Hollow Oak Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 30 November 2015. We last inspected Hollow Oak in June 2014. At that inspection we found the service was meeting all the regulations that we assessed.

Hollow Oak provides nursing care for up to 27 older people and is an established family business. The home is in a period house that has been adapted and extended to provide suitable accommodation for the people living there, including two conservatories and a modern extension. The bedrooms in the home vary in size and layout and are individually decorated and retained many original features. There is car parking available and well-kept lawns and gardens to the side and rear with outdoor seating for the people living there. On the day of the inspection there were 22 people living there.

Summary of findings

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

People living in Hollow Oak told us that they felt safe living there and friends and relatives we spoke with told us they were "very happy" and "very satisfied" with the care being provided. We spoke with people living there in their own rooms and those who were sitting in the communal areas. Everyone we spoke with had positive things to say about their home and the staff caring for them and that they "could not fault them".

On the day of the inspection there was a relaxed atmosphere in the home and we saw how frequently staff interacted with the people living there and in a very calm, friendly and respectful manner. We found that people living there were regularly asked for their views of their home and their comments were acted on to make any changes they wanted. One person told us, "I feel at home here, you know, like a real home".

We saw that people were supported to maintain their independence and control over their lives as much as possible. People had a choice of meals and drinks, which they told us were good and that they enjoyed. We saw that people who needed support to eat and drink received this in a supportive and discreet manner. The atmosphere in the home was informal, open and people were regularly asked for their views of the home and their comments were acted on to make changes they wanted.

We saw people's care plans were person centred and clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated to reflect any changing needs or preferences. Risk assessments were in place to allow people to keep their independence in ways that mattered to them such as accessing outdoor spaces.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service worked well with local GPs and health care professionals and external agencies such as social services and mental health services to provide appropriate care to meet people's different physical, psychological and emotional needs.

The staff we spoke with were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home and that they were confident that action would be taken.

Effective systems were in place for the recruitment of staff and for their induction and ongoing training and development. Staff training and development was well organised and staff said they were well supported to access the training they needed and to develop their skills.

We saw nursing staff giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support they needed to take their medicines.

There were thorough quality monitoring systems in operation to assess and review the quality of the services provided. We saw from the audits that had been done that the registered manager was identifying areas of service provision that needed to be improved to meet their internal quality standards and to find ways they could continue to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were handled safely and people received their medicines as prescribed. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Staff had been recruited safely with appropriate pre -employment safety checks. There were sufficient appropriately trained nursing and care staff with a range of skills and knowledge to provide the support people needed, at the time they required it.

Staff had received training on safeguarding people from abuse and knew what action to take if they were concerned about a person's safety or wellbeing.

Is the service effective?

Good

The service was effective.

People's nutritional needs were assessed and monitored.

Staff made use of the Mental Capacity Act 2005 to make sure that people were involved in decisions about their care so that their rights were promoted.

Nursing and care staff working in the home had received training and supervision to make sure they were competent to provide the support people needed.

The service worked in partnership with other organisations and health care professionals to make people received the treatment and support they needed.

Is the service caring?

Good

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

Care plans and records showed that people had their nursing and personal care needs assessed and the management of them planned with them. People were being seen by appropriate professionals to meet their physical and mental health needs.

Support was provided to follow their own interests and faiths and to maintain relationships with friends and relatives and local community contact.

There was a system in place to receive and handle complaints or concerns raised

Summary of findings

Is the service well-led?

Good

The home was being well led.

The leadership team communicated a clear vision and purpose about the development of the service. Management systems were used to monitor and critically assess the service's performance and to drive a culture of continual improvement.

Staff told us they felt supported, valued and listened to by the registered manager.

People living there and their relatives were able to give their views and take part in meetings and discussions about the service.

Hollow Oak Nursing Home Limited

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 30 November 2015 and was unannounced. The inspection was carried out by the adult social care lead inspector. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

As part of the inspection we also looked at records and care plans relating to the use of medicines and assessed medicine management, storage, administration and disposal.

