Birchgrove HealthCare (Sussex) Limited

Birch Grove Nursing Home

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

The inspection took place on 28 April 2015. Birch Grove Nursing Home was last inspected on 12 April 2013 and no concerns were identified. Birch Grove Nursing Home is located in Brighton. It is registered to support a maximum of 60 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia, and many who had complex health needs and required end of life care. The service is set over five floors. On the day of our inspection, there were 40 people living at the service.

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

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. A relative told us, "I wanted somewhere safe for my wife. We've never looked back". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new

Summary of findings

staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as wound management, and palliative (end of life) care. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People and their relatives told us they enjoyed the activities, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. A relative told us, "Such a lovely place. She is well looked after and they are very obliging". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. A relative said, "We raised a formal complaint with the hospital and would do the same here, but we've had no need to".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good

The service was caring.

People felt well cared for, the privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Summary of findings

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Birch Grove 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.

The inspection took place on 28 April 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Three inspectors undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the five floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including five people's care records, four staff files and other records relating to the management of the service, such as complaints, accident/incident recording and audit documentation.

Several people had complex health needs and some required end of life care. During our inspection, we spoke with 1 person living at the service, eight visiting relatives, five care staff, an activities co-ordinator, two housekeeping staff, four registered nurses, the registered manager, a volunteer and the chef.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. A relative told us, "I've got no concerns. If my relative didn't like something or was scared, she'd let it be known". Another relative said, "I think my relative is safe. I wouldn't leave them here otherwise". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff transferring people with a hoist form their bed to chair, and wheelchair to armchair.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "At pre-assessment we determine if we can meet the needs of the person. Then we develop a risk plan by working very closely with them and the families. For example, we support a resident to smoke cigars and they have agreed how many they would like a day. We have our conversations about risk on an individual basis".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The registered manager told us, "The layout of the home is an issue, so we have increased the number of staff. We look at the staff team and we know the needs of the residents and we adjust. Ashton Healthcare is very safety conscious. When I started I didn't think one registered nurse at night was enough, so now we have two. We are a team and we have regular meetings to review the residents' needs, find out what has changed, what is challenging. Then we see if we need to change the staffing numbers, it's an ongoing dialogue". We were told agency staff were used when required and bank staff were also available. Bank staff are employees who are used on an 'as and when needed' basis. Feedback from people indicated they felt the service had enough staff and our own observations supported this. One relative told us, "Yes there are generally enough staff". Another added, "I think there are enough staff".

In respect to staffing levels and recruitment, the registered manager added, "We are constantly on the lookout for good staff. If I see a good CV, I'd always get them in and see what we could do. We're looking for staff with a good attitude, even if they are not experienced we see if they give the impression that they value people". Documentation we saw in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as

Good

Is the service safe?

temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One relative told us, "My relative has Parkinson's disease. If he doesn't have medicines on time then he shakes. I've never seen him shaking since he moved here. He gets the tablets on time". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met. We were told that one person had been admitted to the service from hospital. On discharge from hospital, they could not walk and their relative had been informed that they only had a few weeks to live. Their relative told us, "They've done marvels here. He gets up now and gets himself to the toilet with a zimmer frame". Another relative added, "My relative gets the support he needs".

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experience members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around pressure care and end of life care. One person told us, "The staff are quite good". A relative said, "I've got no concerns about staff, they know what they are doing". The registered manager told us, "We don't want staff to carry out tasks unless they are confident. We provide training at induction, both in house and we use external trainers and the Brighton and Hove Council". They added, "We use specialist trainers, for example The dementia in-reach team for dementia training and the Clinical Commissioning Group (CCG) for training around confirmation of death". One member of staff told us, "We get non-stop training regularly in-house, but external as well. We're also offered e-learning". Staff also told us they were able to complete National Vocational Training (NVQ). A member of staff said, "NVQ is very helpful, such as communication with people with dementia, it helps us with the right approach". We saw that staff had received a wide range of training specific to the nursing and care needs of people who lived at the service, including wound management, end of life care, medicines, specific training in respect to Tuberculosis, and radiologically inserted gastronomy (RIG) feeding. A radiologically inserted gastrostomy is a technique whereby a narrow plastic tube is placed through the skin, directly into the stomach, and is used to give liquid feed directly into the stomach to provide nutrition.

Staff received support and professional development to assist them to develop in their roles, Feedback from the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff told us they explained the person's care to them and gained consent before carrying out care. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the 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 provider was meeting the requirements of DoLS. Several DoLS applications were in place for people, and the registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. For example, we saw that one person preferred sandwiches at lunchtime, rather than a hot meal.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support and extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

People were on the whole complimentary about the meals served. A relative told us, "I have no concerns about the food". Another said, "They make milkshakes fresh here

Good

Is the service effective?

every day. I think my relative enjoys them". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request.

