Care Quality Commission

Caring Homes Healthcare Group Limited

Wytham House

Inspection report

Eynsham Road
Farmoor
Oxford
Oxfordshire
OX2 9NL

Tel: 01206224100
Website: www.caringhomes.org

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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

This inspection took place on 16 August 2017 and was unannounced.

Wytham House care home is registered to provide accommodation for up to 40 older people who require nursing or personal care. At the time of the inspection there were 28 people living at the service.

We were welcomed by the registered manager and staff who were happy to see us and keen to show their caring nature and share the positive changes they had made in the previous months.

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. The registered manager worked closely with the deputy manager and a regional manager.

People told us they were safe. Risks to people's well-being were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage safe administration and storage of medicines. People received their medicine as prescribed.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

Wytham House continuously recruited staff to ensure people's needs were met. The home had staff vacancies which were covered by regular suitably qualified and experienced agency staff to meet people's needs. Same agency staff were used to maintain continuity. The management team were doing all they could to ensure safe staffing levels. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

Staff worked closely with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

People living at Wytham House were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People had their needs assessed prior to living at Wytham House to ensure staff were able to meet people's needs. People's care plans gave details of support required and were updated when people's needs changed. People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements.

People, their relatives, staff and healthcare professionals told us they felt Wytham House was well run. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team and felt valued. The provider had effective quality assurance systems in place which were used to drive improvement. The registered manager had a clear plan to develop and further improve the home.

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.

Risks to people were assessed and risk management plans were in place to keep people safe.

People were protected from the risk of abuse by staff who had a good understanding of safeguarding procedures.

The home had staff vacancies which were often covered by regular agency staff to meet people's needs.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff interacted with people in a positive manner. People were seen to be relaxed and calm in the presence of staff.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People received activities and stimulation which met their needs and preferences.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's care plans were current and reflected their needs.

People's views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Care Quality Commission

Wytham House

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 16 August 2017 and was unannounced. The inspection team consisted of an 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from three social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We obtained feedback from commissioners of the service.

We spoke with 11 people and 10 relatives. We looked at four people's care records and three medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, the deputy manager and five staff which included a nurse, care staff, housekeeping, maintenance and catering staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe living at Wytham House. One person said, "The girls treat me well. We always have a giggle. I am safe with them". People's relatives told us, "When I go home now, I have no qualms, I know everything is fine for her", "She's had several falls but they ring me every time. They do all they can, crash mats, the lowest bed setting and I know he only slips out of bed, not falls" and "It's such a relief because I am moving away from Oxford shortly and it is such a bonus that I know she is settled here now".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said us, "Abuse can be physical, financial, verbal or emotional. We report to the manager who will then report to safeguarding team.

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. These protected people and supported them to maintain their freedom and independency. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person was unwell and became high risk of falls. The person was referred to the GP and care home support team (CHSS). Staff were advised to use a low bed and a sensor mat. These were put in place following discussions with the person. This person's risk assessments and care plans were reviewed promptly to reflect the changes. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

Wytham House had staff vacancies and the registered manager told us they were continuously recruiting. The home used regular agency to cover staff shortages and this allowed continuity of care. Staff told us that staffing had been difficult over the last few months but recognised the provider was doing all they could to recruit. Staff said, "The manager makes sure we have enough staff on shift. We use agency", "We do not have enough nursing staff on duty" and "Most of the time staffing levels are good until some call in sick". One member of the management team told us, "We have a big staff turnaround. Recruitment has been good and we are working towards staff retention". Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered timely and staff took time engage with people. Staff rotas showed there was enough staff on duty to meet people's needs and confirmed that planned staffing levels were consistently maintained.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with

vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

People received their medicine as prescribed and the home had safe medicine administration systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. People taking as required medicines received them safely. People understood the reason and purpose of the medicines they were given.

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean. Staff were aware of the providers infection control polices and adhered to them.

The provider for Wytham House had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation.

Good

Is the service effective?

Our findings

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice. People's relatives said, "Very good, very competent and very friendly" and "I've only got praise for the staff, for all of them. The training is obviously good here. The nursing standards are high". Records showed and staff told us they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively. One member of staff said, "We had a lot of training to start with and a lot more as we go along".

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff. One member of staff told us, "Induction was really good. Staff very helpful and I shadowed for two weeks".

Records showed and staff told us they received mandatory training before they started working at Wytham House. They were also supported to attend refresher sessions regularly. Mandatory training includes; manual handling, safeguarding, living in my world, fire safety and information governance. Nursing staff were supported to attend specific training to their roles which included catheterisation and recognising and verifying death.

Staff told us they felt supported and had regular supervisions (one to one meeting) with their line manager. Supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I had my supervision last month. We discussed safeguarding, medicines, dignity and my well-being". Staff were also supported to develop and reflect on practice through yearly appraisals. Supervisions and appraisals were scheduled throughout the year.