During our inspection we spoke with eight people who lived in the home, one relative, two nurses, three care staff, five ancillary staff and maintenance and domestic staff. We spoke with the registered manager, the nominated individual, a member of the Community Mental Health Team (CMHT) and a GP from the local surgery.

We observed the care and support staff provided to people in the communal areas of the home. We spoke with people in communal areas and in private in their bedrooms. We looked in detail at the care plans and records for five people and tracked their care. We looked at records that related to how the home was being managed.

Before our inspection we reviewed the information we held about the service. We also sought the views of the commissioners of services and health and social care professionals who came into contact with the service. We looked at the information we held about notifications sent to us about any accidents or incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

The registered manager of the home had not 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 were aware of the reasons this had not been done as the registered manager had not received the document. However the registered manager had researched this on the CQC website and had put together their own PIR form to help them audit their performance against the essential standards. This proactive action provided us with the key information about the service and its plans for the future.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at Hollow Oak in every way. Although people told us they did not have any concerns they were confident that should they raise any issues these would be addressed. Another person told us "Yes I am quite safe here, I trust the staff, they take notice, and if I ask them for anything they take care of it. I think I made a good move coming here permanently". We were also told "Yes, I know I will be safe here, I feel that it is a real home and I feel at ease with everyone. It is always good to know that someone is about when I want them".

People living there told us that staff were available when they needed them. One person told us "I would say there are enough staff about unless someone goes off sick suddenly". Another said "There is usually plenty of staff about, no complaints about them at all".

We found that staffing levels in the home were appropriate for the number of people living there and nursing and care staff had the skills to meet people's different needs. There was a registered nurse on duty 24 hours supported by a senior carer and six to seven staff during the busy mornings and at least four staff in the afternoon and the twilight shift. This 'twilight shift' was from 2.30 pm to 10am to give additional support in the evening and at tea time so people could have greater choice about what they did in the evening and when they wanted to get ready for bed.

Staff told us that "We all work well together here, it's a 24 hour service". All staff we spoke with felt there was sufficient staff being deployed to carry out their roles said they received appropriate training, good support and regular supervision. We saw the records to support this.

The registered manager did not use a formal tool for assessing staffing needs against the dependency of people living there. However we could see that staffing levels were risk assessed and as a result of the assessment an additional shift (twilight shift) had been put in place over the evening period. Staff told us how they used the 'Six Steps' approach to end of life care to assess increased needs at the end of a person's life and so adjust staffing needs in that context. A member of staff told us "If we do need any additional staff we always get them".

The service had good systems in place to help ensure that staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of four new staff that had been recruited since our last inspection. We saw that all the checks and information required by law had been obtained before staff had been offered employment in the home. Checks were made to ensure that nurses working in the home were registered with their professional body and fit to practice.

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm. Staff told us they had received training in safeguarding adults and training records confirmed this. The nursing and care staff we spoke with could tell us of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were kept safe. There were also procedures for staff on raising concerns about poor practice or whistleblowing. Staff we asked told us "I personally have never seen any bad practice from colleagues but I would feel safe telling [registered manager]. They would soon put a stop to it".

We found the registered manager logged and reviewed any incidents and accidents, investigated and recorded any improvements made to help ensure people's safety. The registered manager had referred any accidents or possible safeguarding incidents to the appropriate agencies including CQC .The risk assessments we saw had been regularly reviewed to help make sure that people received appropriate support to stay safe. We looked at the risk assessments in place for people that identified actual and potential risks and the control measures put in place to try to minimise them.

People's care plans included risk assessments for skin and pressure care, falls, the use of bed rails, mobility, moving and handling needs and nutritional risks and needs. We saw that moving and handling equipment had been serviced under service agreements to make sure it was safe for people to use. We saw that the slings used with the equipment were checked under service agreement and visually by staff and that people had their own individual slings that were laundered as needed.

