Glebe Care Ltd

Glebe House Care Home (Nursing)

Inspection report

Glebe House, Church Lane
Chaldon
Caterham
Surrey
CR3 5AL

Tel: 01883344434
Website: www.glebe-house.com

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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

This inspection was carried out on 6 September 2017 and was unannounced. Glebe House Care Home (Nursing) provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 41 people. At the time of our inspection 30 people were living at the service. There were four other people living at the service that were under the care of the First Community Health Team and as such would be inspected separately.

There was a manager in post and present on the day of the inspection. They had submitted their application to become registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said that they felt safe with staff. There were systems in place to ensure that people were protected against the risk of abuse. People, relatives and staff felt there were sufficient staff at the service. Staffing numbers at the service were adequate to meet the needs of people. People were protected from being cared for by unsuitable staff because robust recruitment was in place

Risks to people were minimised as there were appropriate measures in place to protect people. Incidents and accidents were reviewed and action taken to reduce these. People's medicines were managed appropriately.

People said that they enjoyed the meals at the service. People's nutritional and hydration needs were being met and health care professionals were involved in their care.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). People told us that they were asked for consent by staff.

Staff received appropriate induction, training and supervision to undertake their role effectively.

People and relatives said that staff at the service were caring, attentive to their needs and treated them dignity and respect.

Staff understood the needs of people and people and the relatives were involved in the care planning.

There were adequate activities in place and people told us that they were not bored.

Care plans outlined individual's care and support and staff understood the care they needed to provide. Staff communicated changes to people's care with each other.

Complaints and concerns reviewed and used as an opportunity to improve the service. People told us that they would know how to complain if they needed to. Compliments were received at the service and these were shared with staff.

People, relatives and staff felt the service was managed well. They felt that they were listened to and any concerns acted on.

The provider worked with external professionals to ensure the quality of care. Staff said that they felt valued and appreciated.

There were robust systems in place to ensure the quality of care. This included internal and external audits, surveys and feedback.

The manager had informed the CQC of significant events including significant incidents and safeguarding concerns. Records were accurate and kept securely. There was a contingency plan in place in the event of an emergency at the service.

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.

There were enough staff at the service to support people's needs.

People had risk assessments based on their individual care and support needs. Staff understood the risks to people.

Medicines were administered, stored and disposed of safely. People had access to medicines when they needed.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. Staff received supervisions to ensure best practice.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect.

People's privacy were respected and promoted.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities and people were protected from social isolation. There were a range of activities available within the service.

People were encouraged to voice their concerns or complaints. Complaints were acted upon.

Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the home were described as good and very supportive. Records were maintained securely.

Glebe House Care Home (Nursing)

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on 6 September 2017. The inspection team consisted of three inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the manager, nine people, one relative and seven members of staff. We looked at a sample of five care records of people who used the service, medicine administration records and supervision records for staff. After the inspection we looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was in March 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

People at the service told us that they felt safe living there. Comments included, "I feel safe living here because I am comfortable with the staff", "I'm not afraid of them, I would say something to them if I wasn't happy with something they did", "I feel safe, it's the whole atmosphere of the place, and the staff of course, they are marvellous" and, "I have never felt unsafe in staff presence." A relative told us, "I think he (their family member) is safe here. I see that they move him around with care."

People were protected as staff understood safeguarding adults procedures and what to do if they ever suspected any type of abuse. The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify types of abuse and they understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. They were also aware of the provider's whistleblowing policy. One member of staff told us, "If you suspect abuse you raise the alarm, check the person (being abused) is safe and then raise it with the nurse or the manager." The manager told us, "All safeguarding incidents are thoroughly investigated in an open and transparent way. We establish and maintain clearly documented evidence of safeguarding incidents, including how they were dealt with, what agencies were involved and any follow up action and learning. Safeguarding incidents are reviewed collectively to identify trends." We found this to be the case.

Whilst we were at the inspection we identified a concern that related to the care that a person received at their previous care provider. The person had been recently admitted to the service. We asked the provider to raise this with the Local Authority to investigate. We have also raised this with the inspector of the previous care provider for them to make further enquiries.

People and relatives said that there were enough staff at the service. One person said, "From my point of view, yes there are enough (staff). They always come quickly if I press my alarm." Another said, "I think there are enough staff. They have nurses at night; it's why I came to live here." A third told us, "They do come quickly when I call." A fourth told us, "There are as many as I want, they are attentive." Whilst we were in a person's room they used the call bell and a member of staff attended to them straight away. A relative told us, "They (staff) look after him really well. If he needs to go to the toilet they support him straight away."

