Laurel Care Home Limited

Laurel Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 30 and 31 August 2016 and was unannounced.

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

Laurel Care Home provides accommodation for persons who require nursing or personal care for up to 60 people. At the time of our inspection 56 people were living at the home.

Accommodation at the home is provided over two floors, which can be accessed using stairs or passenger lifts. There are large garden and patio area's which provide a safe and secure private leisure area for people living at the home.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly.

The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

People were involved in their care planning. Care plans were amended to show any changes and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in 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. People told us that they felt safe and staff treated them well.

Staff were aware of how to protect people from harm and knew how to respond if they thought someone was at risk.

There were suitable numbers of staff employed to meet people's needs.

People were supported to take their medicines. Systems were in place to make sure they were managed safely by staff.

Is the service effective?

Good

The service was effective. People were supported to access different health professionals when needed.

People had the support they needed with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able make choices and consent to their care.

Is the service caring?

Good

The service was caring. People told us that staff were kind and polite to them and we saw they were.

Staff knew people's likes and dislikes which promoted people's individuality.

We saw staff treating people in a dignified way, respecting their privacy and encouraging their independence.

Is the service responsive?

Good

The service was responsive. People's opinions were sought and people were encouraged to be involved in decisions about what they did.

Care plans were updated regularly to reflect any changes and to ensure continuity of people's care and support.

People knew how to complain if they needed to, and felt confident that they would be listened to.

Is the service well-led?

Good

The service was well led. The registered manager enabled staff to put the people at the heart of the service and they recognised that this was the people's home.

The provider had systems in place to monitor the quality of care that people received.

The registered manager had a clear vision for continued improvement of the service and was supported by the provider to achieve them.

Laurel Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 30 and 31 August 2016 and was unannounced.

The inspection was carried out by one inspector 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, in this case older people and people living with dementia.

During the inspection we spoke with 13 people living at the home, four relatives and one visiting healthcare professional. We also spoke with the registered manager, deputy manager, six members of care staff, activities coordinator, two domestic staff and chef. Following our inspection we contacted a visiting general practitioner (GP) to obtain their comments on the delivery of care at the home.

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We last inspected the home in September 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Laurel Care Home and were supported by staff who they felt confident with. One person told us, "Oh yes and that's the great thing. I feel safe and looked after by kind people". Another person told us, "I feel very safe and looked after here". A further person said, "I like to stay in my room but if I need help I only need to press my buzzer once and they come very quickly. They also come in and check that I'm ok frequently". A relative told us, "Its lovely here, very safe. I feel quite at ease knowing my relative is in safe hands".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small." And "I know how to report safeguarding and am confident to do so".

Risk assessments were in place for all people living at the home. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner.

Accidents and incidents were recorded and reviewed by the registered manager or deputy to identify any increased risk and develop new actions to people safely. For example, a member of staff told us about how a person was referred to the GP and falls clinic for further support after staff highlighted how the person was more unsteady when walking. One person told us about how a nurse had helped them to move better by changing their walking stick. They said, "I did not realise it was too small but [the nurse] did. I feel much safer now when I am walking".

There were enough skilled staff deployed to support people and meet their needs. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. The provider used a dependency tool to assess people's care and support needs and staffing levels reflected this. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Staff provided care in a timely manner to people throughout our inspection. People

told us call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily.

Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Two people were receiving oxygen therapy at the home. Appropriate signage was displayed at the entrance to the home and on the doors of people's rooms in line with current legislation.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the fire detection
system to make sure they remained safe. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. Each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate people safely and quickly in the event of a fire.

Good

Is the service effective?

Our findings

People, relatives and a health and social care professional told us staff were experienced and were meeting people's needs. People said the care and support provided met their needs effectively. People praised the staff team saying for example "The staff are very good here". Another person said "The staff have a wonderful understanding of all of our little idiosyncrasies. They know me as well as my own family". A relative said' "If and when I need care then this is the place for me". A health care professional told us, "The home has a solid core of qualified staff who lead by example. Some staff have been in the service in excess of 15 years and this provides a good foundation in how they maintain the effectiveness of the care provided. A GP told us, "People living at Laurel Care Home have high nursing needs. Most of the nursing staff have worked there for a number of years. It is a very stable team and this reflects in the effective care that is provided".

