St. Martin's Care Limited

Windermere Grange 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

This inspection took place on 19 and 20 December 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting.

Windermere Grange Care 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

Windermere Grange Care Home accommodates 72 people in a purpose built home across two separate floors. The ground floor accommodation was for people with residential care needs (Blossom) and people with a learning disability (Coniston). The first floor was a residential unit where some of the people were living with a dementia type illness (Poppy). On the day of our inspection there were 61 people using the service.

The registered manager had left the service in September 2017. In the interim the provider had appointed the deputy manager as acting manager with support from a senior management team. At the time of our inspection there was a new manager in post who was applying to become registered with CQC. A registered manager is a person who has registered with 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.

Windermere Grange Care Home was last inspected by CQC on 18 and 21 October 2016 and was rated Requires Improvement overall and in two areas; safe and well-led. We informed the provider they were in breach of Regulation 18: staffing.

Whilst completing this visit we reviewed the action the provider had taken to address the above breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

Accommodation is provided across two floors. Facilities included several lounges and dining rooms, communal bathrooms, shower rooms and toilets, hairdressing room, a large well maintained communal garden and a spacious reception area.

We saw that entry to the premises was controlled by key-pad entry and all visitors were required to sign in.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

The provider had procedures in place for managing the maintenance of the premises.

People who used the service and their relatives were complimentary about the standard of care at Windermere Grange Care Home. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people to eat and drink at meal times when required. People's weight and nutrition was closely monitored.

People had access to a range of activities in the home and within the local community.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place where required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

Staff used a range of assessment tools and kept clear records about how care was to be delivered. People who used the service had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated. Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

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 provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people to eat and drink at meal times when required.

People who used the service had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

People who used the service and their relatives were complimentary about the standard of care at Windermere Grange Care Home.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

Care plans were written in a person centred way and were reviewed regularly.

People had access to a range of activities in the home and within the local community.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

Is the service well-led?

Good

At the time of our inspection there was a new manager in post who was applying to register with CQC.

Staff told us the manager was approachable and they felt supported in their role.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Windermere Grange 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 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 inspection took place on 19 and 20 December 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the provider completed a 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 used this information to inform our inspection.

During our inspection we spoke with eleven people who used the service and eight relatives. We spoke with the manager, deputy manager, director of quality, operations and compliance, director of care, business partner clinical care, seven care staff, an activities co-ordinator, the administrator, maintenance worker,

cook, housekeeper and one visiting professional.

We looked at the personal care or treatment records of nineteen people who used the service and observed how people were being cared for. We also looked at the personnel files for five members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Windermere Grange Care Home. One person said, "Security is very good, there is a bell you have to ring to get in."

Appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Each record contained a staff photograph and proof of identity was obtained from each member of staff, including copies of birth certificates, driving licences and passports. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

At the previous inspection it was identified that there was insufficient staff on duty to meet the needs of the people using the service. At this inspection we discussed staffing levels with the manager and the director of quality, operations and compliance and looked at rotas. The manager told us that the levels of staff provided were based on people's dependency needs. Any staff absences were covered by existing home staff and the use of agency staff and been reduced. We saw there were twelve members of care staff on a day shift and seven care staff on duty at night.

Most of the staff, people who used the service and visitors did not raise any concerns about staffing levels. One relative told us, "Certain times of the day I think they could do with more staff, however this does not affect my mums care. She is always showered and toileted when needed and never has to wait for anything" and another relative said, "There was always a lot of agency staff but there seems to be more of the same staff now." We observed sufficient numbers of staff on duty to meet people's needs and call bells were responded to by staff in a timely manner.

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing. They knew the different types of abuse and how to report concerns. The provider also had a staff disciplinary policy in place. This meant that people were protected from the risk of abuse or unsafe care.

We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw wardrobes

in people's bedrooms were secured to walls and window opening restrictors were in place.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing, gas safety and electrical installation were all up to date.

The provider's accident management and recording policy and procedures provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the manager reviewed the information monthly in order to establish if there were any trends and made referrals to professionals when required, for example, to the falls team.

People had risk assessments in place relating to, for example, falls and skin integrity. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The service also had health and safety risk assessments in place relating to, for example, manual handling, slips, trips and falls, outbreak of infection and use of hoists which contained detailed information on particular hazards and how to manage risks.

