Planshore Limited

Parkview Nursing 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

Overall summary

This inspection took place on 20 and 27 March and both visits were unannounced.

Parkview Nursing Home provides accommodation for up to 88 people who require nursing care and support on a daily basis. The home specialises in looking after adults over the age of 65 with dementia. There were 76 people using the service at the time of our inspection.

We last inspected the service in September 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection, but they were on leave. 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.

Summary of findings

People told of feeling safe. The provider had procedures for ensuring that any concerns about people's safety were reported and managed appropriately. Staff were knowledgeable about individual's needs and interacted with them positively.

People's care needs were accurately recorded with clear guidance for care staff to follow on how to support them. The home contacted other healthcare professionals if they had concerns over people's needs.

A number of the people at the service were living with dementia; staff were suitably skilled in dementia care and positively supported people. Staff were guided by information within people's care records. The records included individual information on issues that could trigger any behaviour episodes.

People were treated with dignity and respect, and staff were gentle when moving and handling people. Staff respected confidentiality and had discreet conversations with people about private matters without other people listening to their conversations, staff made sure that doors were closed during personal care.

People were offered opportunities to take part in a range of suitable activities that they enjoyed. They found staff had the time to support them with their hobbies and interests.

Staff were responsive to people's needs. They had a good knowledge and understanding of peoples' support needs and took prompt and appropriate action to respond to any concerns or changes in their conditions.

The service showed respect for individual's religious and cultural needs. They promoted equality and diversity in care arrangements. There was good knowledge among staff of people's religious and cultural needs.

Complaints were dealt with appropriately, compassionately and in a timely fashion in line with the policy. People's opinions were sought and acted upon to improve the service. Regular "residents' and relatives'"meetings were held for people to voice their opinions and make suggestions, the provider responded positively to suggestions for improvements.

People found the management team accessible and approachable. People told us they felt listened to and could change things about the service.

Summary of findings

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 using the service told us they felt the home was a safe place to live. Relatives told us they felt happy knowing their family members were well cared for. Care staff had the time they needed to care for people safely.

The people who used the service were protected against the risks of receiving care or treatment that was inappropriate or unsafe. The service had systems in place to promote people's safety. Staff were trained in risk management. Risk assessments and risk management plans were in place and up to date.

Appropriate recruitment procedures were in place to ensure new staff were suitable for the duties thy undertook, and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. The home effectively met the health and social care needs of people who used the service. The service arranged for people to have access to and receive advice and relevant support from medical professionals.

People had a healthy and nutritious diet and receive appropriate support when needed with eating and drinking.

Staff were suitably prepared for their roles. They received an appropriate induction, training and supervision programme to ensure they were able to meet people's individual needs.

Is the service caring?

Good

The service was caring. The organisation promoted a caring culture in the service. Staff were kind and compassionate and people found they were gentle when carrying out personal care tasks. Staff listened to what people wanted, acted on their requests and involved them in the life of the home.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive. People found staff had the time to support them with their hobbies and interests.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led. The manager maintained a strong and visible presence within the home.

The registered manager communicated clear direction and encouraged a person centred ethos. The provider had systems in place to assess, monitor and improve the quality of the service, but these were being further developed to be more effective in reviewing the quality of care provided.

Parkview 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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by. We also received information from commissioners and safeguarding teams, from four health professionals that included speech and language specialists, tissue viability nurses, palliative care nurses.

We visited the home on 20 and 27 March 2015. Both visits were unannounced and the inspection team consisted of three inspectors 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 service.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. Two inspectors returned to the home some days later to observe how people with dementia were cared for and to further examine care records.

During our inspection we spoke with 20 people using the service, 10 visitors, seven care staff and the deputy manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for seven people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told of feeling safe living at Parkview Nursing Home, and of being able to raise concerns if they had any with a member of staff. Relatives told of their confidence in the services and felt "the staff team acted in a manner" that kept people safe. Staff demonstrated a good understanding of how to keep people safe within the service and knew what to do if there were any safeguarding concerns. We saw examples of positive action taken by staff to respond promptly to incidents and allegations of abuse. On an occasion recently they alerted the relevant authorities when there were concerns identified about how a person's finances were managed, a staff member told us of remaining vigilant. Training on safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. Information and contact details for the local safeguarding adults' team were displayed on the communal noticeboard for easy reference.

