London Residential Healthcare Limited

Hamilton Nursing Home

Inspection report

24 Langley Avenue
Surbiton
Surrey
KT6 6QW

Tel: 02083999666
Website: www.lrh-homes.com

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Hamilton Nursing 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. The home can accommodate up to 38 people in an adapted, detached house; 36 people were living there at the time of our visit.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good, with one key Question, Responsive improving to Outstanding.

People had access to a wide range of group and individual activities and events they could choose to participate in, which were tailored to meet their specific social needs and interests. This enabled people to live an active and fulfilling life.

People received person-centred care which was responsive to their specific needs and wishes. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. Assessments were regularly undertaken to review people's needs and any changes in the support they required.

People who preferred or needed to stay in their bedroom were also protected from social isolation. People regularly participated in outings and activities in the local community. The service also had strong links with local community groups and institutions.

When people were nearing the end of their life, they received compassionate and supportive care.

Staff were aware of people's communication methods and provided them with any support they required to communicate in order to ensure their wishes were identified and they were enabled to make informed decisions and choices about the care and support they received.

The service had appropriate arrangements in place for dealing with people's complaints if they were unhappy with any aspect of the support provided at the home. People and their relatives said they were confident any concerns they might have about the home would be appropriately dealt with by the managers.

People were kept safe at the home, cared for by staff that were appropriately recruited and knew how to highlight any potential safeguarding concerns. Risks to people were clearly identified, and ongoing action taken to ensure that risks were managed well. People's medicines were managed safely and the provider ensured that incidents and accidents were fully investigated. The home was well kept and hygienic.

Staff were well supported through training, supervision and appraisal. Staff worked effectively together to ensure people's needs were communicated and supported them to access healthcare professionals when they needed them. People enjoyed the meals available to them and were appropriately supported with eating and drinking. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The home was dementia friendly and met the needs of the people living there. Staff could demonstrate how well they knew people and people and their relatives were extremely positive about the care provided. People were treated with privacy and dignity and supported to be as independent as possible whilst any diverse or cultural needs were respected. People's end of life wishes was sensitively discussed and recorded.

People were supported to maintain relationships with their relatives, and the provider was innovative in seeking people's views to ensure they had access to a wide range of activities. Staff had an excellent understanding of how to respond to people's needs. Any complaints were dealt with appropriately.

The service had a robust management structure in place, and quality assurance systems were effective in driving improvements across the home. Regular feedback was sought from people and their relatives to ensure they were involved in the development of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding. The provider continually sought and implemented guidance on best practice in caring for people at the end of their lives. They worked alongside relevant health and palliative care professionals and respected the wishes of people nearing the end of their life.

People were supported to live an active and fulfilling life within the home and the wider community. The provider ensured people had access to a wide range of stimulating and meaningful activities and events.

People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and choices.

People and relatives knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service remains Good.

Hamilton 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 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.

This inspection took place on 26 September and 16 October 2018 and was unannounced. The inspection was conducted by two inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service.

During the inspection we spoke with six people who lived at the care home, five visiting relatives and a visiting professional. We also talked with various people who worked at the care home including the regional manager, the registered manager, the deputy manager, a registered nurse, two healthcare assistants, the activities coordinator and the head cook.

We also observed the way staff interacted with people living in the home and performed their duties. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
We looked at three care records, five staff files and a range of other documents that related to the overall management of the service which included quality assurance audits, medicines administration sheets, complaints records, and accident and incident reports.

Good

Is the service safe?

Our findings

Relatives felt that their family members were kept safe at the home. Comments included, "I'm very pleased with the place here, I've been pleasantly surprised", "[My relative presented with behaviours that challenge] when he moved here, it was the Alzheimer's, but they manage him so well he hasn't had an outburst in years" and "I have absolutely no worries about [my relative's] safety or his belongings going missing."

Staff were clear on how to manage any potential safeguarding concerns and how to report them. One staff member said, "I would report it to the manager, if I felt they were not taking appropriate action I would tell the local safeguarding team." We checked the provider's safeguarding records and found that any alleged incidents had been appropriately investigated and alerted to the safeguarding team in a prompt manner.

Risk assessments were comprehensive, and fully detailed the potential risk to people and others; as well as the appropriate action to take in order to mitigate these risks. Risk assessments covered areas such as bedrails, falls and eating and drinking. People's turning charts, and food/fluid charts were also meticulously completed and up-to-date.

