Care Quality Commission

Bannow Retirement Home Limited

Bannow Retirement Home

Inspection report

Quarry Hill
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East Sussex
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Tel: 01424433021

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10 October 2016

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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

Bannow Retirement Home provides care and support for up to 26 older people most of who are living with dementia. The care needs of people varied, some people had complex dementia care needs that included behaviours that challenged. Other people's needs were less complex and required care and support associated with old age, mild dementia and memory loss. Most people were fully mobile and able to walk around the home unaided. At the time of this inspection there were 23 people living at the home.

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

This comprehensive unannounced inspection took place on 06 and 10 October 2016.

Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. They understood what they needed to do to protect people from the risk of abuse. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home.

The registered manager and staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had assessed that some restrictions were required to keep people safe for example, the front door was locked, there was a sensor on the stairs and stair gates on each floor, the use of bed rails for some people and lap straps on wheelchairs. Where this was the case referrals had been made to the local authority for authorisations.

There were safe procedures for the management of medicines. People had access to healthcare professionals when they needed it. This included GP's, dentists, community nurses, opticians and dentists.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care. Staff received regular support from management which made them feel supported and valued. They were encouraged to develop their skills and take on additional responsibilities.

The registered manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. Staff and people spoke positively about the way the service was managed and the positive culture.

The home had recently recruited an activity coordinator. This was a new role and at the time of inspection the role was evolving. Each person's needs and wishes were being assessed and it was hoped that this role would be an asset to people and to the home. There was a variety of activities offered and this was under continual review to ensure that people's needs were met.

Staff were kind and caring, they had developed good relationships with people. They treated them with kindness, compassion and understanding. Staff supported people to enable them to remain as independent as possible. They communicated clearly with people in a caring and supportive manner. We received very positive feedback from relatives and visiting professionals about the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures in place to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

Is the service effective?

Good

The service was effective.

There was a training and supervision programme in place to ensure staff maintained current knowledge and skills.

The manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff adapted their approach to meet people's individual needs and to ensure that care was provided in a way that met their particular needs and wishes.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs because staff knew them well.

People who chose to were supported to take part in activities of their choice.

People's support plans contained guidance to ensure staff knew how to support people.

Is the service well-led?

Good

The service was well led.

There were systems for monitoring and improving the service.

The manager was approachable and supportive and encouraged staff to develop in their roles.

There were systems in place to hear the views of people, their relatives, staff and visiting professionals and where possible action was taken to address matters or suggestions made to them.

Care Quality Commission

Bannow Retirement Home

Detailed findings

Background to this inspection

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

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

This inspection took place on 06 and 10 October 2016 and was unannounced. The inspection was carried out by one inspector 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.

During the inspection we spoke with five people and three visitors to get a view of care and support provided. We spent time with the registered manager, deputy manager, three carers and the activity coordinator. We also met with a visiting professional. Following our inspection we received feedback from a further four visiting professionals who told us about their experiences of visiting Bannow.

Most people who lived at Bannow Retirement Home were unable to verbally share with us all their experiences of life at the home because of their dementia needs. Therefore the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff and watch how people were being cared for by staff in communal areas. This included the lunchtime meals. We also 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.

During the inspection we reviewed the records of the home. This included staff recruitment, training and supervision records, medicines records, complaint records, accidents and incidents, quality audits and policies and procedures, along with information in regards to the upkeep of the premises. We also looked at four people's support plans and risk assessments along with other relevant documentation.

Good

Is the service safe?

Our findings

One person told us, "It is a safe place to be as everyone is so considerate to you." Another person told us, "I feel safe here as they are so nice and will help you if you need it." A number of people told us that they only had to ask and help was given. We observed this to be the case, staff encouraged people to retain their independence but were on hand if support was needed. Some people knew what medicines they took and what they were prescribed for. Others told us that they knew they could ask for pain relief if they needed it.

