Holbeach & East Elloe Hospital Trust

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Holbeach and East Elloe Hospital Trust is registered to provide accommodation for up to 38 people requiring nursing or personal care, including older people and people with physical disabilities. The registered provider had recently applied to add an additional bedroom to the home and, at the time of our inspection, this application was being assessed by the Care Quality Commission (CQC). The registered provider also operates a day care support service in the same building as the care home although this type of service is not regulated by CQC.

We inspected the home on 25 October 2016. The inspection was unannounced. There were 37 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for four people living in the home and was waiting for these to be assessed by the local authority. Staff at all levels had a good understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Any decisions that staff had made as being in people's best interests were correctly documented.

The registered manager and her team had worked hard to address the areas for improvement identified at our last inspection in June 2015. The registered manager had a positive and forward-looking approach and was committed to the continuous improvement of the home in the future. The provider had recently received a national award to reflect the quality of the end of life care received by people and we found strong evidence of a caring and sensitive approach in this area.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. A range of auditing and monitoring systems was in place to monitor the quality and safety of service provision.

There were sufficient staff to meet people's care needs and staff worked together in a well-coordinated and mutually supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for advanced qualifications. Staff were provided with close supervision and shift

handover meetings were used effectively to ensure staff were aware of any changes in people's needs. The registered manager maintained a high profile within the home and provided strong, compassionate leadership to her team.

There was a warm, relaxed atmosphere in the home and staff supported people in a kind and friendly way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with food and drink that met their individual needs and preferences. A range of activities and events was organised to provide people with stimulation and occupation.

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 knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for advanced qualifications.

Staff were provided with effective supervision and support from the registered manager and other senior staff.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

End of life care was provided in a caring and sensitive way.

Is the service responsive?

Good

The service was responsive.

People's individual care plans were well-organised and kept under close review by senior staff.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

A range of communal activities and events was provided to help stimulate and occupy people.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good

The service was well-led.

The registered manager was known to everyone connected to the service and provided compassionate leadership to her team.

The registered manager had a forward-looking approach and was committed to the continuous improvement of the service.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Holbeach and East Elloe Hospital Trust

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. The inspection was planned to check whether the provider was 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.

We visited Holbeach and East Elloe Hospital Trust on 25 October 2016. The inspection team consisted of one inspector, a specialist advisor whose specialism was nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, four visiting relatives, the registered manager, four members of the nursing and care staff team, two activities organisers and the cook. We also spoke with a local healthcare professional who had regular contact with the home.

We looked at a range of documents and written records including six people's care records and staff

recruitment and training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the home and that staff treated them well. One person told us, "I most definitely feel safe." Another person said, "They're wonderful here. I can't fault them."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the CQC. Advice to people and their relatives about how to contact these external agencies was provided in the introductory booklet that was given to people when they first started using the service.

We looked at people's care records and saw that potential risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to skin care and nutrition. Each person's care record also detailed the measures that had been put in place to address any risks that had been identified. For example, staff had assessed one person as being at risk of falling and various items of specialist equipment had been obtained to address the particular issues of concern. Senior staff reviewed and updated people's risk assessments on a regular basis. For example, one person had recently asked for rails to be fitted to the side of their bed to make them feel more secure. This person's mobility risk assessment had been updated to take account of the change and to provide staff with guidance to ensure the bedrails were used safely. The provider's thorough approach in this area was further enhanced by the use of colour coded risk assessment forms which made them easier for staff to locate within each person's care record.

People told us that the provider employed sufficient staff to meet their care and support needs and to keep them safe. For example, one person told us, "I have a bath every other day and two carers always stay with me to make sure I am safe." Comparing staffing resources in the home with another care service they had worked in, one member of staff said, "We definitely have enough staff. It runs smoothly and is not a rush. It doesn't matter what shift you are on. It's totally different from the last place I worked." The registered manager told us she kept staffing levels under regular review and had recently introduced a 'designated worker' system to ensure there was always a member of staff present in each of the communal lounges to provide people with the supervision and support they required. During our inspection visit we saw that there was an occasion when one of the lounges was unattended for a short period of time. We highlighted this issue with the registered manager who thanked us for our feedback. She told us she would take prompt action to ensure the new designated worker system was maintained at all times in the future.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home.