Staff were knowledgeable about individual's needs and interacted with them positively, they knew how people who were unable to talk communicated, such as relevant body language. Some of the people at the service were living with dementia. We observed staff positively supporting people when their behaviour challenged the service. Staff were guided by information within people's care records; this included individual information on issues that could trigger the behaviour episodes. there was information too to help staff manage this appropriately. One staff member told us they had benefited from training on managing challenging situations.

People who used the service were supported to make choices and take risks. We saw a number of people walking freely around the spacious corridors using the handrails and walking aids. Systems were in place that protected people against the risks of receiving care or treatment that was inappropriate or unsafe. Care plans contained assessments of a range of risk factors associated with each person, and how to manage them appropriately. One person's records had recorded they were at risk of developing pressure sores and also of poor nutrition. They had pressure relieving equipment provided and an electric mattress was checked daily to ensure they were fully functioning. The person had seen the dietician and the GP.

Records of events and of care given confirmed staff were following the recommendations made by health professionals. We saw that staff had appropriate management plans in place to manage risks when transferring a person. For example, the care records for two people had guidance for staff on how to transfer the person safely, to always use the hoist provided and correct sling, and that two staff were needed to do this. We observed staff performing this task and we saw staff members reassured the person as they were being transferred and checked afterwards on their wellbeing.

We saw that staff monitored closely people's skin integrity. They identified people at risk of developing pressure sores using risk assessment tools such as Waterlows. Staff had informed CQC about a person who returned from hospital stay with broken skin, and also contacted the tissue viability nurse. In the interim they had completed a body map assessment, pressure relieving equipment was put in place and staff completed a turning regime. We spoke to a tissue viability nurse who confirmed staff at the home followed the recommendations they made to help promote tissue viability. Wound progress charts were reviewed regularly and contained a lot of detail include type/batch number of dressing and when healed. Turning charts were monitored to ensure turning regimes were completed. The service followed safe recruitment practices. We examined recruitment files for five staff members. Records we looked at demonstrated the staff employed were vetted fully before they were appointed. These robust recruitment procedures ensured only suitably skilled staff were employed.

There were sufficient numbers of suitable staff on duty to meet people's needs. We saw that care staff had the time they needed to care for people safely. People using the service, relatives and staff we spoke with felt there were enough staff available in the home at all times to meet people's needs. Staffing levels varied on each floor according to care and support needs. For example, there were two qualified nurses and five carers on the ground floor. The deputy manager advised us these numbers were needed as a large number of people required two staff members to move them safely.

People told us they received their prescribed medicines at the right times. We observed medicines were stored securely and administered by qualified nurses. Each person had a medicine profile which was up to date. Staff

Good

Is the service safe?

prompted medicine reviews by the GPs. There were individual medication administration records for people using the service. These contained their photograph, details of their GP, information about their health conditions and any allergies. The folder also included the names, signatures and initials of nursing staff qualified to administer medication, the home's medication policy and a list of homely remedies agreed and signed by a GP. The majority of medicines were administered to people using a monitored dosage system supplied by the pharmacist. Although the home had up to seven GPs involved in the medical care of people the service had a system for ordering new and repeat supplies of medicine which worked for the service. Protocols for 'as required' medicine were in place providing guidance to staff on the type of medicines to give and when people needed to receive them. Medicines such as insulin were stored in fridges as directed by the manufacturer. Medicine rounds did not interrupt meals. People's medicine records were up to date and accurate indicating that people were receiving their medicines as prescribed by health care professionals. The manager undertook medicine audits on a rotation system, the pharmacist also provided advice to staff on medicines prescribed.

Although the premises were not purpose built the provider had taken steps to adapt the premises and provide a suitable environment, which promoted the health and welfare of people using the service and of staff. We looked at records of the health and safety checks and fire drills undertaken at recommended intervals, these protocols helped to promote a safe environment. The home was clean, there was a slight malodour in one area on the ground floor when we first arrived, and a member of the domestic staff was using a heavy duty carpet shampooer which removed this unpleasant odour. We saw that equipment including hoisting equipment was serviced and maintained, and in good working order. This helped ensure staff had the necessary equipment to move people safely.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff were well trained and knew how to look after people correctly. One relative told us, "The staff here do the right thing. They are brilliant. They know what they're doing. They seem to be really well trained." A person visiting told us, "One of the most outstanding things about Parkview is the staff; you can guarantee they do their best always."