Staff were supported in their role and had been through the provider's induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager told us and records demonstrated that all staff working at the home when the Care Certificate was introduced had been encouraged to "re-visit" the 15 standards set out in the Care Certificate to update and further develop their skills and knowledge.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in other areas for example, dementia awareness, diabetes and wound care. This meant staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through group and individual supervision sessions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff consistently told us they felt supported in their role and had access to help from the registered manager or their deputy when they needed it. One staff member said, "We can go and speak to the manager anytime, we have an open door policy here and the manager is enthusiastic to offer support when needed". Staff told us supervisions and appraisals were valuable and useful in measuring their own development.

People told us that they were able to make choices and staff respected their wishes. People did not have any care or support without their permission. Staff spoke with people about what they were about to do and waited for them to indicate that it was ok for them to proceed. For example we saw where a person was asked if they wanted to take part in a music / singing session that was happening. The person was unable to speak but staff observed their facial expression for the response. The person indicated that they did not want to take part. Staff respected this choice and supported the person to do something else. One person

told us, "I like to go in the garden if it's a nice day. I have my own swing seat. I ring my buzzer and someone takes me out. Sometimes they will sit and talk with me if I want them too and sometimes I like my own company. I take a buzzer with me so I can ring when I want to come back in".

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. We asked staff what procedures they would follow if people were not able to make certain decisions for themselves. Staff explained about best interests meetings and the importance of including appropriate people in the decisions, for example family members, health and social care professionals and the person themselves. Staff demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection seven people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority). The home had submitted a number of further applications which had yet to be authorised by the local authority. The registered manager knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had food that was nutritious and freshly prepared to meet their individual dietary requirements. Lunchtime was a social time with smiles and laughter between the people that lived there and the staff supporting them. Some people needed specially modified diets or their food specially prepared to make sure their health needs were met. The chef told us how they safely prepared food and were aware of people's individual risks and how appropriate support was given to make sure people were able to enjoy their food and drink safely. Some people needed the amounts of food and drink they had monitored and we found this was recorded in their care records and where concerns had been identified support from the appropriate health professionals had been sought. A GP told us, "The home has a very low incidence of Urinary Tract Infection (UTI) because they work hard at ensuring people are hydrated well and where appropriate people's fluid intake is closely monitored".

People said that they had good access to other health professionals to make sure their health needs continued to be met. We found that due to the complexity of the health conditions of people living in the home their care and treatment involved other health care professionals. People told us that any concerns about their health were addressed straight away with the relevant professionals. For example one person told us that due to a recent deterioration in their health they had a number of questions about how their condition was progressing. They told us that the registered manager had arranged an appointment with their doctor so that they could discuss their current health.

The register manager told us they had flexible and fast access to a range of health professionals. Staff and people told us they did not have to wait long for the appropriate professional to become involved. One staff member said, "We have so many different professionals on tap. No waiting lists and professionals become involved straight away at the time they are needed". Staff also said that working with other professionals helped them understand people's needs and provide better care and support. One visiting health care professional told us, "The home is pro-active in seeking our input. The carry out our instructions to the letter and are very good at what they do. I look after several homes in the area but this is up there with the best".

Good

Is the service caring?

Our findings

People and relatives were all positive about the service. One person said, "The care is first class. I couldn't wish to be cared for by anyone else". Another said, "I am extremely well cared for". A relative said, "The staff are exceptional". Another relative told us, "The care my wife receives is exemplary. She has been here a long time and has always been very well looked after".

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member told us, "This is why I do this job, for the residents". Another said, "It's a pleasure to come to work, to see all my ladies and gentlemen". Other comments included, "I am passionate about this home" and "It makes it all worthwhile, seeing their faces".

