We visited the laundry room and discussed the laundering of soiled linen with laundry staff. The laundry staff was aware of the arrangements for soiled and infected linen. All areas of the home visited by us were clean. Paper towels and soap were available in bathrooms. We however, noted that the bin in the toilet next to the lounge in the Pelena unit was not covered. The manager stated that this would be attended to.

Good

Is the service effective?

Our findings

People and their relatives indicated to us that they were mostly satisfied with the care provided. One relative said, "Staff seem to be kind," Another relative said, "I don't worry about my relative when they are here and I am at home." Two healthcare professional informed us that they noted that people appeared well cared for and they had been able to provide healthcare services for people.

We observed that people were appropriately dressed and they could move about freely in the home and go out to the garden if they wanted to. Staff were friendly and regularly talked with people. We saw that people approached staff freely to talk to them.

People had their healthcare needs closely monitored. Our specialist nurse advisor noted that care records of people were well maintained and contained important information regarding medical conditions and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as people's dentist, podiatrist and GP. The weight of people were monitored and there was guidance on contacting a dietitian if there were concerns. A relative expressed dissatisfaction with the dental service provided for a person. This was discussed with the manager who agreed to look into the matter.

One person was an insulin dependent diabetic and had a diabetic foot ulcer. There was detailed information about how this person needed to be supported with guidelines for managing diabetes and diabetic foot care. A person who used the service told us they were happy staff helped them control the diabetes such as ensuring they did not eat the icing from a birthday cake. Another person had a pressure area risk assessment which indicated that they were at risk of pressure sores. We noted that an appropriate air bed and monitoring charts had been provided. One person however, stated that she had a couple of infections since coming to the home.

Some people had sacral and leg ulcers. These people had appropriate care plans and were monitored closely. Monitoring charts had been completed to indicate that 2 hourly changes of position were done. Staff had liaised with the tissue viability nurse to ensure that people were well cared for. Wound audits forms were completed.

There were suitable arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on meeting those needs. The care records of a person had guidance for staff to support a person who had a 'poor appetite'. Kitchen staff kept a list of people who required special meals or were on diabetic diets. Dining tables were laid attractively, napkins, tablecloths and condiments plus flowers were on each table. The menu was available for people. Meals were presented attractively. Drinks and fresh fruits were available for people. We saw people being offered a choice of main dish and drinks. Fruit juice was available. People had assistance with their meals when this was needed. People were not rushed. When needed fluid charts were completed for people to ensure they were receiving sufficient fluids.

Most people told us that they were satisfied with the arrangements for meals. However, a small number of people were not fully satisfied with the meals provided and one person said that dinner was served too early. The manager stated that people and their representatives had been consulted so that further improvements can be met.

Staff we spoke with were knowledgeable regarding the needs of people who used the service. Staff told us they felt they received the range of training they needed to carry out their role and responsibilities. The home had a record of training provided and certificates were available in the staff records. A training matrix was available and this indicated that essential training had been provided. New staff had undergone a period of induction to prepare them for their responsibilities. Staff said they worked well as a team and received the support they needed. This included day to day engagement and communication with the staff team about their work during shift 'handovers' and updates on the care of people. Staff told us that the manager was approachable and they felt confident she would address issues that they raised.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. These policies were needed so that people who did not have the capacity to consent to certain decisions about their care and support were protected and staff were fully informed regarding their responsibilities. The managers and staff had a good understanding of the legal requirements related to

Good

Is the service effective?

the MCA and DoLS. Staff said they had received the relevant MCA and DoLS training. We noted that some people were subject to DoLS authorisations. Mental capacity assessments and best interest decisions were recorded in people's care records to ensure that their rights were protected. Care plan information showed people had consented to sharing information with people involved in their care and if necessary, for photographs of wounds and leg ulcers.

Good

Is the service caring?

Our findings

People told us they found staff to be kind and caring. They said they were happy with the care they received and were involved in decisions about their care. One person pointed to a care staff and said "She's nice, she runs around and does a lot." A second person said, "They have really tried to help me. They've tried very hard to make me happy, they try to talk, they have happy faces and don't moan. But if you're not very talkative they leave you alone." Another person said that they had heard a care staff being very sympathetic with a person who was crying and saying he wanted to die, and she tried to cheer him up. Two people however, stated that they could not understand some carers due to their accent.

We observed respectful and caring interactions between care staff and people who used the service such as whether they wanted to return to their bedroom and what they wanted to eat or drink. A care staff noticed a person looked uncomfortable and promptly offered to adjust their cushions to assist them to be more comfortable.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. Dignity and respect was included in the induction programme for new staff. Care plans included detailed information and guidance about respecting people's needs, privacy and dignity. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs. People confirmed their privacy was respected.