A staff member told us," I look after people to the best of my ability. I make sure they are safe, warm and dry." A visiting health professional told us, "I've watched staff support people to move and I've no concerns at all." Another professional told us staff had been supportive when they visited by explaining their role and that they reminded people why they were visiting. Another visiting professional told us, "I have never witnessed any behaviour towards the residents that would give me cause for concern."

Staff recruitment checks were undertaken before staff began work at the home. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. This meant the provider had checked that staff were of suitable character to work at the home. There were gaps in one staff member's employment history that had not been explored. Whilst interview questions were recorded, staff responses had not always been recorded and we recommended that this was an area that could be improved.

Staff had a good understanding of the risks associated with supporting people who lived at the home. One person's air mattress was set at 45Kgs. We were told that a visual check was made daily that this was at the correct setting and a record was made of the setting. This had been done. However, records showed that this had been set at 50Kgs on 4 October and at 40Kgs on 5 and 6 October. There was no advice on the form to say what the correct setting should be although this was recorded in the person's care plan. There were no concerns with the person's pressure care. By the second day of our inspection the form had been amended to show the correct setting based on the person's current weight was 35Kgs. Although there was no impact for the person, this had also been added to the home's auditing tool to ensure there was closer monitoring in this area.

There were systems in place to ensure that risks to people's safety were not compromised. Staff had a good understanding of the risks associated with supporting people who lived at the home. Risk assessments documentation in care plans had been updated at regular intervals and where new risks to people had been identified, assessments had been carried out to manage the risks whilst protecting people's freedom and maintaining their independence. For example, one person had a fall from their bed. The risk assessment was immediately reviewed and it was assessed that bed rails were needed. The position of the bed was also reviewed. It was noted that the person's relative had been consulted about all changes and that they had provided consent to the changes and were happy with the outcome.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding and were able to tell us that if an incident occurred they reported it to the manager who was responsible for referring the matter to the local safeguarding authority.

There were regular contracts in place to ensure the safety of the premises and equipment used. These included servicing of the boilers, passenger lift, hoist, stand aid, gas and portable appliance testing. Since the last inspection a new stand aid hoist and weighing scales had been bought. The manager told us that they would be having a new call bell system installed before Christmas. Window restrictors were checked monthly, room temperature checks and bed rail checks were carried out, and water temperatures were also checked monthly. Extensive work had been carried out on the lift to ensure its continued safety. However, after our inspection we were told that the lift had failed again. Interim measures were put in place to support people whilst the lift was out of action and to ensure their continued safety. We were told that risk assessments had been completed and families had been informed. A number of parts had to be replaced and a date had been set for this work to be carried out.

Measures were in place to ensure people's safety on the stairs. Since the last inspection, gates had been fitted at the tops of the stairs on each floor. The gates were in keeping with the décor of the home. A sensor was fitted at the bottom of the stairs so that staff could monitor who was using the stairs at any time and provide support if needed. Staff were observed to be vigilant in this area and this meant that those who could still use the stairs independently were able to do so.

There were enough staff working in the home during the day to meet people's needs safely. In addition to the manager there were four care staff in the mornings. The morning shift ran from 8am until 2pm, although the senior on duty did a 7am until 2pm shift. There were three care staff and the manager in the afternoons until 8pm but a twilight shift operated between 7pm and 10pm. There were two waking night staff. The manager told us that as a result of monitoring staff levels they had increased staff at peak times such as morning and evenings to ensure that people's needs were met. There had been a high turnover in the staff team but at the time of inspection there was only one vacant position and this had been covered by staff working overtime and by the use of some agency staff. This post was due to be advertised. The rotas showed that there were clear on call arrangements in the evenings and at weekends. There were enough ancillary staff to cover catering, maintenance, cleaning and laundry. An activity coordinator had been appointed two weeks before our inspection. Staff told us that staff levels were sufficient to meet people's needs. One staff member said that the addition of the activity coordinator would free up their time to attend to other tasks but staff would also support the coordinator to ensure that people were offered a more varied programme of activities.