There were appropriate numbers of staff to ensure that people's needs were met. Throughout the inspection when people requested assistance from staff this was provided quickly. People's dependencies were assessed regularly by the manager to calculate the numbers of staff required to meet people's needs. Staff said that they were enough staff on each shift. One told us that staffing levels rose if they had more dependent people in the service. They said, "I never have any trouble finding staff." Another said, "I think it's (staffing levels) okay. It's increased since I started and the staffing levels go up depending on people's needs." A third told us, "I can say that staff aren't rushed and staff finish (care) at the right time." The was reflected in our findings on the day.

Risks to people were assessed regularly to ensure that people were kept safe without restriction. One person

said, "I don't feel restricted; I feel I can do the things I want to." We noted that the person's call bell was within easy reach for them and for others that were being cared for in their room. Staff supported and encouraged people when walking with their frames. A staff member said, "The most important thing is moving people. We have to be together to do it and use the correct slings and equipment." We saw that people supported people to transfer using hoists in a safe way. One person, "They do always use a type of standing hoist."

The premises were not purpose built and the layout was such that it could present significant difficulties in evacuating people in the event of an emergency. However we saw that people's care plans contained a Personal Emergency Evacuation Plan outlining how they could be removed or kept safe in the event of an emergency, such as a fire. Other risks managed included the risk of pressure sores and those that were at risk of choking. There were measures in place to ensure people that were at risk were protected. One member of staff said, "If people are at risk of choking we use thickeners." We saw these being used on the day.

There was a file left in reception that could be accessed quickly and easily if needed in the event of an emergency. This was updated on a daily basis and accounted for people that had just returned from hospital or had moved in recently. Staff understood what they needed to do to help keep people safe. There was a service contingency plan so that in the event of an emergency such as a fire or flood people could be evacuated.

When clinical risks were identified plans were developed to reduce the likelihood of them occurring. Risks were assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans to minimise risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff had knowledge of people's risks and we saw plans being put into action on the day of the inspection. One member of staff told us, "With skin care we would always remind staff to inform the nurses if there is any redness or any other changes." To reduce the risk of pressure sores there were positional charts in place to ensure that people's position was changed in bed regularly to reduce the risk of getting them.

Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring. We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. One person had a number of falls where they had attempted to walk without support from staff. An additional member of staff had been allocated to support this person. They had not fallen since. The PIR stated, 'The lounge has been refurbished with more domestic type furniture and many of the large recliner chairs that were a hazard are being replaced in both the lounge and the residents rooms.' We saw that this had taken place.

People's medicines were managed appropriately and people understood the medicines that they received. There were no gaps in the Medicines Administration Records (MAR) sheets and there were assessment tools available to staff for the measurement of the level of pain people were suffering. Medicines given on an 'as needed' basis (PRN) were managed in a safe and effective way. 'Time-critical' medicines were given at the appropriate time for example for people diagnosed with Parkinson's disease. Medicines requiring refrigeration were stored in a locked fridge which was not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored regularly to ensure the safety of medicines.

There were people that were in receipt of end of life care. There were palliative care PRN protocols in place specifically for them, which outlined how, when and why controlled drugs for pain relief should be given. The provider undertook a range of daily, weekly and monthly audits in all areas of medicines management.

The issues identified as a result of these audits were acted upon in a timely and satisfactory manner.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Good

Is the service effective?

Our findings

We asked people if they enjoyed the meals at the service. Comments included, "I eat it all", "It's excellent", "The food is fine, I've never had to send any back" and, "The food is excellent." This person told us they could request what they wished the day before, but did not bother as they were happy with the food. One relative said, "It's very good. He isn't on a specialist diet he just has standard food."

We spoke to the chef about the food at the service. They told us that the menus were changed on a quarterly basis. They told us that as a result of feedback from people they were making sure that bolognaise was featured more on the menu. They were also looking into mini pizzas and more variety of vegetables for the soft and pureed diets such as using sweet potatoes and adding pesto to things to give a more interesting flavour. They said that food was prepared with soft and pureed diets in mind, so that everyone had the same food and no one felt they were being left out.