On our last inspection of the home in June 2015 we had found shortfalls in medicines management and told

the provider that improvement was required. On this inspection we were pleased to find the provider had responded to our report and taken action to ensure arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Staff involved in the administration of people's medicines had received training in this area and their competency was checked on a regular basis. We observed staff administering medicines at lunchtime and saw they took care to check each person's medicines against their personal medicines record sheet and stayed with the person until they had taken them. Staff were also careful to lock the medicines trolley when they left it unattended to administer people's medicines. To aid identification, each person's medicines record sheet included their photograph and also detailed any allergies. Reflecting the findings of our previous inspection, the provider had implemented a new procedure to ensure that liquid medicines were labelled with the date of opening, although the registered manager acknowledged that staff needed further guidance to ensure the labels were always used in the way that she had intended. Systems were in place for the timely ordering of medicines and we saw the registered manager had recently identified a problem of overstocking of some people's medicines and taken steps to address this.

Good

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to meet their needs effectively. One person said, "We're well looked after." Another person's relative told us, "[My relative] is looked after very well." Commenting on the quality of care and support provided to people at the end of their life, a local healthcare professional told us, "The staff are very good. I've always been impressed. If I was going to die of a terminal illness, there is nowhere else I would rather be."

Staff showed a good understanding of the Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of obtaining consent before providing care or support. One staff member told us, "We always have to give people a choice. We can't just assume what they want. And even if someone can't speak, we still ask them. You can read people's faces. With one lady, I just had to look at her face to know that she didn't want to do that."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had sought a DoLS authorisation for four people living in the home.

The registered manager and other senior staff made regular use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. On our last inspection of the home we had found shortfalls in this area and told the provider that improvement was required. The registered manager had taken action in response to our findings and on this inspection we found that any best interests decisions that had been taken were well-documented and provided clear evidence of the process that had been followed. For example, one person's bed had been fitted with safety rails to reduce the risk of them getting out of bed at night and injuring themselves. As the person lacked capacity to make this decision for themselves, we saw that the decision had been taken by a senior member of staff following a documented discussion with relatives.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one recently recruited member of staff told us, "I think it was absolutely fantastic. I did all of my [initial] training and didn't work alone for the [first] three and a half weeks. They talked through every step with me." Talking of the role they played in the induction of new members of the care team, one senior member of staff said, "I always say, if you are not completely comfortable, just say and we will go through it again." The provider had embraced the National Care Certificate which sets out common induction standards for social care staff and was in the process of implementing it for newly recruited staff.

The registered manager maintained a record of each staff member's annual training requirements and provided a range of courses to meet their needs including infection control, medication and the MCA. The registered manager told she was currently reviewing the way training was organised in the home to prevent any backlog building up in the future. Discussing their personal experience of training provision in the home, one member of staff told us, "We get regular training. It's good. It makes you think about what you're doing. Brings things to the front of your mind." The provider encouraged staff to study for nationally recognised qualifications and rewarded those who were successful with a higher rate of pay. One newly recruited member of staff said, "I think [the registered manager] would like me to do my NVQ3. I think she will be quite persuasive!"

Staff received regular one-to-one supervision from the registered manager and other senior staff. Staff told us that they found the supervision process helpful to them in their work. One member of staff said, "You can flag up things such as other training you would like. And if I have any problems we talk about it and try to resolve it." The registered manager had recently amended the supervision system to include a themed discussion as part of each session, for example end of life care, nutrition and pressure area care. Describing this new approach, the registered manager said, "Supervisions lacked focus. Now they help less confident people validate their knowledge. It helped embed [our approach to] end of life care at all levels." Confirming the positive impact of the new system, one member of staff told us, "I find it helpful. When you talk through things like infection control or end of life care, it goes in better."

