DEMA Residential Homes Limited

Priory Care Residential Home

Inspection report

11 Priory Road
Cottingham
North Humberside
HU16 4RR

Tel: 01482842222

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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

Priory Care Residential Home is a care home that accommodates up to 35 older people, some of whom may be living with dementia. On the day of the inspection there were 29 people living at the home. The home is situated in the village of Cottingham, in East Yorkshire. Bedrooms are located on the ground and first floors and there is a passenger lift to reach the first floor. Accommodation on the first floor is designed to meet the needs of people who are living with dementia.

At the last inspection in July 2016 we were concerned that care and treatment was not person-centred. We issued a requirement in respect of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that people's care plans had been updated and that people received care that was based on their individual needs. The provider was no longer in breach of this regulation.

At the last inspection in July 2016 we were concerned that staff did not act in accordance with the Mental Capacity Act 2005 (MCA) in respect of consent and making informed decisions. We issued a requirement in respect of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that people's records had been updated to reflect their capacity to make decisions and consent to aspects of their care. The provider was no longer in breach of this regulation.

At the last inspection in July 2016 we were concerned that medicines were not being managed appropriately and that the emergency call bell had not been properly maintained. We issued a requirement in respect of Regulation 12 (1) (2) (d) (e) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that the management of medicines was safe and that a new emergency call bell system had been installed. The provider was no longer in breach of this regulation.

At the last inspection in July 2016 we were concerned that there was a lack of maintenance certificates and risk assessments in place and that a high standard of hygiene was not being maintained. We issued a requirement in respect of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that equipment was well maintained and that the premises were maintained in a clean and hygienic condition. The provider was no longer in breach of this regulation.

At the last inspection in July 2016 we were concerned that the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person who lived at the home. We issued a requirement in respect of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that people's records were complete and accurate. The provider was no longer in breach of this regulation.

At the last inspection in July 2016 we were concerned that CQC had not been notified about DoLS applications that had been authorised as required by regulation. This was a breach of Regulation 18 of the Registration Regulations 2009. At this inspection we saw that notifications about DoLS and other issues had

been submitted to CQC, meaning the provider was no longer in breach of this regulation.

At this inspection we found there was a manager in post and they had been in post since the home was first registered. People who lived at the home, relatives and staff reported that the service was well managed.

Staff had been recruited following robust policies and procedures and people told us they felt safe living at the home. Sufficient numbers of staff were employed to make sure people received the support they needed.

People told us they were happy with the choice of meals provided at the home. People's nutritional needs had been assessed, people's special diets were catered for and food and fluid intake was being monitored when this was an area of concern.

Staff were kind, caring and patient. They encouraged people to be as independent as possible and respected their privacy and dignity.

An activities coordinator had been employed and people told us they were happy with the activities on offer.

Risks to people were assessed and reduced where possible. Staff received training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm.

People understood how to express any concerns or complaints and were encouraged to feedback their views of the service provided. We received positive feedback from everyone who we spoke with.

Staff told us they were well supported through supervision and staff meetings.

Quality assurance systems were robust and where they identified shortfalls in the service, actions had been implemented.

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.

Staff were recruited safely and were aware of their responsibilities to protect people from the risk of harm. There were sufficient numbers of staff employed to ensure people received the care and support they needed.

Medicines were managed safely.

The premises had been maintained in a clean and hygienic condition.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the MCA and people were supported with decision making.

People told us they enjoyed the meals at the home and people's nutritional needs were assessed and met.

People had access to health care professionals as needed.

The premises were specially designed to meet the needs of the people who lived at the home.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. There were positive relationships between people who lived at the home and staff.

People's privacy and dignity was respected by staff.

Independence was promoted and information about advocacy services was available within the home.

Is the service responsive?

Good

The service was responsive to people's needs.

People had care plans in place that described them and their support needs.

Activities were provided to ensure people had social stimulation.

There were complaints policies and procedures in place that people were made aware of. People and their relatives had the opportunity to share feedback about the service provided.

Is the service well-led?