Dietary requirements were clearly identified on a board in the kitchen that identified type of diet, allergies, and any special instructions needed such as small portions. The chef knew people received the correct meals to suit their diets as all meals were plated up in the kitchen. They were then covered and a label added with the person's name for staff to give out. They explained that they used black plates for people that were living with dementia as it was easier for them to eat and we saw these in use. Where people had cultural needs they took this into account. For example, there was one person that could not eat pork. The chef had given the menu to the person's family for them to review and they gave him a clear list of what the person could eat. This was displayed on the fridge in the kitchen, and both the chef and chef assistant knew the contents of the list. The chef was kept updated about peoples weights and the nurse in charge fed back regularly if people needed a change in their diet, such as fortified meals.

We observed lunch at the service. People had a choice of where they wanted to eat. Staff were attentive to people and checking they were happy with the food. People were told what was on the menu whilst other were shown a visual choice of what was on offer. Where people required support to eat this was undertaken in a patient and attentive way. People that chose to eat in their room received their meals in a timely way.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

We asked staff about issues of consent and about their understanding of MCA. Staff fully understood the rights of people with mental capacity to take risks. One member of staff said, "We always ask people. We have to find the best solution to help them to make decisions." Another told us, "We assume that people have capacity unless proven otherwise. We ensure we encourage people to make their own decisions. We never assume that they are not capable of making an unwise decision." We saw that MCA assessments had been carried out specific to living at the service. After the inspection the manager confirmed that additional

assessments had been carried out in relation to people having bed rails and for the locked front door. All decisions made were as a result of the best interest meeting had been clearly documented.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that applications for DoLS authorisations had been made to the local authority where restrictions were involved in people's care to keep them safe for example when they had bed rails. These were supported with the appropriate MCAs. Staff were able to tell us the implications of Act and of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. One member of staff said, "DoLs are submitted to the Local Authority for people who lack capacity. If people want to go out and it's not in their interest we need to ensure its right that we are restricting them."

People confirmed that they were asked consent and relatives told us that they were consulted in decisions where appropriate. One relative told us, "It's obvious from how (their family member) acts and staff can understand and tell what he wants."

Staff were sufficiently trained and experienced to meet people's needs. One person told us, "I think staff are well trained." All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. We spoke with staff about their experiences of induction when first coming to work at the service. One member of staff said they felt the induction was good and that they had supervisions with their line managers to, "Check what I am doing."

Staff had undergone the service mandatory training including moving and handling, infection control and health and safety. Nurses were kept up date with the clinical training including wound care, catheter care, skin integrity, venepuncture (taking blood) and falls prevention. Clinical training was updated and reviewed regularly. Where required nurse staff had additional training from visiting health care professionals for example in relation to skin integrity and end of life care. One staff member told us, "The training gave me everything." They told us they had, "Maximum support by nurses and carers." The manager told us, "Training is reflective of people's learning styles and flexible to meet different preferences. Effective systems are in place to identify when staff refresher training is needed. The home provides meaningful refresher training and the manager ensures that new learning is transferred into practice." We found this to be the case.

Staff had received appropriate support that promoted their professional development. Staff told us they had meetings with their line manager to discuss their work and performance and we confirmed this from the records. One member of staff said, "I receive enough clinical support."
We saw that appraisals with staff took place annually.

People told us that they had access to health care professionals when they needed them. One person told us, "I get to see the doctor if I want. She comes every Thursday. If I haven't much to tell her she goes to see the next person." Another person said, "I can always see the doctor if I want to, they asked me the other day about seeing her." A third person told us, "I think they do help me to keep healthy, I have no experience of being ill. I think they would call the doctor for me." We looked at care plans in order to ascertain whether people's health care needs were being met and we found that they were. The provider involved a range of external health and social care professionals in the care of people, such as dieticians, Tissue Viability Nurses and the palliative care team. We noted advice and guidance given by these professionals was followed.

Good

Is the service caring?

Our findings

We asked people if they felt staff were caring. Without exception there were positive comments including, "I'm very happy here. Staff are kind and caring"; "I feel we are all good friends. They work hard," "They (staff) are caring, every one of them", "Staff are very good, they sit and chat with me", "I find staff to be very attentive. They are trying to get my brother to drive here and visit me, they are extremely helpful" and, "Staff are very helpful and nice." One relative told us, "Staff are very helpful and courteous. My father and I can talk to them, and they listen."