A fire emergency plan was displayed in the reception area. This included a plan of the building. A fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service.

We found appropriate arrangements were in place for the safe management of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Medicines were supplied by a local pharmacy. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Staff were able to explain how the system worked and were knowledgeable about people's medicines. We looked at medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Records we viewed were up to date with no omissions. Photo identification for each person was in place and allergies were recorded. Medicine administration was observed to be appropriate.

Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. Creams and liquids in use had the date they were opened documented on their containers, as topical medicines can have a short shelf life. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date and included action plans for any identified issues.

The home was clean, well decorated and well maintained. The en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. The manager told us

the service had two infection control champions and we saw infection control audits and cleaning schedules were up to date. Staff had completed infection control training and were observed to wash their hands before and after aspects of personal care. Gloves and aprons were readily available to staff and were used as necessary. This meant people were protected from the risk of acquired infections.

Good

Is the service effective?

Our findings

People who lived at Windermere Grange Care Home received care and support from well trained and well supported staff. One person told us, "The staff have to help me to shower and I always feel safe in their hands, they have the right skills to look after me."

New staff completed an induction to the service and staff training records showed that mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely. Mandatory training included moving and handling, fire safety, first aid, health and safety, infection control, dementia awareness and safeguarding. In addition staff had completed more specialised training in for example, stroke awareness, diabetes, managing challenging behaviour and falls management. On the first day of our inspection we observed staff attending training for infection control and we also saw evidence of planned training in dignity and choice, and person centred care planning. The manager maintained a training matrix and was aware of any training that was due to expire and needed to be booked.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The staff we spoke with and the records we saw supported this.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. We found the manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. For example, a person received covert medication and there was clear evidence to support this best interest decision. Consent to care and treatment was documented in people's care plan documents.

People had access to a choice of food and drink throughout the day and we observed staff asking people what they would like to eat that day. At lunch time we observed staff assisted people to their tables in the dining rooms and we saw staff supporting people on a one to one basis if they required assistance with their meal. People were asked if they wanted a dignity tabard to avoid food spoiling their clothes. Staff chatted with people throughout and the mealtime was not rushed. Lunch appeared to be an enjoyable and sociable experience. People who used the service chatted and joked amongst themselves. People were also supported to eat in their own bedrooms, if they preferred.

We observed people having a late breakfast on the second day of our visit. A member of staff told us that some people like to sleep late preferring breakfast at a time suitable for them. One person told us, "The food is nice", another person said, "Food is lovely but I don't eat a lot, I have a small appetite" and another person commented "I like a stella artois and staff let me have one." One relative told us, "Food is alright and plentiful….my mum always has a choice on what she wants to eat", and another relative said, "The food is beautiful… she has a choice of having her food in her room or the dining room."

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored. The cook was knowledgeable about people's special dietary needs and preferences. The service had two nutrition champions and staff had completed training in food and nutrition. A relative told us that her family member had struggled with eating and drinking when they lived at home; "[Name] was very picky" with what they wanted to eat and their nutritional and fluid intake was becoming a concern to the relatives. The family member was becoming dehydrated and had many urinary tract infections causing delirium. The relative told us that since being in the care home her family member, "Eats and drinks really well now and their hydration and nutrition has greatly improved."

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, opticians, dietitians, district nurses and dentists. One relative told us that "My mum has regular contact with the CPN who comes here to see her" and another relative said, "The Parkinson's nurse comes to visit my auntie."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitably designed for people with dementia type conditions. For example, walls and doors were decorated to provide people with visual stimulation. Hand rails were painted red so that people could locate them easily. Corridors were clear from obstructions and well-lit which helped to aid people's orientation around the home. We saw memory boxes outside of people's bedrooms containing photographs of them when they were younger. A member of staff told us that people could recognise their rooms by the photographs of themselves. The secure garden was well maintained and people had free access from the lounge.

The provider had a maintenance schedule in place and the manager, director of quality, operations and compliance and director of care told us about the plans to fit new flooring and carpets, refurbish the hair and beauty salon and create a bar/lounge.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Windermere Grange Care Home. A person told us, "I like living here, the staff are lovely" and another person said, "I am well pleased living here; my room is beautiful…. staff look after me, they are very nice." A relative told us, "Staff are amazing, marvellous… my father- in- law was also in here and like my mother, he was well cared for."