Records were kept of all accidents and incidents that occurred. Records showed that when an accident occurred appropriate action was taken to prevent a reoccurrence. For example, for one person records showed that better fitting shoes were bought. Records showed that risk assessment documentation was also updated following accidents and that staff monitored people closely.

Each person had a personal emergency evacuation plan (PEEP) in their care plan and they had been reviewed regularly. The forms stated how long it would take to evacuate each person in an emergency and how it should be done. The manager told us that they had practised taking people to various holding areas to ensure this could be done in the time stated. There was a fire risk assessment and we were told that the local fire safety officer had seen this. Fire drills had been held regularly and a monthly fire audit had been carried out. Records showed that regular fire safety checks had been carried out to ensure that alarms, lights were all in safe working order. The procedures in place meant people would be protected in case of an emergency at the home.

There were safe systems for the storage, administration and disposal of medicines no longer required. People's medicines were stored in a locked trolley within a locked room. There was advice on the medication administration record (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or were agitated. Although only senior staff gave medicines within the home, most of the staff had completed training on the subject. Staff told us that they needed to have an understanding of the medicines people received. Staff who had responsibility for giving medicines had been assessed as safe to do so.

Good

Is the service effective?

Our findings

People spoke positively about life in the home and the food served. We observed that the food looked and smelled appetising. One person told us, "They (staff) are very kind and considerate ad nothing is too much trouble." They said, "The food is very good here, there is enough of it, I never feel hungry. You can always ask for biscuits or a snack if you want it." Another told us, "I get a cup of tea in bed every morning before I get up and go to breakfast." A third person told us, "The food is very good and I particularly like it when we have fish, that is my favourite, there is plenty of it." A visitor to the home told us that the food was, "Very good."

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and there was appropriate documentation was in place. There were keypad locks at the entrance to the home. Following a risk assessment in relation to the stairs, stair gates had been fitted at the tops of the stairs on each floor and there was a sensor fitted at the bottom of the stairs so that staff could monitor who was using the stairs at any time and provide support if needed. Where appropriate, standard authorisations were in place and staff understood why people had restrictions as this was clearly stated in care plans.

There was information about people's abilities to make decisions in their care plans. For example, one person had requested not to have male staff providing personal care. Staff asked people's consent before providing support. Consent forms were included within people's care plans and if people had been assessed as unable to provide consent this had been discussed with their relatives and they had signed the forms.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. There was a training programme and records showed that staff had been booked to attend updates when they needed to renew their training. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control and food hygiene. Record keeping training had been booked for staff to attend later in the month. We asked if staff had received any specific training to meet the needs of people living at Bannow. They had received training on dealing with behaviours that challenged in 2015. All of the staff had received training on dementia and on end of life training in 2016. As part of the commitment to ongoing training, thirteen staff had completed a health related qualification at level two or above. Staff told us that the training provided equipped them to meet people's needs. We observed staff supporting people appropriately with their moving and handling needs throughout the inspection. One person needed the hoist to transfer to another chair. Staff explained the procedure, supported the person and reassured them throughout.

There was a structured induction programme for new staff to make sure they knew what was expected of them in their role. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. On completion, staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A staff member told us that the induction was good and that they felt supported. They said, "We all work as a team. They show you first and if you need help they are there and if not they tell you to ring the call bell for help."

Staff received regular supervision and appraisal of their performance which was booked in advance and they told us they were able to have extra supervision if they required further support. Staff spoke positively of the manager. A staff member told us, "Our manager is genuinely a good manager, she supports all of us and listens to our ideas." Another staff member told us, the registered manager and deputy, "Are ultra-supportive."