The registered manager told us that all staff were understanding and showed patience with people. This was confirmed by our observations. She said, "The team go that extra distance to get it right". Non care staff who worked in the home such as kitchen and domestic staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. Staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are pretty involved so we get plenty of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the small lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet / bathroom. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said, "I know dad needs help for most things but that doesn't stop the staff asking him each time. They try so hard to encourage him to do things for himself but are always there for him when he needs them".

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They

knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. The privacy of people was supported. For example, one person with a visual impairment told us staff often read any correspondence they had to them and ensured the door to their room was closed when this was done.

Each person's physical, medical and social needs had been assessed before they moved into the service. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included a 'life diary' which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

Letters and cards we viewed from relatives of people who were cared for at end of life included the following comments, "We certainly felt all the staff helped make X [person] as comfortable as possible and we are comforted that she was with people who genuinely cared at the end", "The nursing staff and all the carers do a fantastic job that most would never do, you are all angels", "The carers had me in tears many times because they were so kind to X [person] and also to me" and "Thank you all so much for being so kind and caring. You touched dad's life in a very special way during his time at Laurel Care Home. He was very fond of you all". A healthcare professional told us, "It is an excellent well run care home. The end of life care I have witnessed is delivered in a kind and compassionate manner. The staff here really do go the extra mile and show the utmost understanding and empathy".

People were supported by staff to make decisions about their end of life care. They were supported by the staff at the home, the GP and visiting health care professionals. The registered manager gave an example where due to the good care a person was receiving, their expected lifespan had been increased and the person continued enjoying a good quality of life. The actions the provider had taken helped to ensure people had the end of life experience that they wanted, in the place they wanted it to be. A GP told us, "The home does not have the Gold Standard Framework (GSF) accreditation in end of life care because everything needed to care for people at end of life is in place and working well".

The registered manager told us how they had used social media, where possible to enable people to engage with family and friends who were unable to visit them. For example one person who was unwell and too frail to travel had with the help of the home and the person's family arranged to be at their grand-daughter's wedding day via social media. It was important to the person to see their granddaughter married. The registered manager told us, "If it can be done we will do it. It has taken some arranging but we know it is what they both want so we will ensure it happens".

Good

Is the service responsive?

Our findings

People told us staff listened to them and supported them to do things for themselves. They felt that staff knew their preferences for their care and helped them to do things. One person told us, "They know I like to have female carers so I do". Another person told us, "Sometimes I just like a day in bed. I am not poorly, I just feel like it. The carers let me stay in bed and make sure I have everything I need".

People told us staff were available when they needed them and responded to their needs quickly. People and relatives told us the service they received was flexible and based on the care and support they wanted. One relative said, "I couldn't ask for better care for my relative. Staff do everything they can to support people and to ensure they get what they need".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "I always receive a phone call from the staff if mum has seen the doctor for any reason. They keep me informed". Another relative told us how their family member's general wellbeing had improved since they had moved to the home because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs".

Staff spoke with people in a friendly manner and respected their wishes. People were asked their opinions and encouraged to be involved in decisions about what they did. For example, one person told us that they liked to walk a bit every day even though their joints were sore. Staff helped them to do that and made sure they had their pain medicines on time to help them move. They told us, "It would be quicker to let them move me but they know I like to try to move my joints".

Staff were able to tell us about the personal history of people and their preferences for care. They said that they could find information from the care plans and that the handovers were very thorough, making sure staff knew what was happening. One staff member told us, "We need to know what is happening to them every day. It is important that we make sure we know what they need". Three staff members told us that they found that they learn very much about people from talking to them and their families.