Staff told of receiving enough training to care for people and meet their needs. More recently appointed staff told us about the induction they had received when they first started working at the service and how it helped them support people. The induction included a period of shadowing a senior experienced staff member for a short period, plus practice observations, and all the mandatory training. After three months the staff member met with the manager to discuss their probationary period, their training and competencies. Staff had regular and frequent supervision which records confirmed. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported. They said there was good teamwork and staff cooperated with each other for the benefit of the people who lived at the service.

The service had a training programme in place for staff. Staff we spoke with told us they received regular support, supervision and appraisal sessions. The records we saw confirmed this. One staff member told us, "I like working here, I feel listened to and supported." Another staff member said, "Supervision and practice observations helps me to make sure I'm doing things right. I usually have five to six supervision sessions in a year." Staff also told us, and records confirmed they received extensive training that helped them to meet people's needs appropriately. Records showed they received training in mandatory areas, in addition subjects such as palliative care, dementia care, mental health in the elderly, and equality and diversity. The service had a training matrix which helped monitor staff training and address any gaps. The deputy manager told of a planned programme of training for 2015/16, this was made available to the staff team so that they could arrange to attend. Palliative care training in end of life care was facilitated by a hospice team and staff were assigned to attend this. However, a health professional told us staff were not always able to attend these sessions due to their work duties and commitments.

The deputy manager and area operations manager acknowledged there were some gaps in training that needed addressing, some of which were due to staff absences such as maternity leave. The operations manager had reported back to the provider the shortfalls to make sure they were addressed.

The service developed a four week menu programme, tailored according to dietary and cultural need, and the seasons. People spoke positively about the food and drink they were offered. One person said, "The food is good, I can choose what I eat as menus are based on our preferences." They added that if they didn't like what was on the menu staff offered alternatives. We saw this happen when a person was given an alternative lunch. We looked at information displayed to guide staff, sign in dining areas re food allergies – visitors were prompted to speak to staff about any food allergies/intolerances their relatives had.

We observed breakfast and lunch and saw the food looked appetising with plenty of choices available. The food was well presented, colourful and nutritious, catered for religious and cultural needs, good portion sizes. One person said food was to their liking, they liked to have sardines and rice several times a week. People said they really liked the food.. One person said "The food is usually very good and portions generous." Another person said, "There's enough fluid served for us during the day, and you have to get used to meal times."

Tables were set with appropriate cutlery and crockery and we observed good interaction between people and staff. Mealtimes were calm and an enjoyable experience. People who required assistance to eat were given the appropriate support to eat and drink at a suitable pace. Staff sat with people they assisted and used encouraging words to get their cooperation. We found that appropriate provision was made for people at risk of malnutrition.

Staff were trained to be vigilant and identify people at risk of poor nutrition; they referred them to the GP and dietician. We saw that Malnutrition Universal Screening Tool (MUST tools) and food and fluid charts were completed in people's care records in accordance with their plans. We also saw notes from visiting tissue viability

Good

Is the service effective?

nurses, and records of persons responding well to the treatment. An external health professional told us of improvements in care planning arrangements and that it contributed to improved outcomes for people. Some people were given food supplements as prescribed by their GP. We saw risks associated with dehydration were managed effectively. Staff encouraged fluids at frequent intervals and maintained accurate records about what people at risk of dehydration had drunk. We saw that monitoring processes helped ensure people were sufficiently hydrated, records showed when senior management visited they also made observations about how provision was made to prevent dehydration. People told us night staff would also make drinks for them on request.

Care records indicated people received effective observation and monitoring of their health care needs – referral to other health care professionals where appropriate e.g. physiotherapist, speech and language specialists, tissue viability nurses, dentist, chiropodist, community psychiatric nurse, optician. Psychogeriatrician. Staff told us that on GP carried out a regular weekly visit to their patients, (seven GPs provided medical care in the home) and if a person's health needs changed an additional request was made for a visit. We saw a record of this in care plans. We also saw people had access to appointments at the hospital for various health needs.