We observed caring and positive interaction between people and staff. When people were transferred into their seats staff checked that they were comfortable and fetched them a drink when they were settled. We saw one staff member being very attentive to people, making passing comments and general conversation. They commented to a person that they "Look lovely." They talked to another person about their makeup. One person was quite vocal at one time and staff responded to them in a calm but prompt manner. We saw a staff member give the person a cuddle to reassure them. There was a pleasant atmosphere in the lounge during the morning. We saw people speaking to each other and staff were passing the time of day with people as they came in and out of the lounge. There was laughter and banter between people and staff. One person came into the lounge and asked if they could have two cups of tea and this was provided to them. We observed staff chatting away to people as they accompanied them up corridors or into the communal areas.

Staff spoke with people in a respectful manner and treated them with dignity. We observed one person called a member of staff over and told them that they had a meeting that day that they wanted to attend. The person told the staff member that they wanted to be, "Presentable", wanting their make-up on. Staff supported them to do this. The person said to the member of staff, "It makes all the difference, I feel ravishing now." She was smiling and looked pleased with the attention given, and how they looked for their meeting. On another occasion a member of staff asked a person if they would like a tissue as they had noticed the person had some food around their mouth which the person took from them and wiped their mouth. People were supported to be clean shaven and staff ensured that people were supported to be dressed in an appropriate way to maintain their dignity. We saw staff offered people choices of where they wanted to sit in the lounge and the conservatory.

We looked at care plans in order to ascertain how staff involved people and their families with their care as much as possible. Care plans were reviewed regularly by staff and signed by people, relatives or representatives. We found evidence that people and/or their representatives had regular and formal involvement in ongoing care planning. We asked staff to describe people and their needs. They described them as per the information in their care plan and also gave us information about their background. One member of staff said, "We have very interesting chats together." One relative said, "They (staff) do know him."

People were supported to be independent and had choices about their care. One person told us, "We arrange things between us (them and staff), like when I tell them I need someone to wash me." Another

person said, "When I wash, they ask what I want to do for myself." People said they were able to get up and go to bed when they wished. One relative said, "He is normally up and about by now (it was 11:30) but he is feeling tired." They said their family member chose to stay in bed. People were able to personalise their room with their own furniture and personal items so that the rooms felt more homely. One person said, "My room is alright, I am happy here." Relatives and friends were encouraged to visit and maintain relationships with people.

Good

Is the service responsive?

Our findings

We asked people whether they felt there were sufficient activities to participate in. One person told us, "I don't really get bored; I always have too much to do. I love poetry and reading my books. If I see a book I like they will buy it for me. I have plenty to read here." Another person said, "I have my books and friends, and my family comes every week. I feel I have plenty to occupy my time." A third said, "I don't get bored here. I have so much to do." One relative said, "It's very good here. They don't force people to do them (activities), but they know that it is good to get them doing things to keep the brain going. If people don't want to do them, that's fine."

People were supported to take part in a range of activities. The programme of activities and events was displayed at reception. These included music, entertainers, film club, reminiscence, hand and chair exercises, games, quizzes and pampering sessions. People who were in their rooms were also offered one to one activities. Staff told us that there was enough for people to do. One said, "The activities lady goes for room visits in the morning." Another told us, "There is a high level of activities that people enjoy. Those in their rooms don't have a lot, but we are always asking them and some prefer to stay in their rooms." We saw people taking part in activities on the day of the inspection. Regular events were organised, such as a summer fete, to which people's friends and families were invited.

Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. People and their relatives were involved in their care planning. One relative said, "He has a care plan and I have been involved in it. They sent me their proposals of how they could care for him, and I approved and signed to say I agreed with them." Care plans were legible and person centred and people's choices and preferences were clearly documented. One person told us, "I get up at 6:30 in the morning, that's my choice. I'm in my dressing gown until I have had my wash, usually after I have had my coffee between 11 and 12. I wouldn't want to get dressed before this."

Care plans outlined individual's care and support including personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. The care plans also contained detailed information about people's care needs and actions required in order to provide safe and effective care. Any changes to people's care were updated in their care records to ensure that staff had up to date information. We saw that the nurses had a diary which they used for handover and notes. This included information about people's hospital appointments and whether or not transport was arranged. It also noted when people's dressings needed changing or people required weekly weighing. A staff member said, "We get most of our information during handover. We know where the care plans are if we want to read them and we talk to the nurses." One person told us staff always sat and read their care plan before they provided care to them. The person told us that staff understood what they needed. Relatives confirmed that they were contacted when there was a change to their family member. One told us, "When dad had to go into hospital with a chest infection they told me straight away."