Regular checks were undertaken to ensure that the premises were maintained and well-kept. Water temperatures were checked to ensure they were within safe ranges, people's rooms and equipment were checked for maintenance issues and fire safety checks were conducted.

We observed that the premises were clean and hygienic throughout. Appropriate equipment was utilised to help control infection. A staff member said of providing personal care, "We use aprons, gloves and get everything ready." We also observed that during the lunchtime meal staff wore personal protective equipment, and provided people with large napkins.

Staffing levels were sufficient to meet the needs of people living at the home. Both the management and relatives highlighted to us more agency staff had been used within recent weeks. However, we looked at the home's planned rota's and saw that management had planned to cease the use of agency staff the following week, efforts had been made to recruit additional staff and these positive changes had been reflected to people, relatives and staff.

Appropriate recruitment checks took place prior to staff commencing employment. Records showed that staff had been subject to Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check employers undertake to make safe recruitment decisions. The registration of nurses was regularly checked to ensure that these were up to date. Two references were kept on people's files along with their employment history and photographic identification.

The administration of people's medicines was managed safely to ensure that people received their medicines at the right time. Medicines were securely stored in a temperature controlled room. People's medicines records included a list of staff authorised to administer medicines. People's medicines administration records (MAR) included a front sheet with a recent photograph of the person, any allergies

and detailed whether people required support to make decisions in relation to medicines. Records showed that appropriate 'as required' protocols were in place where people needed them, and it was clear what conditions the medicine could be administered for. We looked at the MAR for three people and saw that there were no gaps or omissions and that stock balance checks were up to date.

The registered manager ensured that incidents and accidents were recorded, and fully investigated. Where accidents had occurred any injuries were fully noted and action taken to manage them. All incidents were audited to identify any trends and take appropriate action.

Good

Is the service effective?

Our findings

People's needs were assessed in line with evidence based guidance. People's skin integrity was assessed against their Waterlow score, and the abbey pain scale was used to support people to express whether they were experiencing any pain. Behaviour charts were in place to support people that could exhibit behaviours that were considered challenging.

Staff were fully trained to carry out their roles and receive sufficient support to evaluate their practice. Staff were positive about the training and induction they received, and told us that they received regular updates to ensure their practice was current. We reviewed the provider's training records and saw that staff were up to date in topics such as, food safety, customer service, dementia awareness, equality and diversity, falls, moving and handling, person-centred care and safeguarding. Staff received regular supervision where their competency was assessed and they were supported to set achievable goals in developing within their roles.

We observed the lunchtime at the home and saw that staff who provided support for people to eat did so with dignity in mind. They sat at the person's level, gave people options of what food they ate, and waited for people to finish a mouthful before starting another one. Food that had been pureed was presented appealingly and the atmosphere in the room was very lively, with laughter and chatting. Where one person became distressed at lunch, the nearest staff member responded really positively, spoke in a calm, soothing voice and the person became smiley and chatty almost instantly and returned to eating their lunch. We spoke to the head chef who knew the specific dietary needs of people at the home, as well as having reference to accessible instructions as to how people's foods needed to be prepared and served. Each of the communal areas had a drinks station to enable people and their relatives to help themselves to drinks throughout the day.

People were supported to access a range of healthcare professionals and staff maintained professional working relationships. A visiting professional told us, "Staff anticipate we're coming, they know people and provide the information we need." People's records included full details of their involvement with other healthcare professionals such as, GP, podiatry, independent mental capacity advocates and physiotherapists. One person told us, "Yes they look after me. I have the physiotherapist come and visit me to look after my legs and do exercises. The girls [care workers] also help me to do my exercises" and a relative said "[My relative] used to be in and out of hospital continuously with infections, but has only been to hospital once in the four years he has been here. They manage him so well that they are able to prevent most UTIs now."

The different teams across the home worked together to ensure people's needs were met, and that there was consistency in the care delivered. A staff member told us, "Everyday's not the same day, they [nurses] talk like a friend. It's not like, 'I'm a nurse and you're a carer'." Another staff member told us of the regular morning meetings where people's presenting needs were discussed across the staff team.

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).

