

Rodwell Farm Nursing Home Limited

Rodwell Farm Nursing Home

Inspection report

Brox Lane
Row Town
Addlestone
Surrey
KT15 1HH

Tel: 01932853371

Website: www.rodwellfarm.co.uk

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21 January 2016

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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 13 and 21 January 2016.

Rodwell Farm Nursing Home provides accommodation, nursing and personal care for up to 46 older people, some of whom are living with dementia. There were 40 people living at the service at the time of our inspection. A new building was under construction at the time of our visit, which will replace the existing premises once completed. The provider planned for the new building to accommodate 72 people.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

There were enough staff deployed to keep people safe and to meet their needs promptly. People were supported by staff that had the skills and experience needed to provide effective care. Relatives told us that staff knew their family members' needs well and provided consistent care. Staff had induction training when they started work and access to ongoing training. Staff shared information about people's needs, which ensured they received their care in a consistent way.

The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

Risks to people had been assessed and measures implemented to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. People's medicines were managed safely. People were supported to stay healthy and to obtain treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were professional and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

The registered manager provided good leadership for the service and led by example in their values and approach to supporting people. People and their relatives had opportunities to give their views about the care they received and told us that the registered manager responded appropriately to any concerns they raised. Staff told us they had opportunities to express their views and raise any concerns they had. The provider had implemented an effective quality assurance system to ensure that key areas of the service were

monitored effectively. Records relating to people's care were accurate, up to date and stored appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the necessary skills and experience to provide effective care.

Staff were well supported in their roles and had access to regular supervision and appropriate training.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

Staff shared and communicated information about people's needs effectively.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported them.

The service had a family atmosphere that people and their relatives valued highly.

Staff worked hard to ensure that people were cared for in a homely and nurturing environment.

Staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this.

Staff treated people with respect and maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care and treatment they needed.

Care plans had been reviewed regularly to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and were committed to providing care in a way that reflected these.

People had opportunities to take part in a wide range of activities and events and their families were encouraged to attend.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided good support to staff and led by example in their behaviour and actions.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

Rodwell Farm 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 and in response to information of concern we had received. This inspection was planned to check whether the provider was 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.

The inspection took place on 13 and 21 January 2016. The first day of the inspection was unannounced and was carried out by one inspector and a specialist nursing advisor. The second day of the inspection was announced and was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We had not asked the provider to complete a Provider Information Return (PIR) as this inspection was brought forward due to the concerns we received. The PIR 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.

During the inspection we spoke with 15 people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with 11 staff, including the registered manager, registered nurse, care, activities and catering staff. We looked at the care records of six people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we received feedback by email from seven relatives. We also received feedback from the

Environmental Health Officer who visited the service to investigate the concerns raised about food hygiene.

The last inspection of the service took place on 30 October 2013 when no concerns were identified.

Is the service safe?

Our findings

The registered manager ensured that staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. The registered manager told us that safeguarding and whistle-blowing were discussed with staff at individual supervisions and team meetings. This was confirmed by the staff we spoke with during the inspection. One member of staff told us, "During our supervision the nurses always ask us if we know what to do if we witness something [of concern]." Another member of staff said, "We are given information about safeguarding and what we should do if we suspect abuse." Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

People told us they felt safe at the service and when staff were providing their care. They said that staff supported them in a way that maintained their comfort and dignity. One person said of the staff, "They always make sure I'm safe and comfortable" and another person told us, "The staff have time for you, they never rush." A third person said, "The staff always have time to talk and listen." Relatives told us that staff provided care to their family members in a safe way. They said staff were aware of any risks to their family members' safety and managed these appropriately. One relative told us, "He uses a walking frame and they know he is at high risk of falls. They keep him as safe as they can while promoting his independence."

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were available when they needed them and that staff attended promptly if they rang their call bells. One person told us, "They're here very quickly if I use the bell" and another person said, "I never worry when I need anything, I know the staff are never far away." Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. One relative told us, "There are always staff around if he needs anything."