People told us that they enjoyed the food provided in the home. One person said, "The food is good. There's always plenty to eat." People were offered a range of hot and cold choices for breakfast. There was also a variety of hot and cold choices available at teatime, including homemade cakes several times each week. On the day of our inspection the cook had made fresh scones for tea which looked and smelled delicious. For lunch, people had a choice of two main course options and the cook told us that kitchen staff were always happy to make an alternative. This flexible approach was confirmed by one person who said, "The food is very good. You get a choice of two meals. If you don't want these, they will give you an alternative." Kitchen staff had a good knowledge of people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us, "We took off spaghetti bolognaise and curries as they weren't popular. But people like faggots and gravy. And fish pie." Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or who followed a reduced sugar diet. During our inspection we watched one staff member ask a person if they would like tea, coffee or hot chocolate. The staff member offered the person some biscuits to accompany their drink but encouraged them to take no more than two, as they were diabetic. Staff were also aware of which people's food needed to be pureed to prevent the risk of choking or fortified to help someone maintain their weight. A range of drinks was available throughout the day to help prevent dehydration and other health risks. One family member told us, "I have never come in and found [my relative] hasn't got a drink."

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, specialist nurses and therapists. For example, care staff had identified one person as being at risk of weight loss. Specialist advice had been obtained and a range of measures implemented to address the issue of concern. Describing their experience of working with the nursing and care staff team, a local healthcare professional told us, "They are very conscientious. Things are done properly. If they call, we come." Following their relative's recent hospital outpatient appointment, one relative had written to the registered manager to say, "The excellent communication between staff and family was very helpful. Arranging not only transport but a carer to accompany her too, which made things easier."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and kind. For example, one person's relative said, "All the staff are very good and caring. I haven't come across anyone that I thought was saying the wrong thing to anyone."

There was a warm, relaxed atmosphere in the home and throughout our inspection visit we saw that staff supported people in a kind and friendly ways. For example, at lunchtime we watched staff patiently supporting people eat their lunch, gently encouraging them throughout. On another occasion, we saw a member of staff spending time with a person who had become anxious, trying to establish the source of their anxiety and providing them with reassurance. The cook maintained a list of people's birthdays and told us, "We make a cake and the girls sing 'Happy Birthday'. I know who needs to have their cake pureed [to make it possible for them to eat it]."

Shortly before our inspection, in recognition of the quality of end of life care provided in the home, the provider had achieved 'Beacon' status under a nationally recognised palliative care assessment scheme, the Gold Standards Framework. Reflecting the award, we saw evidence of the provider's caring and sensitive approach in this area. For example, the registered manager told us that the provider had recently obtained a temporary wedding venue licence to enable one terminally-ill person to get married in the home, shortly before they died. We also saw that the provider had introduced a specially designed care plan format which was used only for people who were approaching the end of their life. On this care planning tool it was stated that it was to be introduced, "When the priorities of life indicate a change is needed from living well to leaving life in peace, comfort and dignity." In an indication of the provider's commitment to wider family support, there was a relatives' room where people could sit quietly with their loved one and spend precious time together or stay overnight to be with the person when they died.

Describing her personal approach to the provision of care and meeting people's individual needs, the registered manager told us, "We treat people as equals. They are not second class citizens, they just need a little help." A poster in the main corridor of the home stated, "All our residents … are important to us. Treat all as VIPs." This philosophy was clearly understood by staff and reflected in the way they supported people. For example one staff member told us, "I treat people as if they were my mother or father. If you treat people like that you can't go wrong. If they want something we are for them. Commenting on the person-centred ethos in the home, one person told us, "I get up when I like and go to bed when I like." Another person said, "It [feels like] home."

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. Talking of one person they supported, a member of staff said, "I put a bowl of water next to her and encourage her to wash herself. You feel better if you do something yourself. It improves well-being." Reflecting this approach, one person told us, "Most mornings I wash myself but I can ask for help if I need it." At lunchtime, we noticed some people had been provided with specially moulded plates to enable them to eat their meal independently, without food slipping off the plate.

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff told us, "We knock on doors and wait before going in. And we keep people covered up as we are washing." Talking of one person they supported, another staff member said, "When she has a bath we have a big towel that covers her from head to toe. And we shut the two gentleman's doors opposite when we bring her out [to go to the bathroom]." Confirming this approach, we noted that one relative had written to the registered manager to say, "Mum was only with you for a short time but we feel she was treated with dignity and respect while she was here. We couldn't have asked for a better service." To maintain the confidentiality of people's personal information, the provider had systems in place to ensure people's personal care records were stored securely and that computers were password protected.

