

Charing Lodge Limited

St Michael's Nursing Home

Inspection report

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Date of inspection visit:
12 April 2018
13 April 2018

Date of publication:
11 June 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 12 and 13 April 2018 and was unannounced.

Care service description

St Michael's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Michael's Nursing Home provides care for up to 65 older people who have nursing needs and who may also be living with dementia. The care home is based in a residential area of Westgate-on-Sea, with car parking on site, and public transport links close by. The service is arranged as two separate units over two floors of a detached building. There are communal lounges and dining areas. On the day of the inspection there were 53 people living at the service.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found overall the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However, we did find an area, records that needed improvement. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection but one of the domains now requires improvement.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service continues to be rated as good but some records needed improvement. Staff had not always completed some records accurately and concisely to show that people were getting the support and care that had been planned for them and for risks to be minimised. Records had been audited and checked but the inaccuracy of the records had not been identified as a shortfall. Other information in care plans and medicines records needed further details to make sure people were receiving consistent care from the staff in the way that suited them best. The registered manager took immediate action to address the issues.

People, staff and relatives told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. The registered manager was experienced and skilled in supporting people with complex health needs and continued to enhance their knowledge and skills. They had a clear vision for the service and this was shared by the staff. The registered manager worked with other professionals and outside agencies to ensure people had the support they needed. There were links with the local community. The registered manager had sought feedback from people, their relatives and staff about the service.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and knew the action they needed to take to report any concerns in order to keep people safe. The management responded appropriately when concerns or complaints were made.

Staff understood people's specific needs and had good relationships with them. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected. Staff were respectful and caring when they were supporting people. At the end of their lives people were supported to have a comfortable, dignified and pain-free death.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were assessed before they came to live at the service. Care plans contained the detail needed to show how all aspects of people's care was being provided in the way they preferred. Risks to people's health and safety were assessed and there was guidance for staff to mitigate risk and keep people as independent as possible. There was a wide range of activities provided for people to participate in and enjoy. Activities continued to develop and improve.

The complaints procedure was on display to show people the process of how to complain. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

The service suited people's needs. The environment was clean, comfortable and well maintained. Environmental improvements had been since the last inspection and there were plans in place for this to continue. The management team and staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Fire safety checks were carried out regularly. People were protected from the risk of infection.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required. People received their medicines safely and when they needed them.

A system to recruit new staff was in place. This made sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

The management made sure the staff were supported and guided to provide care and support to people. New staff received a comprehensive induction. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Staff said they could go to the registered manager and they would be listened to. Staff understood their roles and responsibilities as well as the values of the service.

The registered manager had notified the Care Quality Commission of events that were reportable.

The rating of 'Good' was displayed at the service and on the provider website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service Requires Improvement Checks and audits undertaken had not identified lack of accurate recording. There was a lack of oversight and governance in some areas.	Requires Improvement ●

St Michael's 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 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, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 and 13 April 2018 and was unannounced.

The inspection team consisted of one inspector and an assistant inspector.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at six people's care plans, associated risk assessments and medicines records. We looked at management records including recruitment files, training and support records, staff meeting minutes, audits and quality assurance.

We observed staff spending time with people and their interaction. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to speak to us and share their views and experiences. People also spent most of the day in their own bedrooms. SOFI is a way of observing care to help us understand the experience of people who cannot talk to us in communal settings. We did observe a group of people at lunch time.

We looked around all areas of the service, and communicated with eight people who lived at the service. We also spoke with six relatives who were visiting. We spoke with the registered manager, deputy manager, two nurses, three care staff and the activities co-ordinator.

We contacted and received feedback from a community health professional after the inspection.

Is the service safe?

Our findings

People told us they felt safe living at the service. They were relaxed in the company of staff and staff responded quickly when people needed them. People said, "It's very peaceful here. I can totally relax. I don't have to worry about a thing". Relatives said, "I am so pleased (my relative) is here. We know they are getting everything they need and are really looked after well. Visiting professionals reported, "I don't often need to visit this service but when I do I always leave feeling positive".