People were supported to maintain good health and received on-going healthcare support. Details were kept that confirmed that staff liaised with a wide variety of health care professionals. This included the community nurse, continence service, GP and chiropodist. The home did what they could to ensure that people received care and treatment from appropriate healthcare professionals. During our inspection we saw that the home had persisted in trying to seek professional support and advice for one person who was in pain and whose needs had changed. A health professional told us, "I have always found the staff very caring and attentive and any requests they make for medical intervention have been entirely appropriate."

The registered manager told us that if they could not take a person to their local dentist they arranged for a domiciliary dentist to visit the home. A staff member told us that one person was prone to regular chest infections. They told the particular signs they watched out for and that they monitored closely and responded quickly when signs showed to ensure professional help was provided. This meant people received care and treatment from appropriate healthcare professionals as and when it was needed.

People's dietary needs were reflected within care documentation. For example, the type of diet people required and if they needed support with their meals. People were weighed regularly and where, for example, they had lost weight they had been referred via their GP for dietetic advice. Some people required specialist diets for example if they were vegetarian or diabetic or if they needed soft or fortified diets. The cook and staff had a good understanding of people's likes, dislikes and portion size, and food was offered accordingly. People were able to choose where to eat their meals. Most people sat in the dining room although some remained in the lounges.

There was a four week menu that was varied and well balanced. This included starter, choice of main course and a dessert. People chose their meal the day before but if they wanted an alternative this was made available. The dining area was nicely presented with tablecloths, flowers, cutlery and condiments. People were offered a choice of soft drink with their meal. The mealtime was not rushed and those who needed it were supported to maintain their independence through the use of specialised equipment and cutlery. People were able to sit where they wished and some chose to sit in the same seats each day with people they knew.

Good

Is the service caring?

Our findings

Staff provided discrete assistance when needed. For example, they supported people who used zimmer frames when they walked to the dining room. However, if people could do this independently they stood back and walked alongside them and enabled them to retain their independence. Two people told us that staff had been particularly supportive when their spouses had died. One told us, "The staff are very considerate and caring," they went on to say, "Particularly when my wife died, I did find that quite difficult, they couldn't have been better." Another said, "They do respect my privacy which is good, they knock on my door and I can go to my room when I like to."

People were treated with patience and kindness and staff used a caring approach to support people. When one person started crying, staff immediately spent time with them, they spoke softly and provided reassurance and when the person had settled, they brought them a drink and continued to talk to them. One person told us that they liked to attend to their own personal care needs but when they needed help this was provided. They said, "I do get a good scrub down from top to toe." A visiting health professional told us, "Staff are very good, they give people help when they need it. They make sure they use a screen for privacy if a person choses to be seen in the lounge."

Staff knew people well, they had a good understanding of them as individuals. A staff member told us, "Care us excellent, we have good carers and you can see that they empathise with people. We make sure people look presentable, we give them a cuddle when they need reassurance." Another staff member said, "I love doing care and knowing that I'm helping others." A relative told us, "If I thought anything was wrong, (person) wouldn't be here. The staff show nothing but kindness to people. I turn up at odd times and it's always the same. They do a jolly good job."

Within care plans each person had a biography that gave details of their life and what had been important to them before they were diagnosed with dementia. Some were detailed and gave a very clear picture of people's personality, likes and dislikes. We observed staff supporting people and their knowledge of them as individuals helped them to communicate effectively and showed they understood the approach needed when caring for people living with a dementia.

There was an ongoing refurbishment programme and took account of the client group living at Bannow. For example the carpet in the lounges had been replaced with a plain pattern carpet as people with dementia often find a patterned carpet confusing. We were told that all curtains had been replaced and that bedspreads were also gradually being replaced. Bedrooms had been personalised to reflect people's individual tastes and most people had brought personal items of furniture and ornaments when they came to the home. For example one person brought their double bed and a sofa. The home had looked at signage on doors to assist people in finding their way around the home. For example, in addition to room numbers on bedroom doors, each person's name was on the door and there was a picture of a bed. The registered manager told us that they would also be adding a picture of each person on the door.