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. Care staff told us that qualified nursing staff were available if they needed to raise any concerns about a person's health or welfare. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

Staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example staff evaluated the risks to people of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. The

provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. Some of the staff employed had been recruited from outside the UK. These staff were subject to the same recruitment procedures as UK staff but also had to provide a criminal record check from their country of origin and evidence of entitlement to work in the UK.

People's medicines were managed safely. Nursing staff made sure people understood what their medicines were for and regularly checked whether they required pain relief. One person told us, "The nurse talks to me about my tablets and asks if I need any extra for my back pain" and another person said, "I do not have to worry, I get my tablets at the right time. When my back plays up, I only need to ask for some pain killers and I always get them."

Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge they needed to provide effective support. People told us that staff knew them well and provided their care in the way they preferred. One person said, "Staff are very good and aware of what I need" and another person told us, "The staff all know my likes and dislikes." Relatives told us they were confident in the skills and abilities of the staff who cared for their family members. One relative said, "My wife is looked after very well. The carers are excellent" and another relative told us, "The team are well trained and there are signs of people in the home training employees."

Staff felt supported and valued and many staff had been employed for some years. Two thirds of the 47 staff employed at the time of our inspection had worked at the service for over three years. The low turnover of staff had had benefits for people who lived at the service. One relative told us, "It's a very stable staff team, which means the residents get consistent care." Another relative said, "I have been reassured by the care my sister has received at Rodwell. She has settled in well and is much happier and calmer than before. She feels part of a home where relatives and residents are encouraged to build a family relationship. The staff are lovely and my sister has many needs which they endeavour to fulfil."

Staff told us they were supported in their work and said they had access to the training they needed to do their jobs. They said they worked well as a team and that morale was good. One member of staff told us, "It's a good team here. We all support each other. Everyone is willing to help out." Another member of staff said, "It's a very supportive atmosphere. The staff are committed. We work very well as a team to make sure people get the care they need." The staff we spoke with were positive about their roles and committed to the values of the service, such as providing care in a person-centred way and treating people with dignity and respect.

All staff attended an induction when they started work, which included shadowing an experienced colleague. Staff said they had also familiarised themselves with people's care plans during their induction, which provided detailed guidance about how people preferred their care to be provided. Staff attended all elements of core training during their induction, including health and safety, moving and handling, safeguarding, infection control, fire safety and first aid. Staff also attended training in areas relevant to the needs of the people they cared for, such as dementia care, and the safe use of equipment involved in people's care, such as slings and hoists. The registered manager audited training records regularly to ensure that staff were up to date with the knowledge and skills they needed.

Staff told us they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. Staff also said the provider had supported them to undertake vocational qualifications in health and social care, such as the Quality Care Framework (QCF). The registered manager told us that, in future, staff would be supported to achieve the Care Certificate, which is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. Staff achieving the Care Certificate would demonstrate the provider's commitment to ensuring that people received consistent, high quality care.

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 make 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).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to have a balanced diet and were involved in choosing the menu. They said they enjoyed the food provided and could have alternatives to the menu if they wished. One person told us, "The food is always good. I can tell the staff if I do not like something and they will always find me something I do like." Another person said, "I can have my breakfast on my own every day in my room; a good start to the day."

Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "The food always looks delicious and mum has no problem with her appetite. It is home cooked and a lot of thought goes into it." Another relative told us, "The food is excellent and there is always a choice. The cook knows each resident's likes and preferences" and a third relative said of their family member, "He enjoys all the food provided and there is always plenty if he wants more."

The registered manager explained how the menu was planned to take account of people's wishes and preferences. The registered manager said, "We don't rotate the menu because the residents like variety. We always base it on their favourites and make sure people have plenty of options. We plan the menu with the residents' input. The kitchen assistant asks residents what they want to see on the menu for the next week."

We observed that mealtimes were an enjoyable experience for people. The atmosphere was relaxed and convivial and the cook made sure that people were happy with the meals they had chosen. Staff ensured that people who required assistance to eat and drink received this support, including where people chose to eat their meals in their bedrooms. Relatives told us they were able to join their family members for meals if they wished and that the quality of food was one of the reasons events held at the service were so popular.