Risks to people's health and welfare continued to be assessed and staff had detailed guidance to mitigate the risks. The risk assessments covered what the risk was and the actions that were needed to keep people as safe as possible, including information on how people were protected from developing pressure sores and ensuring they had enough to drink throughout the day. However, in some cases we found that special mattress that helped prevent people developing pressure sores were not set at the correct level for the person's weight. Staff had recorded that the settings were correct indicating they had not checked the mattresses properly. Some people were on fluid charts to monitor the amount of drinks they had throughout the day to make sure they were hydrated. These charts had not been accurately completed as staff were entering the amount of fluid given to people and not the actual amount they had drunk. This had not directly impacted on people as no one had developed pressure sores and people were hydrated. The registered manager took immediate action to address the issue of staff recording and by the end of the second day of the inspection new recording charts were in place and the issues had been discussed with staff.

Other risks to people had been identified, mitigated, and staff had adhered to actions and guidance to keep these to a minimum. People's finances were managed safely. Thorough records were kept to track any transactions. Accidents and incidents were recorded. The registered manager analysed the information to see if there were any patterns or trends and took action to reduce the risk of them happening again.

The provider employed a member of staff that was responsible for the maintenance of the building, including health and safety. The fire alarm and the emergency lighting systems were checked every six months by professional contractors and the maintenance person carried out a fire alarm test every week. There were two occasions over the past 12 months when the alarms had not been checked, this was when the maintenance person was on holiday. The registered manager had identified this as a shortfall and had taken action to make sure a staff member was assigned to carry out the tests in the absence of the maintenance person. The registered manager told us that they were in the process of recruiting another maintenance person, so they would be able to cover for each other when one of them was on holiday. Fire equipment was checked at the required intervals. The provider had a policy to carry out a fire drill every six months and the records showed which staff took part in the fire drill, what observations had been made, what the outcomes had been and what actions needed to be taken for future fire drills. Each person had a personal emergency evacuation plan; this gave details of the support each person needed to be safely evacuated in the case of an emergency.

Manual handling equipment such as bath lifts and hoists were checked every six months. The gas system, all

appliances and the catering equipment were checked yearly. The electrical system was checked every five years, as it has to be by law and the food hygiene rating was Five Stars, which means 'Very Good'. The service had all the required health and safety certificates and they were all up-to-date.

Staff understood what they needed to do if they suspected abuse and had received training on how to keep people safe. They told us they would report any concerns to the management team and were confident that appropriate action would be taken. They were aware of whom to report abuse to outside of the service such as the police or local safeguarding authority. Staff were aware that they would be protected under the whistle blowing policy.

People's medicines continued to be managed safely. Accurate records were kept to show when people received their medicines. People said that their medicines were given to them when they needed them. Medicines were given to people at their preferred times and in line with the doctor's prescription. People said that staff asked them if they were in pain and if they needed any 'pain relief'. Records showed that people were given medicines for pain when they needed them. Some people needed 'as and when' medicines when they were upset or restless. There was some guidance in place for when to give these medicines but this could contain more information to ensure people were given this type of medicine consistently. Staff who administered these medicines knew people well and knew when it was necessary to administer the medicines.

Medicines were stored safely and there was evidence of stock rotation to ensure that medicines did not go out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Hand written entries of medicines on the MAR charts had been countersigned to confirm that the information was correct and to reduce the risk of errors. Regular checks were carried out on medicines and the records to make sure medicines were stored, recorded and given correctly. If any shortfalls were identified the management team took immediate action to address them. The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

Staff were recruited safely. Potential new staff were interviewed before being offered the job, identification checks were carried out, references were obtained and staff completed Disclosure and Barring Service (DBS) checks to ensure that they were safe to work at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The service also carried out checks with the Nursing and Midwifery Council (NMC) when it employed nursing staff. Nurses must be registered with the NMC in order to be able to work as a nurse.

People and their relatives said there was enough staff available to make sure they got the care they needed. One person said, "I rarely have to wait. On occasions they might take longer than usual but they always apologise and I know they will always come as quickly as they can". Staff told us that they rarely had to use agency staff as they covered any shortfalls between the staff team. During the inspection people's call bells were answered quickly and people received the care and support they needed without having to wait. There were sufficient nursing, care staff and ancillary staff on duty to meet people's needs. There was a stable group of staff that knew people well. There were sufficient domestic staff to keep the service clean and tidy. Nursing staff and care staff wore personal protective clothing such as gloves and aprons when needed. People were protected by the prevention and control of infection. One of the nurses took the lead in infection control and made sure that staff followed the policies and procedures to reduce the risk of the spread of any infections.

Is the service effective?