We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring manner. The atmosphere within the service was pleasant and jovial and staff had the utmost respect for people. We observed staff talking and listening to people and being very courteous and polite towards them. A person told us, "Staff are very friendly and caring, they are all good girls in here" and a relative said, "I was distressed at first about having to put my mum into a care home, I got lots of support from the staff here saying that I was doing the best thing for my mum."

Staff knew people's names and spoke with people in a kind and caring manner. People were well presented and looked comfortable in the presence of staff. A relative told us, "Care is tailored towards my mum; she was always a smart lady and liked her hair and make-up done. Staff wash her hair a few times a week and make an effort to pamper her."

We saw staff assisting people, in wheelchairs to access the lounges, bedrooms and dining rooms. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. Staff interacted with people at every opportunity and were polite and respectful. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care.

Staff worked very well as a team giving individualised care and attention to people. They were professional in their work and very kind and respectful to people. We observed carers assisting people to their tables during lunch and helping them transfer to their chairs. We saw safe transfers using the hoist by two members of staff on every occasion. A relative told us "My mum is fully dependent on the carers and needs assistance, staff are very confident when lifting my mum."

People were supported by staff in a patient and friendly way. People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. We observed a person became upset saying "I need to get back home to do the tea", a member of staff acknowledged their comment and gave them a reassuring touch of their arm saying "Ok [Name] we will finish our flower arranging and then you can go and do the tea." A friendly conversation began discussing what they were both going to cook for tea. A relative told us, "My mum wouldn't wear an apron during her meals and she was getting upset when her clothes were getting messy. Staff persevered with her and she has no problem with putting an apron on now."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many

contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay. A relative told us, "Staff are really good, I feel confident that she is ok here. Mum has a sensor mat on the floor in case she tries to get up unassisted and has a bed rail on her bed…… if she does have a fall or slip staff always phone me straight away… she is very happy here."

We saw staff supporting people to maintain their independence. One resident told us that they liked to walk to the dining room and go outside for a cigarette however due to health problems this was becoming extremely difficult. The person told us, "Staff went out of their way to find me a bedroom nearer to the dining room so that I could still walk independently…. I was finding it hard living in the care home, but I am adapting much better now especially with my new bedroom."

People were encouraged and supported to maintain their relationships with their friends and relatives. There were no restrictions on visiting times. One relative told us, "Staff here have time for us; relatives without a doubt get support, over and above support…. I wrote to the head office praising staff for looking after my mum when she was ill. I don't think she would still be here if it wasn't for the dedication of the staff." Another relative said, "I sometimes have my lunch with [Name] family member and I am coming to the Christmas lunch."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Advocacy information was made available to people who used the service.

People were provided with information about the service in the provider's 'statement of purpose' and 'service user guide' which contained information about the facilities, services, safeguarding, meals, fire procedures, spiritual support and complaints. Information about health and local services was also prominently displayed on notice boards throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Good

Is the service responsive?

Our findings

People had their needs assessed and their care plans demonstrated a good understanding of their individual needs. Relatives told us care was very person-centred and focused on personal preferences on what their relatives did when they were at home. People and their relatives were aware of and involved in the care planning and review process. A relative told us, "My mum has always liked an afternoon nap and she is able to do this in here."

The director of quality, operations and compliance told us how the service was currently in the process of implementing new care plan documentation with the aim of this being fully implemented by March 2018. The care plans were being developed from a person-centred perspective and covered a range of needs. People's care records contained a 'life story' document which had been developed with the person or their relative and detailed what was important to that person including their individual needs, interests, social history, preferences, likes and dislikes and how best to support them.

Hospital passports were also in place to assist people with communication difficulties and challenging behaviour to access external services. For example, to provide hospital staff with important information about people and their health when they are admitted to hospital. Staff used a range of assessment and monitoring tools. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. Body maps were used where they had been deemed necessary to record physical injury. There was evidence of regular review, updates and evaluation.

We saw end of life care plans, in place for people, as appropriate and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met. One relative told us their mum was "really settling into the home". They said, "Staff are brilliant, they supported our family when my dad died. They knew him from when he came to visit my mum". They described how both the activities co-ordinators attended their dad's funeral and helped with supporting their mum at the funeral, "They (Staff) were absolutely amazing."