Good

The service was well-led.

There was a manager who had been in post since the service was first registered.

People told us that the service was well managed. The manager was visible within the service and approachable.

Regular audits to monitor the quality of the service had been carried out and any areas that required improvement had been addressed.

Priory Care Residential Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection that took place on 19 and 21 September 2017; the first day of the inspection was unannounced. The inspection was carried out by two adult social care inspectors.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The provider was asked to submit a provider information return (PIR) before this inspection. The PIR 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. The PIR was submitted within the required timescale.

On the day of the inspection we spoke with seven people who lived at the home, two relatives / visitors, five members of staff, three visiting health or social care professionals and the manager. 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.

We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for three people who lived at the home, the recruitment and induction records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Good

Is the service safe?

Our findings

At the last inspection we were concerned about the management of medicines and that the emergency call bell had not been maintained. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found there were thorough policies and procedures on the management of medicines that were followed by staff. We saw that medicines were stored safely in the new medicines room, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately; this included the management of controlled drugs (CDs). CDs are medicines that require specific storage and recording arrangements. There were specific instructions in place for 'as and when required' (PRN) medicines, including how people were able to express when they were in pain and needed pain relief. People's care plan included details of each medicine prescribed to them, prescribing information and the reason it had been prescribed.

We discussed with the manager that it was good practice for two staff to sign handwritten entries on medication administration records to reduce the risk of errors occurring. The manager told us that this was the policy at the home and they would reiterate the importance of this to staff. We saw one incidence of a gap in a medication administration record for a tablet that was administered weekly. On the second inspection day the manager told us they had looked into this incident; the tablet had been administered and the staff member had forgotten to sign the MAR. This had been addressed with the staff member concerned.

The manager told us that the emergency call system was newly installed and had not yet required servicing. Records showed that some people were unable to use the emergency call bell. To reduce the risk of accidents occurring, they were regularly checked during the day and night.

This meant the provider was no longer in breach of Regulation 12.

At the last inspection in July 2016 we were concerned that there was a lack of maintenance certificates and risk assessments in place and that high standards of hygiene were not being maintained. We issued a requirement in respect of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that equipment was well maintained and that the premises were maintained in a clean and hygienic condition.

Service certificates evidenced that equipment and systems had been appropriately maintained. This included fire extinguishers, mobility and bath hoists, profiling beds, the passenger lift and gas appliances / systems. The fire alarm system was new and had not yet required servicing. There was also a fire risk assessment in place and evidence of weekly fire alarm and emergency lighting checks. In-house maintenance was carried out by the home's handyperson.

We walked around the premises and looked at communal areas of the home, bedrooms, bathrooms and toilets. We observed that these were being maintained in a clean and hygienic condition. The laundry

facilities had been refurbished to a very high standard and included distinct 'clean' and 'dirty' areas. This meant the risk of infection was greatly reduced. There were ample supplies of personal protective equipment (PPE) such as gloves and aprons and we observed staff using these appropriately on the day of the inspection. Audits had been carried out to monitor staff practices around the prevention and control of infection. A care professional told us they had observed the manager checking staff's hand hygiene and that there were appropriate notices and supplies of PPE to encourage staff to follow good hygiene practices.

This meant the provider was no longer in breach of Regulation 15.

The home had received a food hygiene score of four. The inspection had been carried out by the health and safety team of the local authority, and checked hygiene standards and food safety in the home's kitchen.

People told us they felt safe living at the home; one person told us, "Absolutely – it's absolutely perfect." This was supported by relatives who we spoke with. One relative said, "I am reassured that [Name of family member] is being looked after. Staff are able to manage their behaviours and they are now much calmer." Staff described how they promoted safety in the home. Comments included, "There is always a member of staff in the lounge areas to minimise risks and incidents" and "We make sure there are no obstacles around."

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. We saw staff assisting people to transfer from a chair to a wheelchair or to a standing position, and noted that appropriate equipment was used and the transfers were carried out safely.