We checked the provider's records and saw that where people were subject to DoLS, applications had been made in a timely manner and any conditions set were followed. Where one person's conditions required monthly updates to be submitted to the supervisory body records showed this action was always completed. People had appropriate capacity assessments in place to support them to make decisions in areas such as covert medicines or use of bedrails.

We observed the environment to be very dementia friendly. People's bedroom doors were painted different contrasting colours so people could find their room more easily, appropriate signage was in place to assist people to move around the service, and walls had interesting pictures and some textural items for people to touch. Most people's rooms had their name and picture on the door, and some people had memory boxes outside their rooms. The registered manager told us that more boxes had been ordered so that these were in place for each person at the home. All communal areas were appropriately signposted to assist with wayfinding.

Good

Is the service caring?

Our findings

People and their relatives felt well cared for by the home. Comments included, "They make things special for you here, they really do", "They do look after me well, you know. They try very hard", "It's absolutely lovely here", "It feels very different to other nursing homes we looked at – as soon as you pull into the car park you can feel it is a special place", "I am very, very happy with [my relative] being here", "The care here is second to none" and "The staff are really caring – they look after me as well as [my relative]. They always give me a hug when I arrive. It's like my adopted family." A visiting professional told us, "The general feeling is that people are well cared for. I've heard very good things from families."

We observed positive interactions between staff and people throughout the inspection. After lunch, staff asked people what they wanted to watch on TV and changed the channel to the programme most people said they wanted to watch. The care worker who was supporting people in the main lounge also did a very good job of answering people's very repetitive questions in a way that made them feel valued. She also gave a few people cuddles which they responded very positively to.

People and their relatives were fully encouraged to be involved in the planning and review of their care and how it was delivered. Relative comments included, "I'm in here everyday, I'm involved in the planning of [relative's] care" and "We have peace of mind now which is what you need. Staff are very accommodating, more than happy to do what you ask. Always very courteous to residents and family, it's a nice happy atmosphere."

Records of people's care plans showed that they and their relatives were invited to be involved in the review of people's care needs. Relatives had supported people to complete 'my life' stories, so that staff were aware of people's backgrounds. We saw that at an annual review, one person's relative had provided input for each section of the person's care plan.

Staff knew how to support people with any religious or cultural needs that they presented with. A staff member told us of one person who required halal foods, how this was stored separately in the kitchen and that some people's family members preferred to bring foods of their choosing. Holy Communion was available to people of the Catholic faith and the home was able to contact a priest to visit at people's request.

Staff were aware of the importance of supporting people with their independence. People's care records reflected what they were able to do for themselves, one person was able to wash their own face and clean their own teeth and this was clear from their care plan. A staff member told us of one person that was fearful of falls and how they encouraged them to take small steps and light stretches. They also spoke of encouraging people to lift cutlery on their own at mealtimes.

People were treated with privacy and dignity. Staff gave us examples of how they supported people with personal care telling us, "I wake the person up and ask them if they want to be washed, introduce myself and wait for a response. I take off the upper part, wash, clean and dry before clothing. I do the lower part

after so that I'm not exposing all body parts and respect their privacy." Another staff member said, "I knock or call before entering the room, introduce myself and say what I'm there for. I make sure curtains are closed and close the door."

Outstanding ☆

Is the service responsive?

Our findings

People and relatives felt that staff had an excellent understanding of how to respond to their needs and deliver personalised care. Comments from relatives included, "[My relative] has very complex needs and they manage his needs very well – I never worry if he is being looked after, because I know he is", "Others from the Alzheimer's Society say they wish their relative with Alzheimer's could be here – Hamilton has a very good reputation" and "I think they're better than good here! They are excellent."

People received flexible, highly responsive care that met their needs. When people were first referred to the home, the registered manager and head of care undertook a detailed, thorough assessment to ensure the service could meet the person's needs. The registered manager told us, "We have a very thorough assessment process that we go through for all new and returning residents. The assessment, which covers all areas of care and the person's life and history, can take more than two hours and we involve as many people the person wishes to be involved. Based on the assessment we pre-plan what needs to be in place and make sure it is all ready for them, before they move in to the home."

The provider was proactive in ensuring that they were able to respond to people's changing needs in a timely manner. The management and clinical staff undertook weekly clinical review meetings where they discussed people's individual care in relation to nutrition or swallowing, weight loss, tissue viability, falls, diabetic support and any other areas of concern. New or re-admissions were discussed to ensure that the care provided was up to date and met their needs.