As part of this inspection we looked at medicines records, storage, supplies and care plans relating to the use of medicines. Medicines were safely administered. We saw nursing staff preparing and giving medicines to people and found that this was done carefully. We found people's medicines were well managed and practice was in line with

Good

Is the service safe?

the National institute of Health and Care Excellence (NICE) guidelines. Medicines storage was neat and tidy which helped to make sure that the medicines were in good condition for use. We looked at the handling of medicines liable to misuse, called controlled drugs. These were stored safely and recorded correctly and this reduced the risk of mishandling.

Charts and body maps were used for the recording of the application of creams by nursing and care workers. These showed where and how the creams were to be used so that people received correct treatment. There were clear protocols for giving 'as required' medicines in place and variable doses for medicines were clearly recorded on the medicines administration record (MAR). This helped to make sure that people received the medicines they needed appropriately.

We observed staff handling medicines and spoke with nursing staff about medicines procedures and practices. We saw nursing staff giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support they needed to take their medicines.

During this inspection we spent time in all areas of the home. We saw the environment was very homely, comfortable and well maintained. We looked around the home and saw that all areas were clean and fresh. The home was fully staffed with housekeeping and laundry staff to maintain a clean and hygienic environment. The maintenance and gardening staff kept the garden and premises in good order and there was a full complement of kitchen staff to make sure people had a variety of food they enjoyed.

The maintenance person showed us their records of their safety checks and servicing in the home including the emergency equipment, water temperatures, legionella tests, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept and we could see that any repairs or faults had been highlighted and acted upon. All of these measures helped to make sure people were cared for in a safe and well maintained environment. We saw the service had contingency plans in place in the event of foreseeable emergencies and personal emergency evacuation plans (PEEPs) should people ever need to be moved to a safer area in the event of an emergency.

Good

Is the service effective?

Our findings

People said they were supported by staff who knew them as individuals and understood their needs and conditions. One person using the service said "They (manager and staff) do everything well here, no shoddy work. From the cleaners to those at the top all of the staff are all very good at their jobs and helpful and always willing".

People living there also told us that they had a choice of food at each meal and one said "The food is very good. Too good, I eat too much". Another person told us "I can ring my bell and have a snack or a drink if I want anytime and my visitors are offered drinks as well".

All the care plans we looked at contained a nutritional assessment and we saw that a regular check was being kept on people's weight for any changes. Where the nursing staff had concerns about a person's nutrition their records showed they had involved appropriate professionals to help make sure people received the correct type of diet. This included detailed nutritional information for staff to follow where a person had diabetes.

We saw that if someone found it difficult to eat or swallow advice had been requested from the dietician or the speech and language therapist (SALT) and staff were also provided with appropriate training. The speech and language therapist was coming to the home the week of the inspection to give an update to staff about the correct use of thickening agents in food for those people that needed this.

We observed what was happening during meal times in the main dining room and how people were supported as they had their lunch. We used the Short Observational Framework for inspection, (SOFI) to observe how people on were being supported as they had their midday meal.

We saw that lunch was a relaxed occasion and staff spoke with and encouraged people as they served or helped them with their meals. We saw that care staff assisted people in an unhurried way and also prompted and encouraged people, where appropriate, with their meals. We saw there was a choice of food at all mealtimes in the home and a menu on was display for people to see and choose from. We saw there was a choice of hot and cold drinks available throughout the day.

We could see in people's care plans that there was effective working with health care professionals and support agencies involved in people's care such as local GPs, community mental health teams and social services. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

During the inspection a doctor from a local GP practice gave us feedback on the service. We were told that they had "confidence" in the skills and knowledge of the nursing staff and that they "knew what they were doing" in respect of providing the correct care and support and that the staff understood people's needs. They confirmed that they had a good working relationship with the service and that the staff and management of the service dealt with difficult situations "really well" and provided high quality care.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).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.