Staff received training on safeguarding adults from abuse, and they were confident when describing different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they would pass on any concerns to the manager and were certain their concerns would be dealt with immediately. We checked the folder where safeguarding information was stored. This contained comprehensive safeguarding policies and procedures to advise staff on how to recognise signs of abuse and how to report any concerns to the relevant authorities. We saw the tool introduced by the local authority was being used to assess the risk level of each incident or allegation to identify whether an alert needed to be submitted.

On the day of the inspection there was a care manager, a senior care worker and six care assistants on duty, plus the manager. The manager told us that there were usually two senior staff on duty (one on each floor of the home) but one senior staff member was on holiday. There was an additional care assistant on duty to cover their absence.

Ancillary staff were employed in addition to care staff. On the day of the inspection there were three housekeepers, a cook, a laundry assistant, a receptionist and a maintenance person on duty. This meant care staff were able to concentrate on the care and support of people who lived at the home.

We checked the recruitment records for two members of staff. These records evidenced that references and a Disclosure and Barring Service (DBS) check had been obtained prior to the new employee commencing work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. New staff received a copy of their job description which gave them clear information about what was expected of them.

Accidents and incidents were recorded and analysed each month to identify any patterns that might be emerging or action that needed to be taken. Body maps were used to record a person's skin integrity when they first moved into the home, and to record any injuries, sore areas or bruises. This helped staff to monitor the person's recovery from any injuries and on-going skin integrity. Care plans also recorded the specialised equipment people had been provided with to prevent the risk of pressure sores developing.

There was an emergency plan in place that provided advice for staff on how to deal with unexpected emergencies. In addition to this, people had a risk assessment in place that recorded the assistance they would need to evacuate the premises in an emergency.

Good

Is the service effective?

Our findings

At the last inspection we were concerned that staff did not act in accordance with the Mental Capacity Act 2005 (MCA) in respect of consent and making informed decisions. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we saw that people's records had been updated to reflect their capacity to make decisions and consent to aspects of their care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that care plans recorded any DoLS applications that had been submitted and / or authorised, and when they were due for renewal.

We saw that care plans recorded a person's capacity to understand and retain information, and to make decisions. One person's care plan described fluctuating capacity and how staff should review this. Staff had undertaken training on the MCA. When people lacked the capacity to consent their care, care plans recorded this. Relatives were only asked to consent on behalf of their family member if they had power of attorney (POA). This is when a person has been legally authorised to make decisions on another person's behalf.

Care plans recorded information such as, 'Staff to ensure that decisions affecting [Name] and how they choose to live their life are made in accordance with their prior wishes and preferences and in their best interest when they are unable to do so. To support decision making by ensuring options, support and time is available' and 'Staff must wait for verbal consent'. We observed that staff always asked for people's permission before taking actions such as assisting them to mobilise or assisting them to eat their meal.

Staff had undertaken training on the MCA and our discussions with staff indicated they were aware of how this legislation should influence their day to day work.

This meant the provider was no longer in breach of Regulation 11.

At the previous inspection we recommended that the provider should review people's mealtime experience. At this inspection we received positive feedback about the meals and mealtimes. Comments included, "The food is brilliant – that's what I do – eat, drink and laugh." We saw there was a menu on display that included words and pictures. Staff also explained the meal choices to people, and showed some people the different meals to try to help them make a decision. The meals looked appetising and people were offered a choice of both meals and drinks. We heard one person talking about the full English breakfast they had enjoyed that morning. People were offered a clothes protector and people were assisted appropriately by staff.

People's special dietary requirements and their likes and dislikes were recorded in their care plan, and people had appropriate nutritional assessments and risk assessments in place. The cook explained to us how they prepared high calorie diets for people who were at risk of losing weight, pureed diets and meals for people with diabetes. They were also aware of people's food allergies. When people were at risk of

dehydration their fluid intake was being monitored, although we discussed with the manager that monitoring would be more effective if there was a record of target fluid intake and fluid intake was totalled at the end of each day. The manager told us that they had a more detailed fluid intake chart to use when they had concerns about people's intake and output. We noted that staff were taking part in the Nutrition Mission, an initiative introduced by the NHS to reduce the risk of malnutrition and dehydration for people living in a care setting.