This resulted in highly responsive, personalised care that was in place and ready for the person when they moved in, or returned to the home after a period in hospital. For example, one person had recently returned to the home after a spell in hospital, and the home referred them to the community health team for assessments to take place immediately upon their return. These included assessments by the speech and language therapists (SALT), tissue viability nurse (TVN), physiotherapist, catheter nurse and dietitian, with care plans for newly assessed areas being in place within three days of the person's return to the home. The service had been prompt in ensuring that personalised care was in place to meet the person's changed needs. The person's immediate needs had been highlighted by the home and staff liaised with appropriate professionals. This meant that up to date, thorough and meticulously detailed care plans were in place to ensure that staff at the home could respond to the person's individual, complex needs. Staff supporting the person were clear about what was required to meet their changing needs. Feedback from a visiting healthcare professional included, "Staff are brilliant at following any agreed plans and actions and where this is difficult or challenging, they are quite innovative."

The provider ensured that care plans always provided full guidance for staff to be able to manage people's care effectively. A visiting healthcare professional told us, "Staff are always prepared for the [community nursing] team's visit ensuring all required documentation is completed with the referrals, as well as any information required before and after the visit. Staff handover is always very good."

The home took a person-centred approach to support people in ways that were meaningful to them. Care

plans were comprehensive in that a range of needs were assessed, and support plans in place were personalised to ensure they reflected the support that people required. People's care plans included personal care, mobility and risk of falls, end of life care, wound care, eating and drinking, sleeping and night care, communication, continence and catheter care, cognition and mental capacity, behaviour, and psychological and social well-being. All areas were reviewed monthly.

Staff supported people with their care plans and ensured they were equipped to meet their individual needs through regular keyworking meetings. A staff member told us that this process meant that staff were allocated to people at the home and ensured the person's needs were regularly reviewed. They told us, "We read a magazine or have a laugh, make sure they are getting enough activities. If you see anything wrong with them you bring it up, you advocate for the person you keywork."

People were supported to live an active and fulfilling life at the home and in the wider community. The home offered an extensive programme of flexible, person-centred activities. People and their relatives told us, "Activities here are very good, considering the range of abilities people have. There is something for everyone", "The guy on the keyboard, he's smashing" and "Yes, I love gardening. I do some pots and help with the weeding when my knees allow." The activities coordinator told us, "Activities are all tailored to the individual", and we saw that this was the case.

We saw a full pictorial person-centred activity timetable for the week on display in the lounges and on noticeboards, and in people's rooms. Activities included baking, arts and crafts, Oomph!, Namaste, parachute and ball games. On the first day of the inspection there was a visiting singer and guitarist after lunch, who was very person-centred, going to each person individually and singing a song of their choice, including for people who were nursed in bed and unable to leave their room. People responded really well by smiling, clapping, cheering and singing along and you could see the entertainer knew people well and chatted with them about their wellbeing. We also observed staff supporting people with a ball game, and staff were attentive to the differing ability of individuals and their interest in maintaining the activity. We looked at the activities records for the year and saw that there was a high level of participation. People who were bedfast also had appropriate Namaste techniques, hand massages, singing, reading the newspaper and chatting recorded as activities, on most days. The provider's regional manager told us, "All visiting entertainers we contract must commit to entertaining people in their rooms as well. We won't book them otherwise."

Where people did not want to participate in group activities, staff were available to support them on a one-to-one basis. Records showed that people went for walks with staff, read, completed crosswords together, and staff reminisced with them while going through photo albums.

The home ensured people were supported to undertake activities in the wider community, as well. The provider had a minibus that was used to transport people to other homes run by the provider, so they could share in the group activities there, and on trips out. We saw photos of recent trips to local attractions such as Bushey Park, Richmond Park, the Isabella Plantation and the garden centre. The deputy manager told us about one person, whose spouse was resident in another nearby home, who was supported by staff to travel to the nearby home and share a daily meal with their spouse, as this was important to them.

Important events in people's lives were celebrated within the home. Each person was supported to plan and choose decorations and food for a birthday party, if they wished. Birthday parties were advertised on the activity timetable for the week, and lots of people participated in these. We saw feedback to the home from a person's relative, which said, "We appreciated the party you held in [my relative's] room for [their] birthday. It was beautifully decorated and she would have appreciated the effort too."

