

Mrs S C Joyce

# Linden House Nursing Home

## Inspection report

Linden Hill  
Lower Westford  
Wellington  
Somerset  
TA21 0DW  
Tel: 01823 667711  
Website: [www.linden-house.net](http://www.linden-house.net)

Date of inspection visit: 5 November 2014  
Date of publication: 31/12/2014

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

### Overall summary

Linden House is a care home which is registered to provide care for up to 34 people. The home specialises in the care of people who require general nursing care. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 5 November 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

Throughout our inspection we observed staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff that supported them. One person said "all the staff are delightful. I can't grumble

# Summary of findings

about any of them.” Another person said “we do have a laugh here. Never a dull moment.” The visitors we met with told us about the kind and compassionate care their relative had received during their time at the home.

People told us they were well cared for. They told us staff knew about the things that were important to them. One person said “I really couldn’t get better care anywhere else.” Another person told us “I cannot grumble about anything. I am very well looked after.” Two people we met with told us how staff were “always prepared to go the extra mile.” One person said “I was very anxious about a letter that needed posting. [member of staff] offered to post it on their way home. They telephoned me to let me know they had posted it. That was such a relief to me.” Another person told us “I needed to go to the bank to sort things out and [member of staff] offered to come with me in their own time.”

People told us they could see a doctor or other health care professionals when they needed to. One person said “I have regular appointments at the hospital. A member of staff comes with me. They are very good.” Another person said “the nurses are brilliant. If you feel unwell, the doctor is called straight away.”

Before someone moved to the home, they were visited by the registered manager or a nurse to make sure the home was the right place for them. One person said “it wasn’t an easy decision to move into a home, but I have to say, I’m glad I chose this one. They went out of their way to make sure they knew about all the things that were important to me before I moved here.” The cook/housekeeper told us “the nurses assess people and I go and have a chat with people when they move in. It’s important to know about people’s likes and dislikes and whether they need a special diet.”

Each person had a care plan which provided information about their needs, abilities and preferences. Care plans also detailed any risks to the person and gave clear information about how risks could be minimised. Staff demonstrated a good knowledge and understanding of the people they cared for. They told us they attended a meeting at the start of every shift where they would be updated and informed about any changes or concerns with people. We saw care plans had been regularly reviewed to make sure they reflected people’s current needs.

People received their medicines when they needed them. We found people’s medicines were managed and administered in a safe way.

The service offered a varied programme of activities. These included visits from musical entertainers, outside speakers, arts and craft sessions and social get togethers. People were positive about the activities offered. One person said “it’s amazing really. There is so much going on. I really enjoyed a talk we had recently. Someone came in and talked to us about cider apples and making cider. It was really interesting.” Another person told us about the “social suppers.” They said “they are such fun. We decide in advance what we want to eat. For example fish and chips or a buffet. Just something different really. We sit at long tables and have a laugh and chat. It really is a real social affair.”

We were also told about the numerous “themed events” which took place at the home. A visitor said “they really do pull out all the stops to make it special for people.” On the day we visited the dining room had been decorated in preparation for bonfire night. Decorations were impressive and the cook had made a very creative “bonfire cake.” One person said “you should have seen it here at Halloween. It was amazing. All the staff dressed up, the decorations were out of this world and you should have seen the cake!”

The service made sure staff knew how to care for the people who lived at the home. Staff received on-going training and their skills were regularly monitored through formal one to one meetings and observations of their practice. One member of staff told us “as long as the training relates to the needs of the people here, then it is arranged straight away.” Another told us “you can’t fault the training opportunities.”

The service was safe and well maintained. Equipment used by people had been regularly serviced to make sure they remained safe. Risks of scalding from hot water outlets were reduced because these were regularly checked to make sure they remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Staff were up to date with current guidance about how to support people to make decisions and to keep them safe.

## Summary of findings

People knew how to raise concerns about the care or supported they received. One person told us “we have regular meetings and the manager is always there. One of the things we are encouraged to talk about is whether we are unhappy about anything. I haven’t heard any grumbles.” Another person told us “I am very satisfied but I know for sure if I wasn’t, they would be straight on it.”

The people we spoke with, staff and visitors told us they found the provider and registered manager very approachable. One person told us “[the provider] came to see me shortly after I moved here. They asked if I had settled in and whether I was happy with everything. She [the provider] is very nice.”

# 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?

The service was safe. The provider had systems to help reduce the risk of abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them.