The registered manager told us and records showed all staff had received 'Living in my World' dementia training. This training focused on understanding people's communication and how staff would perceive that. This training gave staff knowledge and skills to enhance the quality of life of people with dementia as well as a better understanding of the difficulties and challenges faced by people with dementia. The registered manager facilitated an 'Experience my world' event. This was an event aimed at raising awareness of dementia for people's relatives and the community in general. It gave people more insight on how it feels like to live with dementia.

The provider facilitated champions within the home who promoted evidence based good practice. There were champions in dementia, health and safety as well as management of falls. These champions were staff that volunteered for the roles and were passionate about the areas they chose to champion. The champions raised awareness in their topic area and shared their knowledge within the team.

People's care records showed relevant health and social care professionals were involved with their care.

People were supported to stay healthy and their care records described the support they needed. The provider facilitated weekly GP visits to review residents as needed. Health and social care professionals were complimentary about the service. One healthcare professional told us, "Staff take appropriate action to seek medical help and guidance from the GP covering the care home and are responsive to changes in physical health of residents requiring more specialist or skilled intervention". People's care records showed details of professional visits with information on changes to treatment if required.

People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "Food is great. I love it. I had a nice breakfast, being a Scot I had porridge and coffee, lovely and there is a bit of a choice here" and "The food is very good. There is all sorts of choice for everyone". One person's relative complimented, "He takes meals in his room and is well looked after. It's a home from home".

People's dietary needs and preferences were documented and known by the chef and staff. The home kept a record of people's needs, likes and dislikes. The home chef knew people well and was aware of their dietary needs. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Where people were identified as being at risk of malnutrition a malnutrition universal screening tool (MUST) was used to assess, monitor and manage this risk. Records showed people's weight was maintained. Drinks and snacks were available to people throughout the day.

Wytham House facilitated 'Protected meal times'. This is a national initiative which allows people to eat their meals without unnecessary interruption and to focus on providing assistance to people unable to eat independently. We observed the midday meal experience. This was an enjoyable, social event where the majority of people attended. There was conversation and chattering throughout. A three course meal was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal and, where required received appropriate support. People were encouraged to eat and extra portions were available. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience despite where they were.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, when people were supported with personal care. One member of staff said, "I explain what we are doing and cover people during personal care".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

Staff told us they understood the MCA. They said, "We assume capacity in the first instance", "We only make decisions for people in their best interest and we follow the best interest process" and "We ask people and give options so they can make decisions".

The registered manager and staff followed the MCA code of practice and made sure that the rights of people

who may lack mental capacity to take particular decisions were protected. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, where people refused medicines and had no insight on why they needed it.

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 found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Good

Is the service caring?

Our findings

People told us received care and support from staff who were caring, compassionate and kind. They commented; "They are very gentle and they get things done and they're kind too" and "The staff are so good. They say little things and get to know us. One person's relative said, "Even the agency staff are very good. The agency staff are even the same regular agency staff, they all know who you are" and "They're good without being familiar but on the other hand they're always friendly".

Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. There was chatting, laughter and use of light appropriate humour throughout the day. People received care and support from staff who had got to know them well. One person told us, "Staff know each and every one of us. Even the new ones".

Staff told us they enjoyed working at the home. Most of the staff members were new and were determined to make a difference. They said, "I love working here, helping people to be happy", "I love the environment and staff I work with. I have an interest in dementia" and "This is a friendly and happy atmosphere. I get a good sense of achievement at the end of the day".

We observed people being attended to and assisted in a caring and patient way. Staff offered choices and involved people in the decisions about their care. People told us staff treated them respectfully and maintained their privacy and dignity. One person said, "Care is done well with graciousness and a smile". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. One member of staff said, "We shut doors and use the 'please knock before coming in' sign".

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care record stated, 'Staff to anticipate [person's] needs. If stands up and looks desperate, it can be a sign of toileting needs'. We saw staff anticipating the person's needs and communicating with them effectively. The person was relaxed and clearly comfortable with staff.

Staff spoke with us about promoting people's independence. They said, "We give people choices and options to do things for themselves", "I ask residents to do what they can like washing their face" and "We have enough time to let people do what they still can". Records showed people's independence was promoted. For example, one person's record emphasised on 'prompt [person] to do simple tasks. We saw staff following this guidance and prompting the person. We observed staff supporting another person from a wheelchair to a chair using a Zimmer frame. Staff took time to encourage the person and praised them throughout the process.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on

confidentiality. Staff told us, "We record in private and keep records locked in the office", "We don't discuss people in corridors" and "We share information on a need to know basis". Records were kept in locked offices only accessible to staff.

People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. People and their relatives where appropriate were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort. One member of staff said, "We ensure comfort by providing mouth care and repositioning". Care plans contained a document plan for possible hospitalisation. One healthcare professional commented, "One resident's spouse passed away and staff made a special effort to ensure the person was supported in their grief".

Good

Is the service responsive?

Our findings

People had their needs assessed before they came to live at Wytham House. The provider used a 'Journey into the Home' document to provide a thorough assessment of each individual's needs. This was used to create a person centred plan of care which included people's preferences, choices and interests.

People's care records contained detailed information about their health and social care needs. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People and relatives confirmed they were involved in planning their care.