The registered manager was aware of local lay advocacy services and told us that two people who lived in the home had the support of a lay advocate to help them make decisions and articulate their wishes to the provider and other agencies. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager agreed to update the information booklet given to people when they first moved into the home to provide details of lay advocacy services available locally.

Good

Is the service responsive?

Our findings

If someone was thinking of moving into the home, the registered manager normally visited them personally to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Once it was agreed that someone would move into the home, an admission date was agreed with the person and their family. Talking about the importance of managing this process in a responsive and person-centred way, the registered manager said, "We encourage relatives to put personal items in the person's room [before they move in] to make it look familiar. And we try to avoid admissions after 4.30pm as it is not good to have elderly people being transported around the county in the evening." Once the person had moved in, senior staff prepared an initial 'needs at a glance' document which provided staff with initial information on the person's key preferences and requirements. Over time, this was developed into a full individual care plan.

We reviewed people's care plans and saw that they were written in a detailed way, enabling staff to respond effectively to each person's individual needs and preferences. For example, in one person's plan staff were instructed always to use a particular hoist sling when supporting the person to get in and out of the bath. Another person had indicated that they wanted a daily shave. Some plans were written in the first person and the registered manager said she would update other people's plans to ensure they were also written in this way to make them more personal. Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "We can look in the care plans at any time. They are very well-organised They are [particularly] good for new starters." Senior staff reviewed each person's plan on a monthly basis to make sure it remained up to date and accurate. For example, when there had been a significant change in one person's health we saw that their mobility risk assessment had been updated to provide staff with additional guidance. This helped them to support the person safely and effectively. In addition to these monthly care plans reviews, the registered manager told us that staff aimed to hold a quarterly review meeting with each person and their family. Although we saw evidence that this had taken place for some people, the registered manager agreed to review the existing system to make sure the opportunity was offered consistently to everyone.

Staff clearly knew and respected people as individuals. One member of staff told us, "You get to know each person's different ways. For instance, one person likes to be rolled one way only when we do personal care as it makes them dizzy if we go the other way." Another staff member said, "Communication is a big thing. You can't do personal care without chatting to people. One person likes the seaside and I always talk about it with them. I talk to another person about the army and they get their medals to out to show me." The home had a hairdressing salon and although a local hairdresser visited every week, the registered manager told us that if people wanted to keep their regular hairdresser whilst they were living in the home, they could come in and use the salon as well. Commenting on the responsiveness of staff, one visitor told us that their relative usually liked to get up and spend the day in one of the communal lounges. However if the person wanted a day in bed the staff would respect that wish and never try to force them to get up. Confirming this flexible, person-centred approach, one person said, "Sometimes I get up early and other times I lie in bed till 11 o'clock."

The provider employed two part-time activities organisers who worked one afternoon each week to facilitate communal activities. The organisers told us that popular activities included bingo, quizzes and crafts. They said that they tended to ask people on the day what they wanted to do but did plan ahead for special events and occasions such as Remembrance Sunday or St Andrew's Day. Reflecting this approach, on the afternoon of our inspection we saw the two activities organisers leading a craft session, preparing decorations for the home's upcoming Halloween celebrations. Although some people clearly enjoyed the opportunity to join in the organised activity others appeared equally happy to pursue their own individual interests such as reading, knitting or playing card games. The provider also arranged for professional singers to come to the home on a monthly basis to entertain the people who lived there. The programme of events was on display in the home and we saw that the next event planned was a visit from a local ukulele orchestra. People told us that they enjoyed these communal activities and entertainments. For example, one person said, "If they have anything on downstairs, I'll go down and join in."
Staff from the provider's adjoining day service also worked in the home one day each week to provide additional communal activities, including a regular keep fit event. In addition, they used the provider's minibus to organise outings to local attractions. Staff told us that recent outings had included trips to a local garden centre and a church flower festival. One person said they had particularly enjoyed outings to Skegness and Lincoln. Other people were able to go out independently or with their family. For example, on the day of our inspection we met one person who told us they were going to drive themselves out to meet friends and family for lunch and then go on to a local tea dance.

The activities organisers demonstrated their awareness of the need to spend time with people who were being cared for in bed and did not have the opportunity to participate in communal activities. For example, one of the organisers said, "We read to one lady and go to have a chat with [name] who doesn't like to come down." The home had a good collection of large print and audio books and one of the activities organisers told us these were popular with people who were being cared for in bed.