Staff received recent mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authorisation.

Staff understood the importance of the Mental Capacity Act 2005 and the impact of this. We spoke to staff about the operation of the Deprivation of Liberty Safeguards (DoLS) so check their understanding that people are not deprived of their liberty unlawfully. Staff demonstrated the recent training had been effective and they needed to refer to the local authority leads in specific instances. Where bed rails were agreed as necessary following risk assessments individual's consent was sought. In circumstances where the person was unable to consent agreement had been sought from relatives via a multidisciplinary meeting. The deputy manager was aware a number of people were restricted due to use of bed rails and key pads and showed us the new forms he was using to refer these to the local authority for a DoLS assessment. We saw that one person who was terminally ill was assessed not to have capacity to make their own decisions;. It was recorded a best interests meeting had taken place between the doctor and nearest relatives and nursing staff to discuss a 'Do Not Attempt to Resuscitate' decision. This meant that the MCA 2005 had been followed.

The premises were suitably equipped to care for people effectively. However, one staff member commented the beds needed to be updated and replaced; some were still the old foot pedal operated ones which were cumbersome for staff to operate.

Good

Is the service caring?

Our findings

People told us the staff were gentle, they were kind and caring in their approach. The observations we made over two days supported their views that staff knew how to respect people's privacy and dignity and followed professional codes of conduct. When carrying out tasks they explained to the person what they were doing, such as preparing to use the wheelchair or assist them with eating. One staff member said, "It is important to respect each person's choices and rights, explain things clearly to them and help them to be as independent as possible." One of the people we spoke with told us of needing much help with personal care issues. They said, "I find the staff here are very gentle, never rough or heavy handed. That makes such a difference when your bones are painful."

Staff displayed warmth, respect and patience. We observed where people had difficulty expressing themselves how staff listened carefully and made sure they understood what the person was saying. People were supported with choosing how they wished to be dressed, for example a staff member offered a person the choice of bright or dark clothing to wear, and helped them by advising it was warm and sunny outside. We observed numerous positive interactions of staff and people using the service, staff spending quality time engaging with them, talking, reassuring them about time and place, and about expected visitors. One person said, "The staff are kind and caring, they have time to chat, they are good friends." We observed staff treating people with dignity, wiping faces and hands after meals, hair grooming, and attention to promoting an individual's self-esteem by ensuring the person's clothing protected their modesty. A staff member told us, "I always treat people the way I would want to be treated. I speak to each person and explain what I'm doing. You can tell by their eyes or facial expression if they're happy."

Staff were speaking in a calming and caring way so as to reassure a person who was distressed. We saw staff ensured people's dignity was promoted by gentle persuasion on occasions so that people were dressed appropriately. Staff dealt well with a person who was diabetic, but did not understand they could not eat some of the desserts, staff acted appropriately by distracting the person from having too many desserts.

Staff were familiar with people's preferred names and introduced them to us as they wished. Staff respected confidentiality and had discreet conversations with people about private matters without other people listening to their conversations, staff made sure that doors were closed during personal care. One person told us, "The staff do draw curtains and shut the door when attending to me, the ladies provide the personal care, and I do prefer them." Staff told us that when people expressed a preference for same gender care staff they tried to accommodate this. We saw the person's preference had been recorded in the care plan. Another person told us, "We have no preference to male or female staff, all staff here respect your dignity needs, we don't mind who looks after us."

The home focused on delivering an individualised approach, staff had training to assist them to promote a person centred approach. People were involved in discussions about their care and care plans were developed with them and had been signed by people or their representatives. Staff practice we observed demonstrated that staff had a good understanding of caring for people with dementia.

A visitor at the home told us they had been involved in discussions with the staff and the GP regarding end of life care arrangements for their relative. They said, "I have witnessed the most amazing care for a relative who spent their final days at Parkview until recently, our dear relative was lovingly cared for. All the family members felt well supported, the staff were sensitive and competent in dealing with the situation."