Staff told us they had received training about how to recognise and report abuse. They were knowledgeable about how to recognise abuse and they knew how to report concerns.

There were sufficient staff on duty to meet people's needs. The people we spoke with told us staff were available when they needed them.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and we saw these were followed by staff.

Good



### Is the service effective?

The service was effective. People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People attended appointments with health care professionals to meet their specific needs. These included doctors, dentists, district nurses and speech and language therapists.

Staff had a good understanding of people's legal rights and of the correct procedures to follow where a person lacked the capacity to consent to their care and treatment.

Good



### Is the service caring?

The service was caring. Throughout our inspection we observed staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff that supported them.

Staff knew what was important to people and they spoke about people in a caring and compassionate manner.

We saw the home had received numerous cards from relatives which praised the staff for the care their relatives had received. We were told that the provider sent a card and flowers to people's relatives on the anniversary of their loved one's death.

Good



### Is the service responsive?

The service was responsive. People told us they received care and support in accordance with their needs and preferences.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone.

Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information enabled staff to provide personalised care to the people they supported.

Outstanding



# Summary of findings

## Is the service well-led?

The service was well-led. There were clear lines of accountability and responsibility within the management team. Registered nurses led each shift and were supported by care staff who had been appropriately trained.

Staff were supported by their manager and the provider. There was open communication within the staff team and staff felt comfortable in raising concerns with the provider and manager.

There were quality assurance systems to make sure that any areas for improvement were identified and addressed.

Good



# Linden House Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 5 November 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the home.

At the last inspection carried out on 24 September 2013 we did not identify any concerns with the care provided to people who lived at the home.

At the time of this inspection there were 29 people living at the home. During the day we spoke with 10 people who lived at the home and two visitors. We also spoke with five members of staff and the registered manager. We also met with the provider.

We spent time in communal areas of the home (lounges and dining room) so that we could observe how staff interacted with the people who lived there.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included two staff personnel files and the care records of four people who lived at the home.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and with the staff who supported them. One person told us “I feel incredibly safe here. I have no worries at all.” Another person said “I was very nervous about having a shower. There is one member of staff in particular who I like to help me. They make me feel very safe indeed. All the staff are so kind.”

Staff told us they had received training about how to recognise and report abuse. They were knowledgeable about different types of abuse and they knew how to report any concerns. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. We saw appropriate authorities had been informed where concerns had been identified. This was in accordance with Somerset’s policy on safeguarding adults from abuse.

The provider’s staff recruitment procedures minimised risks to people who lived at the home. We viewed two staff personnel files. Application forms contained information about the applicants’ employment history and qualifications. Each staff file contained two written references one of which had been provided by the applicants’ previous employer. We saw that the applicant had not been offered employment until satisfactory references had been received. This helped to make sure the applicant was suitable. We saw that staff did not commence employment until satisfactory checks had been received from the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People told us staff were available when they needed them. One person told us “there always seems to be plenty of staff about. They are certainly there when you need them.” Another person said “When I ring my bell for help, they seem to arrive very quickly.” The registered manager told us staffing levels were determined by the dependency levels of the people at the home. They explained staffing levels were increased to meet people’s changing needs where required. An example included where a person was nearing end of life so that additional support could be provided.

Risks to people were well managed. There were risk assessments in place which identified risks and the control measures in place to minimise risk. Examples included mobility and falls risk assessments. We saw people had been provided with appropriate equipment which enabled them to move safely. Assessments had been regularly reviewed to ensure risks to people were minimised.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff. Fire grab bags were situated at each fire exit. These contained a fire risk assessment, evacuation plan, list of people using the service and detailed arrangements with a nearby care home to accommodate people in the event of an emergency.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people’s medicines and we saw these were followed by staff. One person told us “the nurses are brilliant. They make sure I get my medicines at the right time.” Another person told us “I was really in pain yesterday. I told the nurse and they gave me my pain relief medicines. That helped a lot.”

We saw people’s medicines were securely stored and they were administered by staff who had received appropriate training. This was confirmed by staff and the training records we looked at.

We looked at medicine administration records and noted that medicines entering the home from the home’s dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits.

# Is the service effective?

## Our findings

People spoke highly of the staff who worked at the home and they told us they received care and support in accordance with their needs and preferences. One person said “I really couldn’t get better care anywhere else.” Another person told us “I cannot grumble about anything. I am very well looked after.”

There was a stable staff team at the home who had an excellent knowledge of people’s needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. One person said “the staff work together. It feels like a real family affair. They seem to know everyone here really well.”