The manager told us that she monitors staff interaction and engagement with people and asks people if they found that staff were kind. She provided us with an example of her addressing feedback from a person using the service who had found a member of staff on one occasion to be not as friendly as they would have liked.

A member of staff told us about their experience of caring for people with dementia. They provided us with an example of offering a person a shower and if the person said no, they would accept their decision but would also ask them again later on, when often the person then accepted having a shower.

People's care plans included information about people's choices such as preferred bedtimes and waking up times. People had the choice of how and where they wanted to spend their time. A person was assisted by staff from the lounge to their bedroom when they wished to speak with their visitors. We saw people spend time in their bedrooms and communal areas. Some people told us they chose to spend time on their own in their bedroom. A person asked for some fresh fruit and was provided with it promptly. A person's care plan included guidance about staff supporting the person to choose meals from the menu. A care worker told us that a person liked to go outside and smoke a cigarette several times during the day and need help from staff to go out. The care worker said "[Person] likes to smoke. Even when we are busy we always respect their wishes and assist her outside."

During our visit we saw staff took time to listen to people and supported them to make choices about what they wanted to eat, drink and what they wanted to do. We saw a care plan included information about involving the person in decisions about their care, and guidance included 'Give [Person] time to think about a decision and be involved in it.'

We saw some detailed information in people's care plans about their life history and their interests. Staff told us they spoke with people and asked them about their lives, interests and needs. Records showed staff had completed records of people's needs and any changes during each working shift so staff had up to date information of each person's current needs.

Care plans showed people were supported to retain as much of their independence as possible by encouraging people to participate in their personal care, and by providing people with mobility aids such as walking frames and wheelchairs so they could maintain their freedom of movement. Records showed that people were encouraged and supported to walk to prevent decline in their mobility. We saw people accessing communal areas of the units freely. Grab rails were located throughout the home to assist people with their mobility. A person's care plan recorded "Staff to help [Person] with whatever they need but to try and keep [Person] as independent as [Person] can be."

People were supported to maintain relationships with family and friends. Visitors told us they visited at varied

Good

Is the service caring?

times of the day or evening and always felt welcomed. Relatives of people confirmed they felt involved in people's care and were kept informed about their family member's progress and of any changes in the person's needs.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff told us representatives of various faiths regularly visited the home to support people with their spiritual needs. People told us their birthdays and religious festivals were celebrated in the home. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs. Records showed equality and diversity was included in the staff induction programme. Staff confirmed they had E&D training. A care worker told us "We treat people the way we would want to be treated." Kitchen staff informed us that they could arrange for various cultural meals to be provided if requested.

People were encouraged to express their views and participate in the deciding their care arrangements. Staff held monthly meetings where people could make suggestions in areas such as activities and the running of the home. This was evidenced in the minutes of meetings and confirmed by people.

Equipment such as hoists, grab rails and air mattresses had been provided to assist those with mobility problems. There were eating aids such as special drinking cups and plate guards. We however, noted that the signage was not sufficiently large for those visual problems. Our expert by experience noted that the layout of the home could be very disorientating for some people. The manager stated that she would look at ways to improve the areas identified.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Good

Is the service responsive?

Our findings

Relatives told us they were fully involved in people's care. Comments from them included, "Staff are good. I feel involved in [person's] care. They ring me if [person] is unwell or needs something," "I wouldn't hesitate to speak with staff if I had a worry, I know they would sort it out," "I am happy," and "I would recommend it [Rowanweald Nursing Home]."

At the last inspection 25 and 26 November 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered person did not always ensure that care plans included detailed guidance for staff to follow to minimise the risk of people acquiring pressure ulcers. Some people's repositioning records were incomplete and staff were unclear about the frequency people needed to change their position so people could be at risk of not receiving the care they needed to prevent pressure ulcers. During this inspection care plans we looked at included detailed guidance about people's personal care needs including pressure area care and people's repositioning records were completed as required. Pressure relieving equipment including air mattresses were available to people. A nurse told us they monitored these records closely to ensure they were appropriately completed. A care staff we spoke with knew how often a person needed to be repositioned, and was aware of the person's individual dietary needs to promote healing of a pressure ulcer. The provider showed they were meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they had been asked questions about people's needs before the person moved into the home. Records showed this involvement. People's assessments included information about a range of each person's needs including; dependency, health, social, care, mobility, medical, religious and communication needs. Care plans we looked at included personalised guidance for staff to follow to meet people's individual care needs. For example a person's care plan showed that two staff were needed to assist the person when the transferred from their bed to a chair.

Care plans showed people received the care they needed to manage and treat 'wounds' including leg ulcers and pressure ulcers. A tissue viability nurse had been involved in providing advice and with monitoring 'wounds'. Records showed that staff followed the nurse's advice. Photographs were regularly taken as part of monitoring the progress of the wounds healing.