A care professional told us that the manager promoted training with staff and that staff understood the training that was provided for them. They also said that the home had robust policies and procedures in place and staff were able to explain them. They felt this resulted in a staff group who had the skills to do their job.

Staff told us they completed thorough training during their induction period that helped them to get to know people who lived at the home and the home's policies and procedures. During their one month induction period new staff were 'buddied up' with an experienced member of staff and their capabilities were monitored. If they had completed training at a previous workplace, they were asked to provide training certificates to evidence this. This helped the manager determine their level of competence and any immediate training needs. Staff who were new to the caring profession were also required to complete the Care Certificate; this ensured that new staff received a standardised induction in line with national standards.

Training records showed staff had completed training on the topics considered essential by the home, including basic life support, equality and diversity, first aid, fire safety, health and safety, infection control, manual handling and the MCA. Records showed that 15 staff had completed a National Vocational Qualification (NVQ) or equivalent at either level 2, 3 or 4 and that senior staff had completed training on the administration of medicines.

At the last inspection we made a recommendation about staff supervision and appraisal. The records we saw at this inspection showed that staff had a variety of opportunities to meet with a manager to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. Staff also had 'peer observations' when they were observed by a colleague who gave feedback on their practice. At the same time, staff were asked to reflect on their own practice and what their development needs were. One member of staff told us, "If you feel uncomfortable and voice concerns, you are never frowned upon."

We observed that people who could mobilise independently walked around the home without restriction and had no problem with finding their way around. In the area of the home for people who were living with dementia, there was signage to assist people in finding their way around. Box frames that contained photographs or memorabilia helped people identify their own room. The wall was used to display 'old' posters, 'old' framed newspaper articles, water features and tactile items such as sensory boards containing different textures. Care plans recorded a person's specific requirements in respect of the environment, such as, 'Remove mirrors from room as [Name] is distressed by her reflection.' A relative told us that the home suited their family member as it was, "Very light, spacious, simple and uncluttered."

People were supported by GPs, community nurses and other health care professionals. The contact with health care professionals was recorded and any advice given had been incorporated into care plans. Health care professionals told us that staff sought advice appropriately and followed that advice. Comments included, "There is always a member of staff available to stay with us when we see patients. They show us up to their room and stay with us. They then document information about any treatment or advice on their IT

system" and "We had some concerns about communication in the past but it has definitely improved in the last few months."

Good

Is the service caring?

Our findings

At the last inspection in July 2016 we recommended that the provider sought advice from a reputable source about the support for people on the end of life pathway. The manager told us that they had not yet opened the area of the home that would specialise in supporting people at the end of their life. This area contained eight bedrooms and renovation work was due to commence in October 2017. In preparation for this discussions were being held with four people who currently lived in this area of the home and their families to arrange for them to move to another bedroom. Some staff had completed training on providing end of life care and other staff were due to attend this training. Care plans recorded people's wishes for their care at the end of their life.

We observed that staff were kind, caring and patient and this was also demonstrated during our SOFI inspection. We saw positive interactions between people who lived at the home and it was clear that staff were skilled at engaging people in both conversation and activities.

People told us they felt staff genuinely cared about them. One person told us, "They are very good. We have a lot of laughs." Another person mentioned one member of staff who they particularly liked. They said, "I like [Name]. She's lovely and I give her a big hug and a kiss." A member of staff said, "Oh yes, I don't even have to think about that. If they are upset about anything then so are we. It's like a little family."

Relatives told us they believed staff genuinely cared. One relative said, "Staff genuinely care and like [Name of relative]. They see past the dementia. They are not nervous of staff – they are quite relaxed with them." One relative gave us an example to demonstrate how staff also cared about and offered support to people's families. A care professional told us that they usually turned up at the home without an appointment and they had always found people who lived at the home to look happy. They said, "Staff definitely care. They bend over backwards; they even come in on their days off and holidays."