We saw that some people had their own doll, or teddy bear, to cuddle and care for throughout the day. A relative told us, "[My relative] has doll therapy and it's always with her. We are very, very happy." Each person who wanted to had their own doll, of their choice, and staff knew which doll belonged to which person. Records showed that use of the dolls had reduced incidents of challenging behaviour for the people who used them.

The home also had a 'resident of the day' scheme in place. People were invited to make wishes each month where they could ask for anything that might make their day that month more special and individual. Some requests over the years had been to attend the pub where the home provided an escort or special food requests. The service had a folder prepared to guide staff with this scheme, where each person had several pages with photos detailing their likes and preferences so staff could identify appropriate activities, even when the person was no longer able to communicate verbally.

Displays across the home showed that the home supported local charities and the community. The home had organised a charity fundraising morning tea. The home also arranged annual events including a World Food Festival, a BBQ Summer Garden Party, a visiting animal farm and Christmas party. Staff were providing the entertainment for the upcoming food festival event and we observed them talking to people about the upcoming occasion. We saw the home was regularly visited by students of a local school for children with special needs, and the deputy manager told us the school children and the residents were together planning and rehearsing a concert to take place just before Christmas. There was a digital photo frame on the wall in the entrance showing people enjoying activities in the garden – people gardening with pots, and a BBQ that was held in the summer. The home supported one person to attend a family wedding. Along with the family, they provided a staff escort of the person's choosing to support the person to be a part of the family celebration. People were supported to feel involved in their communities and local events whilst maintaining important relationships with family members and friends.

There were regular relatives' and residents' meetings and the provider took a 'you said, we did' approach to ensure that responses to people's views were clear. One person told us, "They listen to me when I tell them things – they don't ignore you." Relatives told us, "We have regular relatives' meetings. They put a list up, they act on what you say" and "We have meetings, I'm aware I can speak to someone if I have any worries, there's always someone around you can speak to." We could see the responses to the latest residents and relative's meeting at the entrance to the home which included suggested improvements to the menu and more visual displays of the home's activities. We could see that action had been taken to make these improvements as suggested by people and their relatives.

The provider also issued a quarterly newsletter, updating people and their relatives with developments at the home. This included people's birthdays, condolences, upcoming and previous activities, staffing updates and successes in training. The latest newsletter also highlighted a member of kitchen staff who had dedicated their spare time to create a flowerbed in the garden. A social media page had also been set up, which was used to share news and photographs of activities with people's relatives and friends. Staff at the home took it upon themselves to make positive contributions to the home community.

Staff supported people to communicate effectively. People's communication needs were clearly assessed and documented in their care plans, and staff supported people in ways that met the Accessible Information Standard and with their communication needs in mind. We saw that one person, who had a complex multi-sensory impairment, was supported to make choices and decisions by using a bespoke, pictorial choicemaker book. This allowed the person to indicate their choices to staff, where they were not able to communicate verbally. We also observed staff supporting people to make choices and communicate those choices by using pictures.

Where people were in receipt of end of life care, the provider ensured that people were still enabled to live their lives in line with their preferences. Where one person received oxygen therapy staff arranged for a portable device to be made available to allow for the person to continue their regular outings to the local pub. Where another person had not had contact with their relative for a prolonged period of time, staff were responsive in supporting a visit. Staff collected the relative to visit the person at the home where they spent the afternoon reminiscing and enjoying a home event over the Christmas period.

People were well supported to express their end of life care wishes and we saw that these were comprehensively completed within people's care plans. Where appropriate, people had end-of-life anticipatory medicines in place, in case they needed them and these were also clearly reflected within people's medicines records. People had 'do not attempt cardio pulmonary resuscitation' (DNACPR) orders on file as well as Advance Care Plans; these had all been completed with the involvement of appropriate healthcare professionals and relatives, and were regularly reviewed. People's records also included details of palliative care nurses and hospice care for when the need should arise. The home was proactive in ensuring that they could respond promptly should someone require support with end of life care. Written feedback from a relative stated, "They [staff] were also able to help with end of life care, putting us in contact with a hospice nurse who was very supportive during this time, and ensuring my [family member] could remain in the home and not go into hospital. I couldn't recommend the home highly enough."