People were involved in decisions about what they did and where they spent their time. For example they chose where to have their supper. We saw a staff member telling people when their meal was ready in the dining room. One person said, "I don't want to go, I'm comfortable here." Staff then asked them if they wanted their supper in the lounge where they had been seated and they responded yes.

People were supported by staff that treated them with dignity and respect. Within each care plan there was advice and support about ensuring that people's privacy and dignity was maintained and ensuring that people were encouraged to make preferences in how they were supported. Staff gave us examples of how they maintained people's dignity. They said they knocked on people's doors and waited for a response before they entered the room. They told us they maintained people's privacy and dignity by always ensuring doors were closed when personal care was given. A staff member said, "I ask people what they want to wear and if they can't understand I show then two outfits and encourage them to choose." They said, "I treat people as I would treat my own parents." One person's care plan included specific wishes raised by a family member about their relative's style of dress. The person had not followed a conventional dress code throughout their life and they did not want to see their relative dressed in a way that did not suited their chosen lifestyle. It was noted that their wishes had been respected.

Good

Is the service responsive?

Our findings

People told us they received the care they needed to meet their needs. A visitor to the home told us, "(person) would be able to say if they were happy or not and they have never raised any concerns. I have no concerns at all." Another visitor told us, "We have made good use of the garden, they keep it really well and there is plenty of seating, most people have been sitting there this summer." A visiting professional told us that sometimes the reception they received from junior staff has not always been as positive as from senior staff and management, however, they said, "They do appear to give personalised care and tailor their interventions to the individual client's needs."

Staff knew people well, they had a good understanding of people as individuals. There was a range of documentation held for each person related to their care needs. This included information about their medical needs, support needs and ability to give consent. The records contained detailed information and guidance about people's routines, and the support they required to meet their individual needs. If someone required specific support to meet a health need or if they displayed behaviours that challenged there was detailed advice and guidance for staff to follow. This included advice on known triggers for behaviours that challenged and actions staff could take to recognise these and strategies to use to minimise the risk of incidents occurring. Daily records were kept detailing how people had been, what they had done and any support they had received. Staff told us they had plenty of time to read through care plans and this showed in the way they met people's needs.

There was a complaints policy which was displayed so that people and visitors were clear about how they could raise concerns should they wish to. There was one complaint documented. Records showed that an investigation had been carried out and the home had written to the complainant with the findings and the actions that would be taken to address the issue. The home had acted in line with the organisations policy for dealing with complaints.

The home received positive feedback about the quality of care provided. There were five compliment cards with praise given to the home for, "Outstanding warmth and care." Another relative praised the, "Consistently high level of friendship and care." A third relative said, "We would recommend you to anyone."

People could choose to join in activities if they wanted to and their decisions were respected. A few people told us that they didn't like to join in activities, but some said they liked to watch them. Some people told us that they preferred to spend time in their own room. One person said "I'm not really interested in the activities as I like to do my word search books and keep myself active that way." However, they also said, "I do enjoy their company though, and like to have a bit of banter with them." A couple of visitors told us that their relatives chose not to participate in activities. One visitor said, "(person) is not going to change, this is how they have been all their life."

A new activity coordinator had started in post two weeks before our inspection. The home had never had an activity coordinator before and although there was clear advice about what the role entailed it was clear that the role was evolving. The coordinator told us that they were starting with an assessment of each person's needs and that once this had been completed they would tailor the activity programme to ensure people's needs were met. In the interim they were trying out a varied programme of activities and trying to encourage people to participate to assist them in assessing which activities were popular and which activities did not work well. Current record keeping related to activities were basic and the registered manager recognised that this was an area that required improvement.