The service employed two activities co-ordinators. They told us that residents had a lot of choice when it comes to activities and informed us of the many activities on offer seven days a week. People and their relatives were complimentary about the activities co-ordinators and the activities in the home. Planned activities were displayed and included arts and crafts, bingo, dominoes and quizzes. We observed people flower arranging. There was lots of laughter and chatting during this activity. One person played their harmonica which was well received by all.

We observed many residents and relatives at the Christmas party. It was a cheerful and jolly atmosphere and people really enjoyed the ambience of the event. There was a buffet available with shandy and bucks fizz. Community links included pat a dog therapy, church services and primary school children who come in and sing and play instruments. The service also had external wellbeing co-ordinators who visit and do armchair exercises.

A person told us, "I like to get involved with the activities. I like to play bingo and dominoes and I like getting my hair done." One relative told us, "My mum used to join in with dancing and singing when she was able to" and another relative said "My mum has always disliked bingo and will not play but the staff keep her involved by asking her to be the checker."

Relatives informed us that their family members were treated as individuals and were able to make choices for themselves if they were able to do so. One relative told us, "My mum prefers to stay in her room and this is respected by staff. She chooses what clothes she wants to wear herself. She wanted her new Christmas clothes on today for the party" and another relative said, "My mum can get up when she wants, if she has not slept well staff let her lay in bed till she is ready to get up."

The provider's complaints policy was on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority and the local government ombudsman. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. A person told us, "I have no complaints at all, I love it here."

Good

Is the service well-led?

Our findings

The registered manager had left the service in September 2017. In the interim the provider had appointed the deputy manager as acting manager with support from a senior management team. At the time of our inspection there was a new manager in post who was applying to become registered with CQC.

The manager told us they felt supported in their role. A registered manager is a person who has registered with 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.

The manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. People who used the service and their relatives spoke positively about the manager and the deputy manager. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns.

Staff we spoke with were clear about their role and responsibilities. Staff told us they were supported in their role and felt they were able to approach the manager or to report concerns. A member of staff told us that the new manager and deputy manager were very supportive. All the staff we spoke with described their morale as "Good."

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the registered provider's audit file, which included audits of care records, finance, medication, infection control, health and safety, nutrition and hydration, pressure ulcer and mattress, continence and catheter, staff files and catering. All of these were up to date and included action plans for any identified issues.

The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 12 October 2016 and was rated as 8.4 out of 10 by the care home.co.uk scheme which was based on the reviews of four people who used services, relatives and friends. Comments included, "All the staff go above what is expected of them", "There was always a hive of activities in the home each day", "The home is a lovely, clean, safe and happy place. Staff are great and very supportive" and "We are kept informed and welcomed by everyone."

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt confident they could go to the registered manager or the deputy manager with any suggestion, concern or complaint and they felt their views were listened to and acted upon.

Residents and relatives meetings were held regularly. Discussion items included activities, meals and dining experience, staffing and medication. There was also a suggestion box available in the main entrance for

people to post comments, complaints or compliments. One comment read, "It is a pleasure to come into this home, lovely and clean, pleasant staff."

The quality assurance surveys for 2017 for people who used the service received very positive responses. Questionnaires were available in different formats such as easy read and large print. Themes included staff and care, choice and control, dignity and respect, involvement and access to the community. Comments read, "Staff listen to me", "I received good assistance to use hearing aids from care staff", "I like to go shopping to M&S with staff" and "I am able to ask for an independent person to speak up for me." The director of quality, operations and compliance told us that the surveys for relatives and stakeholders would be sent out in January 2018.

Staff Meetings were held regularly and showed staff were able to discuss any areas of concern they had about the service or the people who used it. Minutes of the meeting held on the 18 November 2017 discussed training, medication, recruitment, care plans and teamwork. We saw very positive responses from the 2017 staff survey. Themes included the approachability of managers, the quality of training, feeling part of a team, policies and procedures, being listened to, supervision and appraisal, staff meetings and the quality of the care and environment.

The service had close links with the local community. Primary school children came in to the service to sing and play instruments and religious services were provided for people by the local churches.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's equality and diversity policy referred to guidance from the Equality Act 2010 and the whistleblowing policy referred to The Public Interest Disclosure Act 1998 – the meaning of qualifying and protected disclosures. The manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

Records were maintained and used in accordance with the Data Protection Act. The manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.