We spoke with staff and viewed training records. We saw staff had good opportunities for on-going training and for obtaining additional qualifications. A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There were systems to make sure staff training was kept up to date.

We saw staff had been provided with specialised training to meet the needs of the people they cared for. Examples included Parkinsons disease, epilepsy and wound care. Staff told us they received appropriate training to meet the needs of the people who lived at the home. One member of staff said “the training is really good. We wouldn’t accept new admissions unless we had the right skills and training to meet their needs.”

Staff personnel files showed staff received regular formal supervision which monitored staffs’ competencies and training needs. Staff told us they were encouraged to discuss any training needs or requests they had. One member of staff told us “as long as the training relates to the needs of the people here, then it is arranged straight away.” Another told us “you can’t fault the training opportunities.” Records showed that all staff received regular observations of their practice to monitor their skills and competences.

Staff told us they received a detailed period of induction when they first started work. Newly appointed staff were supported by a “care mentor” and “care facilitator” during their induction period. These members of staff worked along side newly appointed staff to ensure they developed the skills and competencies to care for the people who lived at the home.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The MCA provides a legal framework which protects people who lacked the mental capacity to make certain decisions about their care and treatment. Where a person had been assessed as not having capacity to consent to their care or treatment, appropriate professionals, staff and others who knew the person well, would be involved in agreeing whether or not care or treatment would be in the person’s best interests.

Staff demonstrated a very good understanding of how to support people to make decisions and of the procedures to follow where an individual lacked the capacity to consent to their care and treatment. One member of staff said “everyone living here has the right to make choices. This is their home, not ours.” Another staff member said “It hasn’t happened but if somebody wanted to do something and I was concerned for them, I would tell the nurse or the manager. You can’t just stop them.”

The registered manager told us there was nobody living at the home who was subject to Deprivation of Liberty safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of the recent court ruling which widened the criteria for where someone maybe considered to be deprived of their liberty. They told us they would be considering whether any person at the home met these criteria and would complete applications to the local authority where appropriate.

There were risk assessments in people’s care records which included skin care and mobility. We saw that where someone was assessed as being at high risk appropriate control measures, such as specialist equipment had been put in place. One person had been assessed as being at high risk of damage to their skin. We saw they had the identified pressure relieving equipment in place.

People could see appropriate professionals such as GPs, dentists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. One person said “I have regular appointments at the hospital. A member of staff comes with me. They are very good.” Another person said “the nurses are brilliant. If you feel unwell, the doctor is called straight away.”



## Is the service effective?

A risk assessment was in place for one person who had been assessed as being at high risk of choking. We saw they had been assessed by a dietician and a speech and language therapist. A plan of care had been developed in accordance with their recommendations. The staff we spoke with had a good understanding of this person's needs. The cook explained the diet and consistency of the meals and fluids required by this person.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. One person told us "I am being weighed today. They weigh me each month to make sure I am not losing any weight."

People did not have to wait long before their meals were served. The atmosphere was relaxed and sociable. Staff checked people were happy with their meal choice before serving. Puddings were served from a trolley which enabled people to make a visual choice. Some people required

assistance to eat their meals. We saw these people were assisted by staff in an unhurried and dignified manner. People were supported to be as independent as they could be, for example, a member of staff placed food on a spoon and passed it to the individual which enabled them to eat independently. People had access to specialised cutlery to meet their assessed needs.

People told us they were provided with opportunities to express a view on the meals provided. They told us menus were discussed at regular meetings. One person said "everyone seems pretty content with the choice of food. The cook is very creative. Amazing really." Another person said "the staff come round every day to tell you the menu choices. If you don't fancy it, the cook will always do you something else." We spoke with the cook and they were very knowledgeable about the needs and preferences of people. They told us they met with people when they first moved to the home to discuss their dietary preferences.

# Is the service caring?

## Our findings

Staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with staff. One person said “all the staff are delightful. I can’t grumble about any of them.” Another person said “we do have a laugh here. Never a dull moment.”

Staff knew what was important to people and they spoke about people in a caring and compassionate manner. This was achieved by staff spending time with people and their families but also care plans recorded people’s life histories so staff would know what the person’s interests were. For example, A visitor told us “the staff are so kind and caring. They knew about all the things that were important to my [relative]. My [relative] always looked clean and comfortable. They couldn’t have been more caring.” One member of staff said “this is their home and our job is to make sure people are happy and well cared for. I believe people get excellent care here.”