Our findings

People and their relatives said that the staff knew what they were doing and they had confidence in them to make sure they were getting everything that they needed. One relative, "The staff are really good with (my relative). I totally trust them". Visiting professionals told us the staff were well trained and the registered nurses had attended the local training when it was appropriate to their service needs. They said they were keen to learn and keep up to date.

Staff continued to have the training and skills they needed to meet people's needs. There was a system of ongoing training for all staff. New staff completed induction training and shadowed experienced staff before working on their own with people. There was a record of what training staff had completed and what training they would be doing in the future and the dates by which training needed to be completed. Staff competencies were checked to see whether they had properly learned from the training and were able to put the training into practice.

Staff told us that they felt supported by the registered manager; Staff received supervision sessions. Supervision was an opportunity for staff to reflect on their work and discuss any issues with their manager and also with their colleagues when it was a group supervision session. Staff had a yearly appraisal to discuss their training and development.

The service kept a record of all the nursing staff's registrations with the Nursing and Midwifery Council (NMC), including each nurse's individual NMC Personal Identification Number (PIN number). The record showed that all of the nursing staff had up-to-date registrations and it also showed when the registrations were due for renewal. Nurses have to re-register with the NMC Council every three years and the home had already applied for the new registrations that were due in 2018.

Before moving to the service, senior staff met with people and their relatives to assess if the service could meet their needs and preferences. The assessment covered all aspects of people's life including cultural, spiritual and social needs. The initial assessment was used to inform a care plan. People's needs were assessed using recognised tools as recommended by the National Institute of Clinical Excellence, such as nutritional and mobility assessments. People's care was planned following the guidance of the assessment tool such as the use of a pressure relieving equipment to help support healthy skin and equipment to help people move safely.

People and their relatives said that the meals were good. One person told, "I love the roast dinners". People and their relatives told us that they enjoyed the food and people received the support they needed to eat and drink enough to keep them healthy. Staff discreetly helped people to eat and enjoy their meal. They sat beside them chatting, and encouraged them to eat. The day's lunch menu was written on a large board on the wall in the dining room. People were given the day's menu choices in the morning to make their meal choices for the day. There were also menus on each dining table. People had a choice about what they ate and where they wanted to eat. Some people ate in the dining room and others chose to stay in their bedrooms. The staff made sure the meal time was unhurried to give people the opportunity to socialise in a

relaxed comfortable atmosphere. People told us they always had a choice of drinks. People enjoyed their lunch time meal and, people chatted to staff and each other. Staff monitored people's weight to ensure it remained stable. If people were at risk of not eating or drinking enough their dietary intake was monitored and they were referred to their doctor or the dietician. When people were losing weight they were encouraged to have supplement food and drinks.

Relatives said they were always informed if their relative was unwell and if they needed a visit from doctors or nurses. They told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to have appointments with doctors, nurses and other specialists if they needed to see them. People were encouraged to exercise and there were regular exercise sessions. One relative said, "This has really helped (my relative) with their co-ordination and mobility".

People were given as much control over their day to day life as possible. People told us that they were able to make choices. The Mental Capacity Act 2005 (MCA) 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibility under the MCA to apply for DoLS when appropriate. Applications had been completed and authorisations had been granted. Staff were working within the conditions on the DoLS authorisations.

People said, "The communal areas are very inviting and we like to spend time there". A visiting professional told us, "Improvements have been carefully considered and in conjunction with the needs of the service, residents and staff".

The building had been extensively upgraded and decorated to meet the needs of people. The provider had invested in all areas of the service to make sure people lived in comfortable and conducive environment. Decoration and adaptation of the premises was laid out in a way that was accessible and helped to promote peoples independence.

Is the service caring?

Our findings

People said, "I couldn't be looked after any better. Everyone is so kind" and "I am very impressed with St. Michael's. It is warm and friendly". Relatives told us, "We are very happy and would not want (our relative) anywhere else".

Staff knew people well and had built up strong relationships with them. There was information in people's care plans about their families and their personal histories so staff were able to talk to them about their lives when they moved in.

People's religious preferences continued to be identified and action was taken to make sure they could worship in the way they had chosen.

Staff greeted people as they went about their duties. People responded with a smile and chatted to them in a relaxed manner. Staff explained things gently, sensitively and clearly to people. Staff were 'warm' and 'affectionate' towards people. People responded positively to these interactions and were smiling and relaxed in the company of staff.