We saw in care records that people who had capacity to make decisions about their care and treatment had been supported to do so. Some people were not able to make important decisions about their care or lives due to living with dementia. We looked at care plans to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. Records were kept of multi- disciplinary

Good

Is the service effective?

discussions with people and families around care decisions. The GP we spoke with confirmed that there were team and family discussions around any decisions made in someone's best interests

We spoke with the staff on duty to check their understanding of MCA and DoLS. They understood the principles of the act and the importance of making sure people who did not have the mental capacity to make a particular decision for themselves had their rights protected.

Staff we spoke to said they had regular supervision meetings with a senior staff member to discuss their practice and any areas for development and had appraisals of their work. This helped to ensure that nursing and care staff had appropriate support to carry out their roles safely and effectively and have their performance monitored. Staff we spoke with felt they received training they needed. A member of nursing staff told us "They (registered provider) have been excellent with training, whatever I need, I get. It's very refreshing to find that and I am given the time to do training and I am paid to attend".

There were records of the completed training nursing and care staff had attended and what was planned for the year. The programme was planned well in advance and the system used flagged up when training was due to help ensure no one missed the training sessions. Training and development in the home was overseen by the registered manager to help maintain consistent standards of training to meet the needs of people living in the home. The provider's training included moving and handling, first aid, fire safety, medication, MCA, equality and diversity, adult protection (safeguarding), person centred care, infection control, health and safety, food hygiene and the use of syringe drivers (used for end of life care).

We saw that there was regular involvement with the Care Home Education and Support Service [CHESS] in Cumbria. This involved the CHESS team working with care home staff and backing up learning with practical support. This was to improve the staff's ability to manage mental health needs and so improve the day to day lives of older people with mental health needs.

We found that training and development was given a high level of importance in the home and all levels of staff were encouraged to develop their skills and obtain vocational qualifications. Senior care staff had been supported to achieve vocational qualifications at levels three and four. The home had provided training for staff to become trainers within the home and take the lead in such areas as moving and handling people, equality and diversity, person centred care and in safeguarding procedures. The service also provided apprenticeships through working with Age UK and had introduced the 'Care Certificate' into their training programme. The 'Care Certificate' is an identified set of standards that health and social care workers need to adhere to in daily working life.

We saw and new staff told us that they received a "thorough" induction programme and that they were observed by senior staff to assess their competencies in areas such as mouth care, bathing, laundry practices, and the use of equipment such as air mattresses and profile bed controls and keeping clear records. This helped to make sure they were prepared for their roles and competent to support people living there in their care and daily activities.

Good

Is the service caring?

Our findings

We were told by one of the people living there "They're (staff) very kind, all of them are good, very caring". We were told by another "I am very well looked after, it could not be better" and another told us "I have no worries living here, everything I want is taken care of for me, I'm happy, comfortable and really very content". One person told us "I was only going to come for two weeks trial but it was so good I decided to stay. I think I have been very lucky to find such a good spot, such lovely people, all so very nice and cheery".

People told us they were treated with kindness and compassion and they felt that their privacy and dignity was "always" respected. One person told us "They're [staff] always polite, always knock and take time so I can do for myself". We saw staff that responded in a caring way to people's needs and requests and took time to allow people to express themselves. This was supported by comments we saw in the most recent 'resident surveys' we looked at. One person had commented "Excellent here, all very caring and patient" and "Excellent staff, they must have been hand- picked".

We saw as we went around the home that people's privacy was being respected. We saw that bedroom and bathroom doors were all kept closed whilst personal care was taking place and staff knocked and waited before entering an occupied room. All bedrooms at the home were being used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms we saw had been personalised with people's own belongings, such as photographs and ornaments to help people to feel at home

We found that a range of information was available for people in the home to inform and support their choices. This included information about the providers, the services offered, about support agencies that could offer information and support and advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

We saw that staff maintained people's personal dignity when assisting them with mobility and in using the mobility equipment they needed to promote their independence.