Although, no one expressed any concerns about the provision of activities and other forms of occupation and stimulation, the registered manager told us that this was an area she intended to review to make sure the provider's approach remained responsive to people's needs and wishes. Reflecting on how these were beginning to change, the registered manager said, "I think the balance needs to be more towards one-to-one and chair or bed based activities. To do this, we probably do need more resources [in this area]."

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. People told us they were confident that any complaint would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "I've got no complaints. But if I did I would get the [staff] to get [the registered manager] for me." The registered manager told us that formal complaints were rare as she was well-known to people and their relatives and was able to resolve any issues informally. She said, "I am always wandering about talking to people. Relatives know who I am." Confirming this approach, one relative told us, "[The registered manager] is really helpful." The provider kept a record of any formal complaints that were received and the registered manager ensured these were managed correctly in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

The people we spoke with told us they thought highly of the home. One person said, "You won't find anything wrong with this place!" Another person's relative told us, "It's a lovely peaceful place." One relatively new member of staff said, "It's brilliant.100% better than other places I have worked. So much more organised. It's being run like it should be run."

The registered manager was clearly well-known to, and respected by, everyone connected with the home. One person's relative said, "I always get to see her. She's usually in her office or walking around the building." Reflecting this feedback, the registered manager told us she was always happy to provide hands on support at meal times and in other situations if this was needed. She said, "I love it. The staff don't hesitate to come and ask me to help. This morning when you were interviewing [name] as part of the inspection, I took over her personal care duties." This supportive approach was clearly appreciated by staff, one of whom told us, "She's lovely. One of the top bosses I have every worked for. Her door is always open and I can talk to her at any time."

Throughout our inspection visit the registered manager demonstrated a positive and forward-looking approach. She had clearly worked hard to address the shortfalls that had been highlighted in our last inspection of the home. She was also focused on further change and improvement for the future. For example, her commitment to reviewing the delivery of staff training and the provision of activities. She also told us of work she had initiated with local hospitals to try and improve communication and information sharing when people were admitted to the home from hospital and vice versa. The registered manager provided strong yet compassionate leadership to her team and this was clearly appreciated by staff. One staff member said, ""She is a really good boss. If I have a problem, I go to see her. She gets to know her staff and is very caring. You're not just a number here." Staff were aware of the provider's whistle blowing procedure and knew how to use it if they had concerns about the running of the service that could not be addressed internally.

Staff worked together in a well-coordinated and mutually supportive way. One member of staff said, "There's a positive atmosphere and I don't think there is one person I don't get on with. We are a friendly lot!" Regular team meetings and shift handover sessions were used by the provider to facilitate effective communication. We observed one handover and saw it provided an effective opportunity to ensure staff were aware of the key points in relation to each person's care and any changes that had been noted during the course of the shift. To further promote effective communication, care staff were provided with a pre-printed handover sheet listing everyone living in the home. This enabled them to make notes against each person's name and refer easily to them during the course of their shift. Reflecting on their experience of the handover arrangements in the home, one member of staff said, "If someone gets poorly or anything happens in the day we are always told in handover. The handover sheet is brilliant."

The provider had systems in place to monitor the quality of the care provided. For example, senior staff conducted monthly pressure area care audits to ensure anyone at risk of developing skin damage was getting the care they needed. Senior staff also reviewed people's care plans, individual risk assessments and

medicines records on a regular basis and we saw that follow up action was taken as required. Trustees of the charity that operated the home visited on a regular basis and provided the registered manager with a short report on any issues they had picked. For example, following a recent visit, one trustee had identified that the television in one of the communal lounges was faulty. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.

The provider conducted a variety of surveys of people and their relatives to measure satisfaction with the service provided. We reviewed the results of some recent surveys and saw that satisfaction levels were extremely high. Nevertheless, the registered manager told us she reviewed the survey returns carefully to identify any areas for improvement. For example, in responses to feedback from some relatives, she had produced a leaflet providing further information on the provider's approach to end of life care. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, following the recent death of their loved one, one relative had written to say, "The care given is of the highest standard, together with the level of support after bereavement. Thank you."