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The registered manager said, "People have access to Speech and Language Therapists (SALT) and Dieticians and we liaise with the kitchen".

Care records showed that when there had been a need identified, referrals had been made to appropriate health professionals. The registered manager told us, "The staff get to know the residents well, in order to recognise indicators to see if someone was unwell. A member of staff raised it today that one of the residents was not breathing properly, so we assessed it straight away". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals.

We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them. A relative told us, "My relative has seen the dentist, it was arranged by the staff". Another relative said, "My relative requires a pureed diet and the home organised for a professional assessment with SALT".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. A relative told us, "Such a lovely place, she is well looked after and they are very obliging". Another relative added, "He is always clean and tidy, nothing is too much trouble and there is a nice atmosphere". A volunteer at the service added, "I have a very good impression of the home, it has a good atmosphere and good rapport between the residents and staff. The staff are hardworking and diligent and I would be happy to send a relative here".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive during our inspection. Staff were seen to continually orientate people to time and place, by reminders of the day and time. We saw positive interactions with good eye contact and appropriate communication, and staff observed appeared to enjoy delivering care to people.

Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support. One member of staff told us, "I'm so happy to work here, the residents are so nice and we have a good relationship with them. We understand our resident's needs and we work according to what they want". Another staff member added, "We have a range of ways to communicate effectively with people with dementia, for example slowing down to communicate and using pictures and listening more".

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed and groomed and wore jewellery. A relative told us, "We are pretty happy, he is always washed, dressed and shaved". We were told that staff were caring and respected people's privacy and dignity. A relative told us, "Staff always use the privacy screens when hoisting someone". Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. The registered manager told us, "Caring is what it feels like to the end person. We explain that to staff and give them examples".

During the inspection, staff were respectful when talking with people calling them by their preferred names. Staff were observed speaking with people discretely about their care needs, and knocking on people's doors and waiting before entering. One member of staff told us, "Privacy and dignity is very important. We knock on the door and see if it's safe to go in, we come in if it's ok, or come back later". A relative added, "His dignity was taken away when he was in hospital, but he's regained it here".

People were consulted with and encouraged to make decisions about their care. We saw examples where people were given the choice of when to get up and go to bed. A member of staff said, "We have a resident who is up all night and sleeps all day, it's their choice". Another resident had decided he wished to lose weight and the service was assisting him with this. The registered manager added, "It is important to get to know people, but also for them to get to know us. This is what we can offer, but we want it to be right for you too. We want to listen and we want your feedback, it's your decision. We liaise with families as well about this. We have a good idea of what people want and we offer them choices. Just because somebody can't tell you what they want, we need look at other ways to help with decisions".

Staff supported people and encouraged them, where they were able, to be as independent as possible. A relative told us, "My relative has a soft textured diet. They used to feed her, but now she uses a plate guard and she feeds herself". A member of staff told us, "We encourage people to do things for themselves, whether that's just eating or getting up to go to the toilet". The registered manager told us, "We try to be specific on what people can do, for example they may be able to wash their face and front, but we'll assist with the harder to reach areas". They added, "We have a new resident coming, who is not bringing their self-propelled wheelchair with him. We've been engaging with him to get one to maintain his independence. We are seeing if he can rent one in the interim period and have contacted wheelchair services".

Visitors were also welcomed throughout our visit. A relative told us, "There's no restriction on visiting. The staff are kind,

Good

Is the service caring?

they always make me a cup of tea". The registered manager added, "We have no restrictions on visitors. If it's ok with the individual, it's ok with us. We want to make things as homely as possible".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. A relative told us, "I have no concerns about anything, but would not hesitate to say something if I wasn't happy". Another relative said, "I'm always kept informed by the home". A further relative added, "They are very good, they always keep me informed about how my relative is doing. I've no concerns, I'm very happy with everything".

There was regular involvement in activities and the service employed specific activity co-ordinators. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw a varied range of activities on offer, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. On the day of the inspection, we saw activities taking place for people. We saw people engaged in a reminiscence session and were discussing local areas of interest and important events. People appeared to enjoy the stimulation and the activities enabled people to spark conversations with one another. A relative told us, "There are a good variety of activities, like concerts and paper flowers. They go out in the garden when the weather's good. They are planning to go to Preston Park and to the pier and some want to go to the garden centre". Another relative said, "My relative likes going downstairs for activities and clearly enjoys them".