We saw people who lived at the home looked well cared for, were clean shaven (when this was their choice) and wore clothing that was in keeping with their own preferences. People's bedrooms were personalised to make them feel 'at home'.

People told us that staff respected their privacy and dignity. One person told us, "Staff do respect my privacy. I go into my bedroom with my daughter if we need a quiet chat." A health care professional told us that staff accompanied them to the person's bedroom when they required treatment, but added, "Staff always ask the person if it is okay for them to remain in the room." They confirmed that staff closed the curtains and door to maintain the person's privacy. Staff were able to describe how they promoted people's privacy and dignity, such as covering people during personal care to protect their modesty.

We observed that people were supported by staff to be as independent as possible. If they were able to carry out tasks themselves, staff encouraged them to do so. Care plans recorded the equipment people needed to eat their meals independently, such as plate guards and easy grip cutlery, and we saw these being used on the day of the inspection.

We saw that information about advocacy services was displayed on the home's notice board and some care plans included information evidencing that the person concerned had been supported by an advocate to make decisions. Advocacy services help vulnerable people access information and services, be involved in decisions about their lives and explore choices. One person's care plan recorded that they needed the support of an advocate to understand the home's statement of purpose and the advocate had been sent a copy of the home's statement of purpose to facilitate this.

Staff had completed training on equality and diversity and it was clear that staff understood people had different lifestyle choices and life experiences.

We saw that written and electronic information about people who lived at the home and staff was stored securely. This protected people's confidentiality.

Good

Is the service responsive?

Our findings

At the last inspection in July 2016 we were concerned that care and treatment was not person-centred. We issued a requirement in respect of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that people's care plans had been updated and they contained sufficient information to ensure staff were aware of people's specific care and support needs and to enable staff to provide care that was centred on the individual. A person who lived at the home told us they had been involved in developing their care plan. They said, "If it's not right I tell them." A relative told us, "Staff know service users very well, and they understand that people with dementia are different."

The manager completed an initial assessment of people's needs before they moved into the home, and a care plan was developed from this assessment. The care plan included the use of recognised assessment tools for tissue viability and nutrition. Care plans contained information for staff about how to meet people's needs in a variety of areas, including personal care, night care, recreation and activities, medicines, rights / consent and continence. They included their family and work history, their daily routines and their likes and dislikes, such as, 'Likes to look smart, makeup on and hair looking nice. Likes to talk about her family.'

Care plans also contained information about any behaviour that might cause harm to the person or others, including any identified triggers leading to the behaviour and how these should be managed by staff. A member of staff told us, "We have an awareness of the impact of others behaviour on everyone and how to manage it." When people were at risk of developing pressure sores, monitoring charts were used to record positional changes. We saw that these were used correctly and consistently by staff.

Daily handover meetings provided staff with up to date information, and records showed staff discussed any concerns about each person who lived at the home. A communication book was also used to pass information from one shift to the next. Care plans were reviewed each month to ensure that information was reflective of people's current care and support needs.

This meant the provider was no longer in breach of Regulation 9.

Daily notes made by staff included information about any visits from family or friends and any visits outside of the home. People were supported to keep in touch with family and friends and visitors were made welcome at the home. One visitor told us, "Staff are really welcoming. They always give me a cup of tea and a bun."

The manager told us that they now employed an activities coordinator on Tuesdays and Thursdays, and there was a board advertising the activities for the week, morning and afternoon. Activities were varied to suit people's individual needs, such as singing, ball games, watching films, movement to music and reminiscence. Church services held for people who wished to take part. We looked at the activity records; these evidenced that activities were taking place on a regular basis and recorded who had taken part in each activity. On the day of the inspection we saw that some people received nail care and that staff spent time chatting to people. One small lounge area had Sky TV and we saw that a male who lived at the home

clearly enjoyed watching the sport. Staff chatted to this person about sport when they went about their daily duties.