A staff member we spoke with shared with us information on good end of life care and of the training they received, the person expressed how important it was to ensure the person was made comfortable in their final days and hours. Care plans we looked at had advanced care plans in place. Two had stated that if possible they did not want to die in hospital, but at the home. Some people had listed their funeral preferences and had chosen favourite hymns or readings. The end of life plans were signed by the person demonstrating their involvement in recording their choices. People receiving end of life care had access to GPs and other healthcare professionals to assist and advise. People had their spiritual care needs met. The home had strong ties with the local churches and, if requested ministers could visit and attend to people's spiritual needs. A number of people went to the local lunch club run at a local church.

Good

Is the service responsive?

Our findings

People were assessed prior to coming to live in the home so that the provider could be confident they could meet their needs, thus reducing the risk of inappropriate care. The needs assessments included medical and social care needs, conditions and history. They also included tissue viability (skin condition), mobility and eating. Care plans and care arrangements were developed from the assessments. Where additional needs were identified were identified, such as mobility, falls, and swallowing difficulties, referrals were made to relevant health professionals and specialist advice sought. We saw that a person's mobility had improved and they experienced fewer falls since admission. Staff reminded them to use their walking frames.

Staff had been trained in using a tool to assess people's level of pain so they could provide appropriate care and administer any pain relief as necessary. Care plans were reviewed each month or more frequently in response to changes in people's conditions and needs. Changes were discussed at meetings between staff so that they were informed.

All of the bedrooms had call bells. People told us how the service responded to their needs and of changing the care arrangements as needed to meet their needs. One person said, "I was fully involved in my care plan when I arrived and continue on with this since; the majority of staff are very able and do the right thing." Another person said, "Being here is great, I have better health, there is always a member staff available to respond to my needs and I get everything I need." We saw that people who were less able had call bells placed conveniently. Staff responded promptly when call bells were summoned, this was the view of people who used the service also. The service recognised that some people were prone to wandering into other's bedrooms which caused individuals upset. To help prevent this happening it was noted that 'people were more likely to wander' during staff handover when staff were otherwise engaged. Staff in response ensured people who had been identified 'at risk of wandering' were settled and made comfortable before handover.

Staff were made aware of changes to individual needs through thorough handovers and record keeping. Staff monitored closely people's wellbeing and took prompt and appropriate action in response. We saw that a person was having difficulty with her breathing, the GP was called and the person was prescribed treatment for a chest infection. One person told of the prompt action taken by staff when they had become unwell, they said, "A staff member noticed I was lethargic and off colour, my pain was not relieved by the prescribed painkillers. I was not responding to treatment. the service arranged for me to have an urgent admission to hospital where I was treated successfully for my condition."

The environment was conducive to evoking memories of the past for the age range of people at Parkview Nursing Home. There were pictures on walls in corridors and hallways of old films/film stars which had a meaning to people. There were also pictures of notable sports stars, one person told us, "I admired football greats and love to admire the picture on the wall of our Bobby Moore." People told us they felt they had enough to do and praised staff and activity co-ordinators. People were encouraged to select and read books from a collection of books at the home. Two activities coordinators were employed. We saw they offered a varied programme of activities, these included skittles, 'let's be social', board games, jigsaws, arts and crafts, reminiscing, church service. We observed that additional games such as word games provided stimulation to people with short term memory loss. People were helped to access the community and were able to access day trips to the park, museum; one person was supported to attend a recent wedding. Seven of the people went out to a local lunch club., and transport was arranged for this. We observed both activity co-ordinators in the lounge doing individual activities with people, such as exercises, and involving group work. We noted they were encouraged to do things for themselves; some were being helped to make Easter bonnets. Boards in lounges displayed the day and weather and were updated each day. We observed a staff member engage with a person and explain about the partial eclipse that was meant to happen that day.

Care plans were person centred and included 'this is me' page with details of information needed to effectively support the person including likes/dislikes, preferences, med history, what worries me and what makes this better, communication, mobility, my life so far, sleep, meds, eating and drinking. We saw that important information such as, "I like to be up early in the morning so I can be in the lounge

Good

Is the service responsive?

early to eat my breakfast." Staff we spoke with had a good understanding of people's needs and preferences and told us this was taken into account when discussing people's care needs at handovers.