The home employed an activities co-ordinator. However, she was not on duty during the inspection and we did not see people participate in activities apart from watching television, reading and talking with visitors. Our expert by experience noted that on the top floor of the home people were mainly sitting in their rooms and those who were in the lounge tended to be sleeping in front of the TV. One person said that the activities co-ordinator organised many different activities such as singers, garden parties, puzzles, games and bingo. However, some people said they felt bored as there was a lack of activities. The manager informed us after the inspection that the activities programme had been reviewed and plans were in place to improve the variety of activities provided.

During the inspection some people had their hair done by a visiting hairdresser, and some staff spent time talking with people. The activity timetable on one unit recorded scrabble in the morning and cinema in the afternoon but neither activity took place. Records showed there were occasions when people had the opportunity to participate in some group activities including a music session from an outside entertainer and a 'tea and war time memories' session.

The manager told us she had plans to review the provision and range of activities in the home and obtain feedback from people about the activities they would like to participate in and improve and develop this service. Records of a recent residents/relatives meeting showed people had been asked about their views on activities. A relative told us there weren't many activities provided but felt this was to do with staff being busy

There was a complaints policy. Staff knew they needed to report all complaints to the manager who they were confident would address them appropriately. A nurse told us there was a form that staff completed when they received a complaint which was given to the manager. People told us they knew what to do if they were unhappy about anything and felt comfortable raising complaints with staff. We examined a sample of complaints recorded. These had been responded to. Relatives of people told us "If I was concerned about something I wouldn't hesitate to tell the manager," and "I am very happy with everything, I

Good

Is the service responsive?

haven't any complaints." One person informed us that they had made a complaint against a care staff who was rude to them. This person stated that the manager was investigating the complaint. This was confirmed by the manager.

Relatives and people using the service had the opportunity to attend regular meetings about the service. A person using the service told us they had attended a recent meeting. Records showed people had been asked for their feedback about the menu and also informed that there was a new regional manager.

Some relatives complained that telephone calls to the home were not always promptly answered outside of office hours. The manager stated that she was aware of this and would be reviewing the situation. We also noted that administration staff did not respond promptly when we rung the door bell of the home. The manager explained that the receptionist did not start work till 10 am. She stated that she would be reviewing what action to take to improve the situation.

Requires improvement

Is the service well-led?

Our findings

People and their relatives expressed confidence in the management of the home. One person said "The manager's very understanding, she seems very easy going." Another person said, "The receptionist is very good. They are very nice people." Three health and social care professionals stated that the manager was receptive to suggestions for improving the care and services provided.

A healthcare professional who regularly visited the home stated that the home maintained good liaison with them and communication was good. They expressed no concerns. Some relatives and people who used the service commented that they were not happy with the constant change of managers in the home.

Care documentation was up to date and comprehensive. The home had a range of policies and

procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them.

The home carried out annual satisfaction surveys of people who used the service. A recent survey had been carried out. The feedback was positive and indicated that most people were satisfied with the care and services provided. The home had a plan for improving the care provided.

Audits and checks of the service had been carried out by the manager and the regional manager of the company. These included checks on care documentation, cleanliness, medicines and maintenance of the home. The new regional project manager informed us that the home was subject to a high level of scrutiny from her and senior management within Sanctuary Care. She stated that she carried out monthly visits to the home and discussed her findings with the manager and senior staff. In addition, she stated that audits done by the home manager were also sent to their Director of Nursing, Quality & Care for review. In addition, she stated that directors of the company either visited or discussed progress of the home on a monthly basis.

At the inspection we saw evidence that monthly audits had been carried out. We however, noted that previous audits and checks had not always identified and rectified deficiencies with regard to the care provided to people. There had been several allegations of neglect which had been substantiated and these included medication errors which placed people at risk and appropriate care not provided. Three social and healthcare professionals stated that they had concerns regarding the quality assurance monitoring of the home by senior managers of the company. They were of the opinion that mistakes made had not always been identified and promptly responded to. Although improvements had been made, these needed to be consolidated via continued robust quality assurance checks and follow up action.

The home had a system for improving effective communication among staff. There were daily meetings for senior staff to ensure that each department was working well. In addition, monthly staff meetings were held and we noted that staff had been updated regarding management and care issues. The managers and care staff were aware of their roles and responsibilities. They were aware of the values and aims of the service. They indicated that their priority was to ensure that people were treated with kindness and received a high quality of life.

The home had a record of compliments received. These included the following:

"Thank you for your care and support and kindness," and "We were very happy with the care and attention [Person] received whilst with you. Our grateful thanks to everyone."

We recommend that the provider continue to carry out robust and comprehensive audits together with prompt action in response to deficiencies identified. This is necessary to ensure the safety and welfare of people who use the service.