People's care plans were descriptive and reflective of their individual support and care needs. The care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. The care plans included information about personal preferences and were focused on how staff should support individual people to meet their needs. These care records were current and reflected people's needs in detail. We saw daily records were maintained to monitor people's progress on each shift.

Care plans were reviewed monthly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes and the service sought appropriate specialist advice. For example, one person choked on food and was referred to the SALT team. Staff were advised to give the person 'soft fork mashable food' to manage the risk of choking. Staff updated the person's care plan to reflect those changes.

Handover between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

The provider used a key worker system. A keyworker is a staff member responsible for overseeing the care a person receives and liaises with families and professionals involved in that person's care. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

The provider employed two activities coordinator who were passionate about their roles. They told us they involved families and linked activities to people's interests and hobbies. They wore T-shirts with an emblem 'Our Organization Makes People Happy'. There was an activities room which was used for arts and craft and had lots of art that had been completed by the people. People had access to a range of activities which they could be involved with, including group and one to one activities. For example, Fete, creative arts and craft, music and group exercise therapy. There was a cinema where people watched films of their choice. Other people preferred to remain in their rooms and staff respected that and supported them in their rooms to reduce the risk of social isolation. On the day of our inspection we observed excellent staff engagement with

people. People told us, "All brilliant here and I'm not just saying It. Oomph is good" and "I go to art class. I do sewing and knitting and all sorts of creative work". One person's relative said, "I never come in here and see heads down".

Wytham House was a new purpose built home which had been decorated to a very high standard. There were memory boxes available for people to put things that were special to them and reminded them of special memories. However, the home decoration was not dementia friendly. The corridors were all the same colour which could easily confuse people living with dementia, making it difficult for them to navigate their way through the home. Occupied rooms contained people's personal belongings, photographs and furnishings giving a homely feel. The registered manager told us they had already recognised this and were working with the provider in improving the environment to fit the needs of the people. They said they planned to use the best dementia practice to redecorate the home and introduce destination points with stimulating items which people could can engage with.

People's views and feedback was sought through residents and relatives meetings, emails as well as through quality monitoring questionnaires which had just been sent out. Records of family meetings showed that some of the discussions were around what changes people wanted. People's opinions were sought and action was taken to respond to issues raised. The home had an 'information screen' in the reception which kept people updated with any changes in the home. The provider published a bulletin which kept people and staff up to date with changes within the home.

Good

Is the service well-led?

Our findings

Wytham House was led by a registered manager who was supported by a deputy manager and a regional manager. At the time of our inspection, the registered manager had only been in post for nine months. We saw significant changes had been made since the registered manager's appointment. They were passionate about their role and had a clear vision to develop and improve the quality of the service. The registered manager said, "As long as residents are happy, I am happy".

Previously there had been several changes in leadership since the home opened which affected management stability. However, there had been significant changes within the last year since the registered manager came on board. The registered manager told us, "There had been inconsistent leadership and high staff turnover with poor retention. We have made changes based on what staff wanted to ensure best quality of care". Staff were appreciative of the registered manager and the positive changes they had implemented.

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager or other senior staff with any concerns and told us that management were supportive and made themselves available. Staff told us, "I can go to manager at any time and discuss bad practice. We learn from that" and "Manager is always available. We discuss any problems and take actions". The registered manager facilitated a 'Coffee with [manager]'. This gave staff an opportunity to talk to the manager in a relaxed environment about how best to support staff and improve people's quality of care. One member of staff said, "We have tea and coffee with [manager]. She makes sure staff are well supported". Staff told us the registered manager and deputy manager had an open door policy and were always visible around the home. People, their relatives and other visitors were encouraged to provide feedback about the quality of the service.

Staff were complimentary of the support they received from the registered manager and management team. Staff commented, "Manager is understanding and ensures we are supported", "Manger is very supportive and approachable" and "Manager looks after staff well. We have met the providers and most of the management team".

People and their relatives told us Wytham House was well led. One person said, "This is a very good home and the manager is great. She is always here". People's relatives commented; "Manager is brilliant" and "The staff, the home, the management and the ethics are all good".

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the registered manager and staff. They commented on how well staff communicated with them in a timely manner. One healthcare professional told us, "The home's manager is very approachable and responsive. This leadership was also evident on the floor where the nursing staff led the support workers in meeting the needs of the residents".

The registered manager told us their main challenge had been, "Earning the trust of the team and

empowering them to do what they do best". This had resulted in increased staff retention and better quality of care through continuity.

The provider valued staff contribution at all levels and facilitated an 'employee of the month award' for good practice. Staff participated in trust staff surveys. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. Staff also received thank you letters from the chief executive officer (CEO). Staff told us they appreciated the recognition of their efforts and this boosted their morale.

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, catering, infection control and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, a meal time audit had resulted in improvement of meal procedures and making them social events.

Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Records showed discussions were around suggestions on how to improve care. The meetings were recorded and minutes made available to all staff. Staff also attended daily '10 at 10' meetings. These were head of departments update meetings which allowed staff to share and discuss changes timely. The provider published a bulletin which kept staff up to date with changes within the home.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.