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. The registered manager told us, "We do group activities for people and get their feedback. The visit from the owls was very popular, but the belly dancer was not well received. It's more difficult for people who stay in their rooms, but we do 'butterfly sessions'. It's one to one sessions in their rooms, where they might just want a chat or some comfort, or we read magazines and the newspaper to them. The activity co-ordinator does this every day". The activities co-ordinator's recorded the activities that people attended and gained their feedback, to assist with planning future activities that were relevant and popular.

The service supported people to maintain their hobbies and interests, for example one person was a sports fan and had pictures and memorabilia of Arsenal football club in their room. Another person had a photograph of the Queen on their door and other paraphernalia that was important in their life. A relative told us, "My relative loves Jazz. The staff put his favourite music and radio station on for him in his room. He's had a massage as well". The service also encouraged people to maintain relationships with their friends and families. The registered manager told us, "One resident's long term partner passed away. They were adamant that they did not want to attend the funeral, but at the last minute changed their mind. So we facilitated it and made sure they were safe. We were so proud to have made it possible and been a part of it".

Care plans demonstrated that people's needs were assessed and plans of care were developed to meet those needs. Visiting relatives confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Relatives commented they felt happy in being able to contribute to their loved ones care plan. People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories.

Care plans showed people's preferences and histories. The staff demonstrated a good awareness of people and also how living with chronic conditions or dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people, including those living with dementia could still live a happy and active life. Care plans incorporated information about people's past's, hobbies, activities and their personality traits which enabled staff to provide person centred care and engage with people about their history.

Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, emotional support, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear

Good

Is the service responsive?

guidance for staff on how best to support that individual. For example, one person's care plan explained how they liked Italian music and wished to dress in matching colours, and we saw that this had happened.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a complaint changes were made to a person's care plan and also new information was provided to staff in respect to this person's care. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered.

There were systems and processes in place to consult with people, relatives and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. A relative told us, "I've been invited to the resident's meetings, I've been to one and they're alright". Another relative added, "I know about the resident's meetings. I've not been to one, but my relative has and he talks about their plans to go to the pier". The satisfaction survey results from June 2014 found that people were happy with the quality of care, their safety and friendliness of staff. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken. For example, feedback from people had resulted in bacon and eggs being available for breakfast. Another survey had been sent out in April 2015, but had yet to be fully returned and analysed.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. A relative told us, "I'm in regular contact with the manager. She's extremely approachable and very knowledgeable about everything that is going on. She goes around every day. It was her that swayed it in choosing the home. If there was ever a problem, I know she'd sort it out". Another relative added, "In my opinion, it's well organised".

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "We are always reviewing the vision of the home. We want to support people to have independence and have a homely environment. We are a really welcoming service. We want people to feel supported, not just the residents, but their families too. Support them through end of life with a compassionate and dignified team". A member of staff said, "The most important thing is to make people feel at home and make the process of moving in as good as possible". In respect to staff, the registered manager added, "We are always having conversations with staff. We want to support them through good communication. Not 'Do as I say', but 'What do you think?' Everybody to have a say". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "There is really good management and the manager is very helpful". Another said, "There are no moans about management". A further member of staff added, "The home is well managed and run properly, everyone knows their jobs".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "I'm very lucky to work with staff who have no problem engaging with new ideas and are positive about providing personalised care". They added, "We listen to the staff, it's an open service, not a hierarchy. We all need each other and we value people by acknowledging them. The staff are as individual as our residents". A member of staff said, "Management is responsive". Another said, "The manager is lovely, if I had any problems, I'd go to her straight away, she's very easy to speak to".

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "I like to lead by example and show staff how to be calm and caring. If I witness something good, I tell them straight away, to create good practice". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. We saw that the nurses were knowledgeable about the people they were caring for, and were able to feedback on all clinical issues. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We all work as a team, the registered nurses are helpful and on the ball". Another said, "I am really happy working here. There is an excellent team and we have a good relationship with staff and residents".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, staff were reminded to be extra vigilant and report and record accidents and incidents immediately. This also generated a review of a person's falls risk assessment. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, clinical equipment and medicines practices. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, the registered manager told us that through feedback from staff, the service had applied for and received a grant in order to install a wet room and fish tanks within the service.

The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement

Good

Is the service well-led?

for the service, review any new legislation and to discuss good practice guidelines within the sector. The registered manager added, “We attend forums regularly, such as the best practice around dementia care, the forum for care homes with nursing, and also the forum for quality assurers, in order to keep up with best practice”. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, skin care, and updates from the Nursing and Midwifery Council in respect to new codes of practice. We saw that the service also liaised regularly with the Local Authority, Clinical Commissioning Group (CCG) in order to share information and learning around end of life care and nursing care.