The staff team knew how people liked to receive their care and support. Staff were attentive and anticipated the needs of people when they could not say what they wanted or needed. People and staff got on well together. People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything that they needed. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support.

The staff and people chatted together. The interactions between people and staff were positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. They explained to people what they were going to do. There was a lot of engagement between people and staff. People, where possible, were able to express their needs and received the care and support that they wanted in the way they preferred.

There was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff spent time with them to find out what was the matter and gave them reassurance. When one person was upset a member of staff spoke to them patiently and clearly which resulted in the person becoming calm and engaging in a conversation. Staff listened to what people had to say and responded to them. Staff had skills and experience to manage situations as they arose.

Staff understood the importance of treating people with dignity and respect. When staff asked people if they needed to use the bathroom, they asked quietly and discretely. Staff knocked on doors and waited before entering the room. Staff were able to describe how they made sure people received the privacy and dignity they needed by closing doors and curtains.

Staff and relatives told us that visitors were welcome at any time and people were supported to stay in touch with family and friends. During our inspection there were a number of relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Relatives said they were always kept well informed about any changes to the health and welfare of their loved one. One relative said, "They always let me know what is happening. They ring me and I can ring them at any time".

Staff had knowledge of people's needs, likes and dislikes. One person's care plan stated the radio channel they liked to listen too. We found this person was listening to the station of their choice. People were called by their preferred names. People's preferences were respected and they received support in the way they had chosen.

People's bedrooms were personalised with pictures and items that were of importance to them. One person said, "I've got my pictures and some nick - knacks. My room it is very nice". As staff went about their duties they asked people if there was anything they needed.

When people were unable to express their views they were supported by their families or care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests by either supporting people or by speaking on their behalf.

People's care records and other important information was stored securely and locked away so that information was kept confidentially.

Is the service responsive?

Our findings

Relatives said, "My dealings with all the staff has been very positive. Any questions are always answered", "Nothing is too much trouble. They have made everything easy at a difficult time" and "My relative feels secure, safe and relevant. They are made to feel this is home. Their life has transformed. They were in isolation but are now part of a social community". Staff said, "I have worked in a few care homes before and compared to them this place is the best" and "Residents get everything they need. The staff really care. Everyone is well looked after. The staff here really care".

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The plans contained clear directions for staff on how to care and support people safely and effectively. People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking. Some people were unable to mobilise and were confined to wheelchairs. People's care plans contained guidance about how to move people safely using specialist equipment like hoists and slings. There was guidance and information about how to keep people's skin healthy and the plans were being followed by the staff. People sat on special cushions and had special mattresses on their beds to protect their skin.

People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation and boredom. Staff were aware of the risks of social isolation and the importance of social contact and so encouraged people to be involved. The service employed an enthusiastic member staff to support people to do activities. They worked throughout the week. A second member of staff had recently been appointed to make sure there was more scope for people to be involved in meaningful activities.

People were encouraged and supported to do group activities and people had one to one activities if they were unable or did not want to come to the communal areas. The activities person had lots of innovating ideas to keep people occupied and interested. People were involved in activities like, 'trips down memory lane'. There was a map of the world that was covered in tags of where people had visited and they were encouraged to tell their stories about their past. The activities coordinator was developing a family history folder for everyone, with pictures and information about people and what was important to them. There were plans to celebrate the royal wedding and regular tea parties were held with all the trimmings. The chapel at the service was in the process of being transformed into a cinema. A bedroom had recently been transformed into a well-equipped hairdressers and nail bar so people could enjoy being pampered. Staff had celebrated St David's day for people with Welsh heritage and the activities coordinator was in the process of planning St George's day celebrations.

The registered manager and staff spoke about how they supported people at the end of their lives. Some people had discussed their end of life wishes and had a Do Not Attempt Cardio Pulmonary Resuscitation

order. Staff monitored people and when people were becoming frail they would discuss with the GP and family about the future care and support the person might need, including under what circumstances the person would be admitted to hospital. A relative told us when their loved one had first arrived at the service they were not expected to live very long. They said the staff discussed end of life plans with them and what the person wishes would be.

Some end of life care plans needed further development to ensure people's wishes were recorded. The registered manager and staff were keen to develop their skills on supporting people and their relatives at this time of their lives. Staff worked with the community palliative care team and people's doctors to ensure people were comfortable at the end of their life. Medicines were kept at the service so they were available when they were needed so people could have a dignified and pain free death. Staff understood that people had different needs at the end of their life including dreams and wishes.