Staff reported they felt care plans were detailed enough to enable them to provide effective care and support to people but acknowledged these could be improved as some had little information of past history. Staff had a good knowledge and understanding of peoples' support needs, no agency staff were used. In-house staff did additional shifts to cover absences. The service showed respect for individual's religious and cultural needs, they promoted equality and diversity in care arrangements, there was good knowledge among staff of people's religious needs such as Jewish, Methodist, and Catholic and of cultural practices.

Every quarter a meeting was held for people who lived at the service and their relatives. People were asked their opinions about the service and were always asked about the care, the menu, activities and the laundry service and suggestions for improvements. We noted in the minutes of a recent meeting that people said they were unhappy with laundry arrangements as the washing machines broke down frequently. The provider had responded and agreed to develop a new laundry facility and supply new washing machines. This had not been addressed at the time of our inspection. People were reminded at the meetings that they may make a complaint if they wished and we saw leaflets about the procedure on display. People's complaints were fully investigated and resolved, where possible, to their satisfaction. The deputy manager showed us the record of complaints about the service. We saw that complaints received by the service were responded to promptly. It was recorded what actions were taken to resolve the complaint made. People we spoke with had received a copy of the complaints procedure with their contract. They were aware they could complain and said they felt they could approach any of the staff and they would be listened to. We observed that visiting relatives were able to raise freely with senior staff any issues they had concerns about. One visitor told us of an incident they had raised with management. It had been dealt with in a professional manner and resolved to their satisfaction.

Good

Is the service well-led?

Our findings

People told us that a caring culture was fostered in the home, and staff we spoke with enjoyed working with their colleagues in the team. People using the service said the management seemed approachable and would sort out any issues, they all agreed there was clear leadership.

The majority of staff reported, "There is good teamwork"', "no gaps in communications and keep each other informed and updated", "There is an open, fair and transparent culture within the service." Staff reported that they felt that they worked well as a team and they all helped each other. Care staff said they felt valued and that their opinions mattered. They told us they found the manager was approachable and listened to their views and ideas for improvement. Staff expressed their pleasure in providing this and in the quality of care they provided to people. One person visiting said, "This is not the poshest home but what it has is the most wonderful caring staff team."

Staff spoken with were positive about the leadership of the service. One staff member said, "They understand the challenges we face and are supportive, and they encourage us to challenge and accept there will be differences." All staff spoken with felt able to raise concerns/ were aware of the whistle blowing policy and process. A staff member said, "The director and business managers are very approachable too."

Visitors spoke positively about the management of the home and told us they were always made welcome. We saw one visitor was provided with lunch and was able to share the mealtime with their elderly parent. A relative said, "I do know and see the manager and the management and I always get phone calls about mother's medical appointments." Another visiting relative said, "I do think it is run well here, there is an open door policy here, I think they seem to work well as a team."

The provider had a system to regularly assess and monitor the quality of service that people received. The provider had implemented internal audits to identify risks to the care and welfare of people using the service, which they reviewed and monitored on a monthly basis. The registered manager carried out regular audits to monitor the service. We saw the results were analysed and discussed at meetings. This allowed any identified patterns and trends to be addressed and the service improved. There was evidence these processes were effective in driving up the standard of care delivered. Two health professionals told of improvements seen and experienced in the service in the past twelve months, one of these related to record keeping. The member of staff in charge acknowledged this was still work in progress.

The provider undertook monthly visits to the home. They looked at all five domains and assessed people's experiences of the service, and they interviewed people using the service and staff, examined and audited records and observed practice. They wrote a report on their findings. During the provider visits they identified areas of shortfall for action and these were shared with management and action plans and progress were followed up on at the next visit. People were asked to complete surveys on the service and their views were considered. For example, we saw that a new floor covering was supplied recently on the stairway when it was reported by people the other floor covering was badly worn.

We looked at incident reports, in the past twelve months we saw that all notifiable incidents were reported in accordance with legislation. We saw that measures were put in place to minimise the risk of recurrence; all demonstrated analysis, were discussed with staff and follow up action was taken including notifying the person of the outcome.

Staff at the service worked with other organisations to make sure that local and national best practice standards were met. We saw the service worked together with other health professionals, they had worked with the facilitator from the hospice and attended relevant training and were accredited with the Gold Standard Framework for end of life care in the home.