There was procedural guidance for staff to follow on maintaining confidentiality and data protection. We saw that all personal records about staff and people living there were held securely within a locked office.

Health care professionals we spoke with about the service were positive about the personal and nursing care and support being provided. We were told, "I would have no reservations about anyone of my own coming here". A GP we spoke with who often visited the home told us they had found the home to be "very personal" and told us "It's a good home, really caring and the staff have such enthusiasm. They understand people's needs and provide quality nursing".

We saw that staff interacted positively with people; they were attentive, listening and responding to people, laughing and joking with them and giving reassurance if needed. Activities and conversations were going on in the lounges and it was a relaxed atmosphere. Throughout our inspection we saw that the staff gave people the time they needed to communicate their wishes.

The registered manager, nursing and care staff we spoke with were very clear and knowledgeable about the importance of providing holistic care at the end of a person's life. We found that staff had also been able to take part in 'The Six Steps' palliative care programme through a local hospice. This programme aimed to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. Care plans contained information about people's care and treatment wishes should their condition deteriorate.

We found evidence that the service gave a lot of consideration to the emotional and spiritual needs of the people living there and in supporting them through the losses they faced as they grew older or lost loved ones. We found a practical example of this when the manager and staff enlisted the help of local clergy for a private service in the home with prayer and commemoration at the loss of a loved one. This had allowed for a formal recognition of the bereavement when attendance at a funeral had not been possible.

We found that the service had also used their close working with a local hospice to access complimentary therapies to help people to deal with anxieties and to help them with relaxation.

Good

Is the service responsive?

Our findings

People living at Hollow Oak told us about the different activities they could take part in if they wanted to. One person told us "We have a programme of activities here, you don't have to join in if you don't like it, but I like to be sociable and join in, after all the effort that staff put into it I think you should". One person told us how much they enjoyed the gardens and the view they had of it from their room. They told us "The gardens are so lovely in Spring and Summer; I have just put some bulbs out. We have gardeners of course, but I like to do what I am able and they helped me plant the tulips".

The entertainment and activities programme was displayed in the foyer for people to refer to. We saw that there was something planned for people to take part in on each day should they want to. People also told us that they did not have to take part and could follow their own interests instead if they wanted to. One person told us "I have everything I need here for me. I like my room and I have some of my things from home". They told us how much they enjoyed watching the birds that came to the feeder attached to their bedroom window. They told us that they were filled with food every day by the staff and that it was "very entertaining".

Where possible people were being supported to make their own daily choices and take part in activities outside the home as well as within. During the inspection we saw people going out for the day with friends and family and taking part in activities. We were told about a planned trip out to visit a display of Christmas trees decorated to help raise funds for charities. This was an annual event at a church in a neighbouring town. People told us they chose where to spent their time, where to see their visitors and how they wanted their care to be provided. People told us and we saw from the records, that people were able to follow their own beliefs. There was a monthly multi denominational religious service for anyone who wanted to participate and people could see their own priests and ministers if they wanted.

We were told about a recent fashion show when a clothing retailer had come into the home so people could see the clothes and choose any they would like. A visit from a chocolate retailer was planned before Christmas so people could try samples and buy sweets and chocolates for themselves or as gifts for their families and friends. People we asked said they appreciated being able to have a look at different things like the chocolates and clothes and choose what they liked as some could not easily go shopping themselves anymore. We were told "It's nice to get my own things like normal and not have to do it through others".

The service had a dedicated activities coordinator, although all staff were involved in activities through their key worker roles. There were musical and reminiscence groups and a 'Knit and Natter' group and table top games, bingo and weekly 'chair aerobics' and also Tai Chi. During better weather there had been 'family and friends leisure days when the gardens were used for outdoor activities and walks. There were also individual activities such as manicures, pedicures, foot spas and the hairdresser visited weekly.