Activities were planned in advance by the activities co-ordinator and people living at the home. Activities included, bingo, knitting club, baking, visiting entertainers, arts and crafts and trips to the beach. One person told us, "When we do cooking on a Thursday, whatever we bake in the morning we have in the afternoon with a cup of tea". On the day of our inspection a visiting singing group entertained people in the lounge. One person said, "I look forward to this every week. It is always well attended. Sometimes it clashes with other things going on but it isn't a problem. You never get bored here". We saw a folder containing pictures of people enjoying various activities. The activities co-ordinator told us, "I like to take photos and it also means that relatives can see what the people have been doing. Sometimes they [relatives] might say, 'my relative doesn't do anything', so I can show them the photos". For people who did not wish to join in with activities, or for those people who had specific welfare needs time was set aside by the activities co-

ordinators for one to one personal support in people's rooms or an area in the home of their choice. People we spoke with found this to be of great comfort especially with helping people to write letters or to have someone to talk with.

People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure was displayed on the notice board and gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the registered manager. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said: "A complaint only becomes a complaint when nothing is done about any issues raised. It never really gets that far. The manager is always on hand to discuss things and sort any issues out as they arise".

Good

Is the service well-led?

Our findings

People, staff and relatives said they found the home was well run by the registered manager and that they were involved in the running of the home. A GP told us, "I have been associated with the home for a number of years. The home is exceptionally well led and the leadership is evident in the way the whole service is managed". Staff told us the registered manager was approachable and would listen to staff about any ideas or concerns they may have. One staff member said, "It's lovely, it's like one big family you are always made to feel comfortable working here". Staff were motivated to provide the best care and support they could and felt that it was a team approach.

The registered manager told us that the vision of the service was to provide a home environment that was, "The best place to live, and the best place to work". Staff shared this vison and staff told us that they felt the registered manager and provider understood about valuing the staff so that they were then motivated to do their best. One staff member said, "We try to make this the best place for people and we have the full support from the mangers to do this". All of the staff told us that they felt supported and valued by the provider, registered manager and deputy manager. We observed them regularly walking around the home talking to the people who lived in the home and visiting relatives. It was clear from conversations with them that they knew the people who lived at the home well. They also engaged with staff in a professional way, providing them with reassurance and guidance where necessary. Staff worked well as a team and each understood their own role to enable them to contribute to the care that people received. This was confirmed by some of the relatives we spoke with.

Staff told us morale was good and that they were happy in their roles. One staff member said their colleagues were, "like an extended family they are good people to work with". Another staff member told us that the team worked well together and colleagues were obliging, supportive and helpful to one another. The same staff member believed their colleagues had good skills and experience to support the people living at the home. One relative said, "I just feel extremely lucky. The staff are fantastic". A number of people we spoke with and their relatives commented on how happy the staff were in their work. During our inspection we saw that the service ran smoothly and the atmosphere was calm and efficient. We saw staff communicating amongst themselves to ensure people received the support they required when they needed it.

There were systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as care plans, accidents and incidents, and medication. The registered manager also conducted health and safety reviews of the home including for example, workplace safety, health and safety of visitors, personal protective equipment (PPE), infection control and safety in food preparation. Weekly reports were submitted by the registered manager to the provider and covered areas for example, admissions and discharges, complaints and compliments, staffing, operational issues and any significant incidents.

Staff had handovers at each shift and used a communication book to communicate important information to others who were not present at the handovers. This enabled staff to quickly access information about

people's needs when returning from leave or after days off. This showed good teamwork within the service and that staff had up to date information about people's changing needs to help keep them safe.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. In addition to this the registered manager met monthly for group clinical supervision meetings with the nursing staff. Subjects discussed were for example, respiratory training, prescription / medication training, handover times and equality and diversity. Any outcomes from these meetings were cascaded down to care staff.

Residents / relatives meetings were held to gather their feedback about the service with the next meeting planned for September 2016. We looked at the minutes of the last two meetings in May and September 2015. Topics discussed were varied and included, future events in the home, the providers philosophy for delivering good care and updates on planned building works. The provider also used these meetings which were held as a 'cheese and wine evening' for relatives to meet each other and share their own journey of having relatives in care. Comments from relatives seen documented in the meeting minutes included for example, kind, 5 star hotel, you provide excellent nursing care and home is exceptional and far above any other local ones. One person told us, "We have these meetings which are really good but we don't have to wait for a formal meeting to raise any issues. The manager is very approachable and his door is always open".