Two people were keen to tell us how staff at the home were always prepared to “go the extra mile.” One person said “I was very anxious about a letter that needed posting. [member of staff] offered to post it on their way home. They telephoned me to let me know they had posted it. That was such a relief to me.” Another person told us “I needed to go to the bank to sort things out and [member of staff] offered to come with me in their own time.”

We met with one person whose first language was not English. Staff explained how they supported this person to make informed choices and make their needs known. One member of staff said “we use pictures and symbols to help them. It works well. We also have a phrase book and some of us are trying to learn the language.” Another member of staff told us “we liaise very closely with [the relative]. If [the

person] was really upset about something, we would call them.” We saw the service had translated information into the language spoken by this person. An example included the minutes of a recent meeting.

One person became tearful during lunch. A member of staff immediately went to them and spent time discreetly asking them what was wrong. They comforted them in a kind and professional way and the individual responded to this by thanking them.

People told us they felt respected by the staff who supported them. One person told us “the staff always knock on my door and wait to be invited in.” Another person said “I like certain staff to help me have a shower. They all know that and my wishes are respected. They are all so lovely.”

We saw people could choose how and where they spent their day. Some people told us they preferred to spend time in their bedroom. One person said “I love my room. I have all my bits and pieces around me and I can do as I please.” People told us they were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Care plans recorded people’s life histories so staff would know what the person’s interests were.

Care plans contained information about people’s wishes during their final days and following death. This meant staff at the home and other professionals would be aware of and could respect people’s preferences. We saw the home had received numerous cards from relatives which praised the staff for the care their relatives had received. We were told that the provider sent a card and flowers to people’s relative’s on the anniversary of their loved one’s death. A visitor told us “my [relative] recently passed away and I cannot speak highly enough of the care [they] received.”



# Is the service responsive?

## Our findings

The staff we spoke with and observed demonstrated a very good knowledge of the people they cared for. Staff told us they attended a meeting at the start of every shift where they would be updated and informed about any changes or concerns with people.

People provided examples where their suggestions and comments had been responded to. One person told us “we had a questionnaire to complete recently about what we thought of the care, food, environment, everything really. Anyway, I mentioned the light in my room was not bright enough for me to put my make-up on. I couldn’t believe it; the very next day I was given a lamp which is marvellous.” Another person said “it was so funny, we couldn’t really come up with any suggestions at our residents meeting however, we asked for some different biscuits. By the time we had our cup of tea that afternoon, we had the biscuits we had asked for.”

Staff were able to explain how they supported one person who had particular religious beliefs. They had a good understanding about the religion and of the things which were important to the person. The cook told us they researched dietary requirements relating to certain religious beliefs.

People told us they received care and support they needed. One person told us “I am having a rest day in bed today as I don’t feel too good today. The nurse came in straight away and made sure I was alright. The staff have been checking on me all morning asking how I am and if I needed anything.” Another person told us “I have a problem with my leg. I mentioned to [the nurse] that it was painful and they got me my extra painkillers straight away. Nothing is too much trouble.”

One of the nurses explained how they had responded to one person’s request to eat normally after having been fed through a tube. They explained how they had arranged for the individual to be reassessed by the speech and language therapists. The care plan showed the individual had been informed of the risk of choking and had made an informed decision to eat normally. The cook and other staff spoken with knew the person required diet and fluids which had to be prepared at a certain consistency.

Care plans contained clear information about people’s assessed needs and preferences and how these should be

met by staff. This information enabled staff to provide personalised care to the people they supported. Care plans had been regularly reviewed to ensure they reflected people’s current needs. Staff told us they were encouraged to read people’s care plans and they recorded information about people each day.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes. One person said “it wasn’t an easy decision to move into a home, but I have to say, I’m glad I chose this one. They went out of their way to make sure they knew about all the things that were important to me before I moved here.” The cook told us “the nurses assess people and I go and have a chat with people when they move in. It’s important to know about people’s likes and dislikes and whether they need a special diet.”

The cook explained how they were currently researching allergens and allergies. They said “the plan is to develop a menu which lists all the ingredients for every meal offered.” They also told us they were currently developing a gluten free menu. The cook said “I’m not gluten intolerant but I have decided to follow a gluten free diet and keep a diary. That way, I can hopefully create a menu which is varied and tasty.”