The service had a complaints procedure that was available in the home and on display for people to read and consult. People who lived there told us they knew they could make a complaint and would feel comfortable doing so with the registered manager or nurses. People told us, "I don't think I have ever had to really make a complaint, I have made plenty of suggestions and they take note so it has never gone further". Another person told us "I can't really find anything to fault, I see [registered manager] most days anyway, I find she always listens".

People's care records showed that their individual needs had been assessed prior to coming to live in the home. This was to help make sure the service could fully meet their needs before they came to live there. We looked at people's care plans and found that these were person centred and clearly described the care, treatment and support needs of the person and their individual preferences. We found care plans included people's nursing and personal care needs, any treatments being used and support needs, including the different social, cultural and religious beliefs of people living there.

We looked at care plans for people with more complex healthcare needs and saw that the management of different conditions or medication needs had been well planned and the plans were clear for staff to follow. This was evident in care plans for managing diabetes and blood sugar monitoring and also for the use of drugs that thinned

Good

Is the service responsive?

the blood. The care plans had been regularly reviewed, evaluated and when required had been updated to reflect any changes so that people continued to receive appropriate care.

We saw evidence in care plans and people told us that their care and support was planned with them and told us that the service was flexible and responsive to individual needs and preferences. Everyone we asked described their care positively and described having their needs met and their choices respected. One person said “My routine changes, I do things when it feels right for me, it’s for me to say what I do and when; it’s not regimented living here”.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that they felt that this service was being well managed. People living there told us that they knew who the registered manager was and saw them to speak to "everyday". We received only positive comments about how their home was run. One person said "I should think this is one of the best nursing homes, we visited several others before I came here and this was the best by far. I think you will find it's very well run and it's not an easy job being in charge".

People living there told us about the regular meetings or 'forums' they had. One person told us "I go to the meetings, some are not interested but I like to be involved. We plan outings so we have the mini bus to go and see the Christmas trees. We get plenty of chances to say what we would like". Another person said "My views are listened to, I have gone to a few of the resident's forums so have my say, mostly about the activities and the food but I think it was worthwhile".

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they were supported in the home to undertake training. They said they had regular staff meetings to discuss practices, share ideas and any areas for development. We were told by a staff member "It's open and I feel free to discuss and share practices, everyone here wants to do a good job". Another said "We are getting better all the time, the structures and systems are in place now and we are taking great strides".

The staff we spoke with described the management of the home as open and approachable. Staff told us they felt valued and appreciated for the work they did by the management team who led by example. They said that the registered manager had an open door policy and they could talk to her whenever they wanted to. Health and social care professionals we spoke with felt the service was well run. They told us that they had positive professional relationships with the registered manager and nursing staff. We were told "I feel if I ever had to make a constructive criticism that the manager would be open to it and respond positively".

The registered manager told us satisfaction surveys were sent out annually to people who lived in the home and their relatives. At the last survey some people had said they were not sure who their key worker was. In response the registered manager had made sure that everyone was given information about their keyworker to make sure they were aware.

We found that there were effective systems being used to assess the quality of the service provided in the home. This monitoring system included a programme of audits undertaken to assess compliance with internal procedures and against the regulations. We saw the records and outcomes of a range of health and safety checklists that had been conducted by the provider. Internal checks had been done regularly in areas such as the premises and environment, fire safety, emergency equipment, falls, infection control, accidents, nutrition, care planning and complaints. Maintenance checks were being done regularly by staff and records had been kept and we could see that any repairs or faults had been highlighted and acted upon.

We saw that regular audits had been done on care plans and care records, wound management, medication records and staff training. The registered manager also completed a monthly report for the registered provider as part of the overall monitoring of the service. This report included monitoring of staffing issues and levels, any training going on or required and any disciplinary activity with staff.

There were processes in place for reporting incidents and we saw that these were being followed. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed. The thorough approach being taken was systematic and verifiable and promoted the effective monitoring of the quality of the service to learn lessons and help the service continuously improve for the benefit of the people living there.