People knew how to make a complaint and were confident that any complaints would be acted on. People were provided with information to tell them what to do if they wanted to complain. This information was also made accessible to visitors as it was on display in the service. People told us they would be listened to if they had any concerns. People said, "I would go to the manager if I was worried about anything. They would sort things out". People were encouraged to express their views. A large number of people were bedridden and received nursing care, so they had their meals in their rooms. The registered manager told us people had complained that that meals would sometimes reach their room slightly cold or foods like ice cream had melted by the time it got to them. In response to this the provider had purchased two large serving trolleys for hot and cold food and drinks. The trolleys ensured that food and drinks reached people's rooms at the right temperature.

Is the service well-led?

Our findings

People and their relatives said, "I have found the registered manager very helpful". "The manager always makes a point of speaking to me. It's reassuring" and "I would recommend St Michaels to others without a shadow of a doubt". Visiting professionals stated, "The service has a 'can do' attitude and keeps it focus on the people residing in the home and their needs; I would have no hesitation in recommending it to any family or friends whatever their age".

Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the registered manager and said that the staff team worked well together. The registered manager had a good knowledge of people's needs.

The registered manager was leading the service and was supported by a deputy manager. A registered manager is a person who is 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.

On the whole the registered manager had oversight and scrutiny about what was happening within the services on a daily basis. However, during the inspection we identified areas that needed improvement. Some records were not completed or were not accurate. When people were on fluid charts some entries had not been accurately recorded to show that people were receiving enough fluid throughout the day to keep them hydrated. The air pressure settings on some special mattresses was not set correctly and the records did not record what the setting should be. The registered manager had not identified this as a shortfall when undertaking their regular checks. Some end of life care plans were not fully completed and further information was needed when people received medicines when they became restless or upset. These were clear recording issues as people were hydrated and had healthy skin and were receiving their medicines as prescribed and support at the end of their lives. Staff knew people well and reducing the risk of impact on people. The registered manager took immediate corrective action when these shortfalls were highlighted.

The provider, registered manager and staff had a clear vision for the service and the support given to people. They wanted people to receive a high standard of care and have the best quality of life possible, providing them with choice and flexibly. They wanted people to receive good, comfortable, effective and safe care. They wanted people to live a fulfilled life and be part of the local community. They promoted an open culture by making themselves accessible to people and available to listen to their views.

The registered manager told us how important it was for people to be part of the community. They told us that they liked the challenge of working in different ways and had ideas to enhance people's daily lives. There were links with local schools and nurseries. There was involvement with local charities like Age Concern and the service also supported other agencies like the Macmillan nurses when they held coffee and cake events to raise money.

There continued to be good communication between staff and management. There were regular staff meetings and handovers at each shift to ensure that everyone had up to date information about the service. The registered manager and staff were supported to develop professionally to continually improve their skills, knowledge and abilities. They worked with other external agencies to improve the service. The registered manager had recently attended a workshop with the fire service and had made improvements as a result of this. There was contact and visits with other local care homes so they they could learn from each other and bring new ideas into the service. The registered manager and provider were introducing an electronic care planning system, to bring all the information about people together so people received more holistic care.

The registered manager ensured that people, relatives and staff were involved in the day to day running of the service. Systems were in place to obtain their views, including quality assurance surveys. Staff had opportunities to share their views through staff meetings, workshops and supervision to make suggestions about changes and developments. Surveys were sent to relatives and staff. The view of visiting professionals was asked for when they visited but was not actively sought through surveys or questionnaires. The registered manager told us this would be more formalised so their opinions were captured and improvements made. One visiting professional stated, "I am asked for feedback when I visit and this is used".

The provider visited the service regularly to carry out checks to make sure the service was running effectively and safely. They looked at areas like staffing levels and recruitment, activity developments, environmental works. Following the checks an action plan was developed identifying who was responsible for making sure the actions were completed. Improvements had been made following these visits. Audits were carried out to monitor the quality of the service and to identify how the service could be improved. Health and safety checks were carried out regularly.

Accidents and incidents within the service were recorded by staff, and action was taken to ensure the wellbeing of each person. The registered manager had systems in place to audit incidents and accidents which would enable them to identify trends, patterns or concerns across the service to reduce the risk of further re-occurrence.

Services that provide health and social care to people are required to inform CQC, of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating of 'Good' was displayed at the service and on the provider's website.