People were provided with opportunities to take part in activities and social events. Care plans contained information about people’s life history and social preferences. Staff knew about people’s preferences and we saw people were provided with opportunities to express a view on the activities offered. People were positive about the activities offered. One person said “it’s amazing really. There is so much going on. I really enjoyed a talk we had recently. Someone came in and talked to us about cider apples and making cider. It was really interesting.” Another person showed us a newsletter they had been given. They said “we get these every month. It tells you all about what’s going on and what is happening.” The newsletter included information about forthcoming events, staff changes, birthday celebrations and condolences.

One person explained they had regular “social suppers.” They said “they are such fun. We decide in advance what we want to eat. For example fish and chips or a buffet. Just something different really. We sit at long tables and have a



## Is the service responsive?

laugh and chat. It really is a real social affair.” We were also told about the numerous “themed events” which took place at the home. A visitor said “they really do pull out all the stops to make it special for people.” On the day we visited the dining room had been decorated in preparation for bonfire night. Decorations were impressive and the cook had made a very creative “bonfire cake.” On person said “you should have seen it here at Halloween. It was amazing. All the staff dressed up, the decorations were out of this world and you should have seen the cake!”

People did not raise any concerns with us during our inspection and they told us they would feel comfortable in

raising concerns if they had any. One person told us “we have regular meetings and the manager is always there. One of the things we are encouraged to talk about is whether we are unhappy about anything. I haven’t heard any grumbles.” Another person told us “I am very satisfied but I know for sure if I wasn’t, they would be straight on it.”

Information about how to make a complaint had been clearly displayed in the reception area of the home. People were provided with a copy of the complaints procedure when they moved to the home. This was available in accessible formats such as large print.

# Is the service well-led?

## Our findings

There was a management structure in the home which provided clear lines of accountability. A registered manager was in post who had overall responsibility for the home. They had managed the home for the past ten years. They had a good understanding of their role and responsibilities. For example, they made sure we were informed about significant events in the home such as deaths, injuries and safeguarding concerns.

They were supported by registered nurses and care and ancillary staff. The provider also had a strong presence in the home and they visited the home regularly. The people we spoke with, staff and visitors told us they found the provider and manager very approachable. One person told us “[the provider] came to see me shortly after I moved here. They asked if I had settled in and whether I was happy with everything. She [the provider] is very nice.”

Staff told us they felt supported and enjoyed their work. One staff member said “I wouldn’t want to work anywhere else. It’s so friendly and [the manager] and [the provider] are so supportive.” Another staff member said “I can’t fault anything. The support, the training, the care people get is the best.” Records showed that staff received regular supervision and appraisals where their on-going performance, skills and competencies were discussed. Staff told us they were encouraged to discuss any training needs they had and they told us they received the training they needed to meet the needs of the people they cared for.

In their completed Provider Information Return PIR, the provider stated the home had maintained the Investors in People award for the last ten years. This is an accreditation scheme that focuses on the provider’s commitment to good business and people management excellence. Accreditation is reviewed every three years.

The PIR also stated the provider is a director of board of a local care representative body (RCPA). They told us this kept them up to date with latest developments and enabled them to share information and draw on other experienced providers’ knowledge. The provider said they had a clear vision and this was implemented by the

registered manager and head of housekeeping. One member of staff told us “we all know about and want people to have the highest standards of care possible. Poor practice and poor standards of care are not tolerated here.”

On the day we visited the provider and manager attended a staff meeting. Staff told us “[the manager] and [the provider] always come to our meetings. It’s never them talking at us. They want to hear what we think and they really listen.” Another member of staff said “[the provider] really makes you think about things. For instance, at one meeting, she [the provider] was wearing clothes which weren’t quite right, with the buttons not done up properly, not matching, that sort of thing. It was to make us think about how this would make people feel.”

All the staff we spoke with confirmed they understood their right to share any concerns about the care provided to people. They said they were aware of the provider’s whistleblowing policy and they would confidently use it to report any concerns. They said the manager always acted immediately on any concerns they reported while maintaining their confidentiality.

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We saw an audit had been carried out on the management of medication. Any shortfalls had been discussed with staff in team meetings and risk management put into place.

Annual satisfaction survey were sent to people who lived at the home and their representatives to seek their views on the quality of the service provided. We read a number of completed surveys which had been received from a recent survey. Comments about the standard of care, staff, activities, standard of food and the environment were very positive. The administrator told us the results had not yet been formally analysed but when they had, action would be taken to address any areas which required improvements. They told us the manager and the provider took any feedback “very seriously” and that “action is always taken where needed.”