Throughout the inspection in addition to group activities, the activity coordinator spent time individually with several people chatting about a wide variety of topics. People reacted positively to the one to one chats and were seen to enjoy the company. Alongside staff chatting to people, staff spent time individually with people doing a variety of one to one activities such as reading the newspaper, playing ball games and hoops. We observed a game of hangman and staff encouraged people to guess the answer. For some, staff had to explain the rules and this was done in a way that was supportive and enabled participation. When the staff member had to leave the group they encouraged one person to continue leading the activity and this was successfully carried out until staff returned. There was good banter throughout the activity and people appeared to really enjoy the game.

External musical entertainment was provided once a month. Another entertainer also visited the home every three months. There was a separate library that was stocked with many books, puzzles and games. A staff member told us that they used sensory objects such as twiddle muffs. These are a knitted band with attachments on the inside such as ribbons, beads and buttons. (They are designed to help combat restlessness and agitation for people living with dementia by keeping hands busy as well as stimulating the mind).

The home had their own hair salon and we were told that a hairdresser visited twice a week. Some people had chosen to keep their own hairdresser when they came to the home and the manager told us that visiting hairdressers also used the salon facilities. There was a well maintained garden with a good lawn area, colourful shrubs and plentiful seating. This was secure with ramps in several places.

Good

Is the service well-led?

Our findings

We received feedback from one visiting professional who told us, "In my opinion having worked in the area for 26 years only two homes are excellent and Bannow is one of them." Another visiting professional told us, "I have always had a positive experience during my visits. I am always given the information relevant to my role, and any issues that have arisen have been dealt with promptly and effectively.

The provider had systems in place to monitor the management and quality of the home, for example, external management carried out a periodic quality assessment of the home and this had been done in April 2016. We were told that a further visit had been carried out since but the records were not available at the time of inspection. Following our inspection we received a copy of an assessment that had been carried out in July 2016. During the visit they spoke with people, with staff, examined a range of documentation such as complaints, audits and care plans and looked at the environment. The assessment was positive and there were no shortfalls found.

There were a range of audits carried out monthly to assess if the systems in place worked for the benefit of people living at Bannow. We identified a couple of areas where auditing had not been thorough, for example in relation to dining room chairs that were dirty and in relation to health and safety monitoring. However, once these matters were brought to the manager's attention they were dealt with immediately. Confirmation was received following the inspection that the matters had been addressed fully. Other audits included medicine's audits, infection control audits, room audits and kitchen audits. Where shortfalls were noted, actions had been taken to address the matters. Six care plans were audited every month, which meant that every care plan was audited every three months. Where shortfalls had been identified, records showed that the matters had been addressed. For example, if a risk assessment was needed this had been done. Auditing of care documentation was thorough and meant that people could be confident that the care provided was monitored and evaluated at regular intervals.

There were systems to ensure that staff had a say on the running of the home. For example, one staff member requested specific types of napkins to support people with and these had been bought. Staff meetings were held two to three times a year. Minutes for the last meeting held in June showed that the meeting was well attended. They showed that staff were updated on a range of matters. When a new policy had been introduced this had been explained and staff had been encouraged to share their views.

The registered manager worked hard to develop a positive culture at the home and there were systems in place to support staff and to assist staff to develop their individual skills. For example, a staff member told us that they had requested to take on more responsibility as they wanted to progress in their career. They said that the registered manager had been supportive and had allocated additional tasks so that they could gain new skills. They had valued the support received whilst they were learning to take on increased responsibilities. The registered manager also told us their line manager was very supportive. She said, "She is there when I need her."

People, their relatives, visiting professionals and staff were encouraged to have a say on the running of the home through the use of annual surveys. The last surveys had been carried out in November 2015. Overall responses were positive. Where issues were identified the actions taken by the home were recorded. For example, within the relative's survey one relative raised a question about the positioning of the piano and the rationale was explained and available to all relatives so they could see the types of questions raised and the responses given. Within the staff survey a staff member requested more information about the subject of DoLS in certain circumstances, and this information had been added to care plans. This meant that the organisation listened and took action on the views expressed by people, their relatives, visiting professionals and staff.