The PIR stated, 'As we are providing more end of life care we will begin the accreditation process for GSF

(Gold Standards Framework), building on the preliminary work started by the use of the advanced care plans.' We saw that end of life care plans were developed with the input from people and the families detailing the wants and needs of the people involved.

Complaints and concerns reviewed were used as an opportunity to improve the service. One person told us, "If I was annoyed about anything, I would mention it to them." Another said, "I know (the manager) very well, just a quiet word in her ear would do the trick." A third said, "I think I would tell the staff. I think they would listen to me." There had been one complaint at the service this year which was still being investigated.

Compliments were received at the service and these were shared with staff. These included, 'Dear (manager) and your wonderful staff, a big thank you for all your loving care given to my husband', 'Thank you for all your attention shown to me while in your care. My family really enjoyed the summer party' and, 'To all the wonderful staff at Glebe House. Thank you so much for looking after (the family member) so well.'

Good

Is the service well-led?

Our findings

People at the service and relatives were complimentary of the management of the service One person said, "I think it is well led, because I have no grumbles." Another told us, "I think there is a good atmosphere here." A relative said, "They (staff) all seem to know what they are doing, and when to raise the alarm." Staff were equally as complimentary about the management of the service. One told us, "I cannot complain about management." Another told us, "(The manager) is easy to talk to. She has an open door policy. She gives us all that we need." Another said, "It's a good team. If I have any queries (the manager) or the nurses respond immediately." During the inspection we saw the manager and senior members of the management team speaking and interacting with people at the service.

There were robust systems in place to ensure the quality of care. The manager told us, "We learn from incidents, feedback, complaints and concerns to drive continuous improvement. Findings from audits, inspections, assessments and other reviews are clearly documented and actioned." Internal and external audits were completed with actions plans with time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medication, staffing levels, meals and environmental issues. The manager had ongoing action plans where areas that had been identified were constantly reviewed. One care plan had identified that a person's 'Do Not Resuscitate Form' was not included and we saw that this had been actioned. On a medicine audit it had been picked up that a balance sheet was missing for one medicine and this had been corrected. Provider audits were also taking place to review peoples clinical care included pressure sores, falls, mobility and nutrition.

The PIR that was completed reflected the work that was being undertaken in the service. It was clear that the manager understood the areas that required improvement and what they needed to do to achieve this. The PIR stated, 'Any new staff will be allocated a 'buddy' to help them through their induction and to provide support as they settle at Glebe. This is to be implemented with the next new member of staff. By rewarding staff with 'employee of the month' nominated by the residents or their families.' We found that this was happening.

People had the opportunity to attend residents meetings to feedback on any areas they wanted improvements on. We saw minutes of the meetings along with actions from the previous meetings. At one meeting people had requested more activities and this was addressed and additional activities introduced. People's and relatives feedback about how to improve the service was sought. Surveys were sent out each year and any actions needed would be addressed. One relative said, "They have asked me to complete a questionnaire, I don't think I have had the results yet." A recent survey had been conducted and comments from people and relatives included improvements requested with the environment. An action plan was being produced by the management team to address these.

Staff morale was high and staff worked well together as a team. One member of staff said, "We have an international culture but have good relationships. We really work together as a team." Another said, "We work well with our colleagues." One staff member said, "We have staff and residents meetings each month where we can exchange ideas." We saw that these took place and included discussions about training,

supervisions and staff sickness. We saw that staff were asked for the views and feedback. One member of staff raised that they required more assistance of other staff during activities if people needed to use the bathroom. This was addressed by the manager and it was agreed that the member of staff could use the call bell to alert staff. At a nurses meeting it was raised that calls bells were not always in reach of people. Call bell audits were now being undertaken to address this.

Staff told us they felt valued which had an impact on how well they undertook care. One told us they felt valued because, "They (management) say thank you." They said they had regular staff meetings and one suggestion had been to arrange the staff in groups which they felt was much better. Another told us, "I feel valued. She (the manager) is always telling me that she likes me to be here. She says I do good work." Staff at the service were working in partnership with key organisations to support care provisions and joined up care. This included the Local Hospices and Community Care teams. Comments from a survey they completed included, 'Staff always know the patient and the reason for my visit', 'If anything changes they always telephone to discuss' and, 'The staff team always follow recommendations that we make.'

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns. Records were accurate and kept securely.