At the last inspection we recommended that the provider made improvements to the complaints process. At this inspection we saw there was a notice on display inviting people to comment on the care they were receiving, including making a complaint. We checked the complaints log and saw that three complaints had been made to the home during the previous 12 months. The records evidence these had been investigated appropriately and feedback given to the complainants. Letters of apology had been sent to complainants when this was appropriate. People who lived at the home told us they knew how to make a complaint; one person told us the name of the person they would speak to. A relative told us they felt they could complain and they would be listened to. They said anything they had mentioned to the manager or staff had been 'sorted out'. The home had received numerous compliments during the previous 12 months.

Meetings were held for people who lived at the home and relatives. The minutes of the most recent meeting showed that people were asked if they had anything they would like to discuss in addition to the agenda items. Satisfaction surveys had also been distributed to people who lived at the home. This showed that people were given the opportunity to comment on the care and support they received.

Good

Is the service well-led?

Our findings

At the last inspection in June 2016 we were concerned that CQC had not been notified about DoLS applications that had been authorised as required by regulation. This was a breach of Regulation 18 of the Registration Regulations 2009. At this inspection we saw that notifications about DoLS and other issues had been submitted to CQC.

Our data showed that the reporting of serious injuries was much lower than expected for a service of this size. We discussed this with the manager and was assured they understood when it was appropriate to submit these notifications to CQC. The submission of notifications allows us to check that the correct action has been taken by the registered persons following accidents or incidents.

This meant the provider was no longer in breach of Regulation 18 of the Registration Regulations 2009.

At the last inspection in July 2016 we were concerned that the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person who lived at the home. We issued a requirement in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept and easily accessible. A healthcare professional commented about the home's electronic care planning system, "The information is clear and easy to find. Information is well documented."

The meant the provider was no longer in breach of Regulation 17.

There was a manager in post who was registered with the Care Quality Commission. 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 provider used a private company to gather information from people who used the service and visitors. This company provided written feedback to the provider on a regular basis and we saw that the feedback was consistently good. Comments included, 'The care and service mum received was exceptional' and 'Our mother has many complex needs. Priory Care provide her with all the attention she needs. The staff carry this out in a caring and sensitive way. They are very professional.' The private company recorded in their report, 'This is to certify that DEMA Residential Homes Limited has been recognised as a Top 20 recommended care home group in the UK.'

Numerous audits were carried out by the manager and other staff to monitor the quality of the service. These included audits on health and safety, medicines management, staffing levels, personal care, general cleanliness of the premises, activities and housekeeping as well as on equipment such as the emergency call

system, coded doors, sensor mats, wheelchairs and moving and handling equipment. We noted that any shortfalls identified in audits had been actioned. The manager received updates from senior staff throughout the day, carried out spot checks (some as early as 5.30 am) and took part in some staff handover meetings. These strategies helped the manager to monitor throughout the day and night that there were no concerns at the home, even when they were not present.

People told us that the home was well managed. Health and social care professionals said, "There have been lots of improvements lately" and "Staff morale has increased." Staff told us that the manager always listened to concerns and suggestions. They said, "[The manager] never dismisses what you go to her with" and "[Name of manager] is very fair. If you ever have a problem she would do her best to sort it out for you."

We viewed the report completed by Healthwatch following their visit to the home on 8 March 2017. Healthwatch is the independent consumer champion for both health and social care. They received positive comments from people about the improvements the current provider had made to the home.

Staff told us they were certain information would remain confidential if they used the home's whistle blowing policy. They said there was a culture of 'openness' at the home. Their comments included, "We have a good cheery team. We have time for the residents and sometimes they just want to chat – we can spend time to stimulate them like that." A care professional told us, "There is a relaxed atmosphere at the home. People who live here can have a laugh with the staff."

Staff meetings were held and minutes of these meetings showed that topics discussed included a buddy system for new staff, safeguarding, improvements that were needed to medication practices, personal care, confidentiality and the fire policies and procedures. Specific meetings had been held to remind staff of the importance of following the home's policies and procedures in respect of the prevention and control of infection.