Staff had received training in recognising signs and symptoms of deterioration in people, and in handling difficult conversations with people and their relatives around the need for end-of-life care. The service was working towards accreditation in the Gold Star Framework, and used the 'Five Priorities of Care' model of support for people at that time. Feedback from a visiting healthcare professional noted that "Staff at Hamilton are very proactive in referring their patients when any deterioration is observed in their palliative patients", and "They follow best practice guidelines by using agreed palliative and end-of-life care documentation always". Staff had also been trained in the use of specialist equipment to reduce people's suffering at the end of their life, such as syringe drivers. The home ensured facilities were available for people's relatives to use when their loved ones were at the end of their life, such as providing foldaway beds, and staff had been trained by a local undertaker to prepare people, once they had passed away, compassionately and sensitively.

People and their relatives were clear on how to complain should they need to. We reviewed the provider's complaints records and saw that nine complaints had been received since the beginning of the year. A complaints log was kept which clearly recorded the source and nature of each complaint as well as the action taken. All complaints had been responded to promptly and suggested resolutions were appropriate. People and relatives on the day told us, "No complaints at all!" and "Personally as a family we can't find anything we're unhappy with." The home was rated a top 20 care home in the London region 2018 by carehome.co.uk.

Good

Is the service well-led?

Our findings

People, their relatives and staff felt that the home was well-led and managed to a high standard. A relative told us, "Sometimes agency staff are here, they're all well-led and not left on their own, they're always ok." Staff told us, "I get fantastic support from them [management], I work somewhere else but I wanted to stay working here too. I've been satisfied, it's not great pay but we're doing it because we want to help people" and "I get a lot of support here, nurses, kitchen staff, managers, they've all been here a long time."

The registered manager had worked at the home for over ten years in various roles. 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.

Equality and inclusion was well promoted amongst the workforce to ensure that staff were involved in developments across the home. The newly appointed deputy manager had been supported to enrol on a leadership course in order to develop their skills. The registered manager told us of the importance of communication with staff, "I feel I guide and support my team. I want to encourage staff to grow within the company with the right support and a good team relationship." A recent management training workshop had taken place, leading to the management team running a workshop with staff in relation to meeting the CQC regulations. The deputy manager told us, "We discussed what makes a good home; it's about sharing the learning." All staff had also been provided with their own diaries which they used at handover meetings to record events around the home or people's individual appointments, and management felt these had been well received.

Quality monitoring systems were effective in identifying and driving areas for improvement across the home. There were regular audits of patterns and trends across incidents, accidents and complaints to ensure that any learning points were promptly identified. The provider completed regular comprehensive audits on a weekly, monthly and quarterly basis. Areas covered included care plans, where one person's care plan was thoroughly reviewed each week to ensure all information was current. Checks were made of medicines records and wound management; including any current treatment from other professionals and equipment required to support people, such as pressure relieving mattresses to ensure these were appropriate and well maintained.

Monthly audits identified a different key line of enquiry in line with the Health and Social Care regulations so that the provider was able to monitor their own compliance and share learning from their internal audit findings. Other audit topics covered a wide scope including infection control, equipment, activities, health and safety and catering.

People were encouraged to express their views on the care they received through mealtime satisfaction checks and feedback questionnaires. A comments book was available in the reception area for people to leave their views, and we saw that these were mostly positive or had been managed through the complaints

process. We saw comments from a visiting tissue viability nurse praising staff knowledge of wound care, and praise following a professional review meeting.

We reviewed the recent staff team meeting minutes and saw that these were focused on the development of communications and also discussed findings from audits to ensure that staff were abreast of proposed improvements across the home.

The provider had also built positive relationships with other agencies such as the mental health team, psychiatry, hospice care and community psychiatric nurses. The registered manager told us, "We have a close relationship so that we can see what works for people, review triggers. I think we manage that really well, we have a robust reporting and recording system."

The registered manager was aware of their responsibilities to the CQC telling us, "I need to notify CQC of important things, such as death of a person, any safeguarding, involvement of police, any problems that stop the service or serious injury," The registered manager also had a vision for how they wished to develop the home telling us, "We've struggled with the retention of staff for a few years, I want to improve it. I feel we have a very good hierarchy and support system in place with consistency across the homes."