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. The service had access to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input. The cook demonstrated a good knowledge of people's individual dietary needs, such as gluten free and soft diets, and had received guidance on the preparation of specialist diets.

People's healthcare needs were monitored effectively and people told us they were supported to make a medical appointment if they felt unwell. One person told us, "They always get a doctor in if I feel ill." Staff were able to explain the signs they looked for to indicate if someone was unwell and the action they would take if they noticed these. A registered nurse told us, "Any changes in mobility or reduction in appetite could be a sign that they are becoming ill. If this happens, we monitor the person and ask the GP to see them when they visit." A member of care staff told us, "We always observe the residents and if there is any change we report it to the nurse in charge."

Relatives told us they were confident that staff monitored their family members' health and obtained appropriate treatment when needed. One relative told us, "They keep a close eye on her and make sure she sees a doctor if she needs to." Another relative said, "There are regular visits from the GP and they will make sure mum sees her if she needs to."

Staff shared and communicated information about people's needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. The minutes of team meetings demonstrated that the registered manager used these meetings to discuss any changes in people's needs and to reinforce best practice in the provision of their care. Relatives told us that staff were always available to discuss their family members' health and well-being. One relative said, "The nurses all know mum so it's very easy to speak to them about her health needs" and another relative told us, "The manager and nurses are always available if one wants to discuss any aspect of care."

Is the service caring?

Our findings

People and their relatives told us that the caring nature of the staff was one of the strengths of the service. They praised the attitude and approach of staff and said the service had a family atmosphere that they valued highly. One person told us, "I'm very happy here. The staff are lovely. They look after me very well" and another person said, "The staff are brilliant. They are always friendly and helpful." A third person told us, "It's very good here; it suits me down to the ground. The staff are all very nice, they can't do enough for you."

Relatives told us the welcoming atmosphere in the service had been a major influence for them in choosing the service for their family members. One relative said, "I visited several homes but knew from the start it had to be Rodwell. It straightaway had that 'family' feel. I gave no warning of our visit but everyone was so kind and friendly. Everyone at Rodwell treated [family member] as if he were their own brother, son or dad. They loved him and the care he received was second to none." Another relative told us, "Rodwell is the friendliest home I could wish for. The residents and staff are all so happy. My husband never has any complaints. It was the best move ever moving my husband there and I could not be happier."

Relatives said that staff were kind and compassionate and had developed positive relationships with the people they cared for. One relative told us, "The carers make sure she is always comfortable and happy. They are all so understanding. I thank [registered manager] and the carers for their care in looking after her. I am happy with their effort." Another relative said, "I am more than happy with the care my mother receives. Staff are kind and compassionate to the residents and the home has a calm and warm feeling. Visitors are always greeted with a 'hello' and a smile and an offer of a drink as soon as you arrive." A third relative told us, "I am very happy with the care that my mother is receiving at the home. The staff are kind and caring and very hospitable whenever one visits."

Relatives told us that staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. One relative said, "The team recognise that they need to allow him to 'do his own thing' and they try to." Another relative told us, "They know she likes to do certain things for herself and they support her to do this." We observed during our inspection that staff encouraged people to do things for themselves where possible to promote their independence. They supported people to make decisions about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. People told us that staff knew their preferences about their daily routines and respected these choices.

Relatives said that staff always supported people to look their best, which was good for their self-esteem. One relative told us, "They make sure she is always well presented, with her favourite jewellery on. She has always taken a pride in her appearance and looking her best is important to her." Another relative said of their family member, "He is always washed and dressed nicely, with colour co-ordinated clothes where they can. His skin looked after and he is always clean shaven."

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them, making

conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support. When one person became distressed, staff expressed genuine compassion and provided emotional support and comfort.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. Where care needs had been identified through the assessment process, these were recorded in people's care plans. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence, mobility and pain management.

Care plans were person-centred and provided clear information for staff about how to provide care and support in the way each person preferred. Care plans were reviewed regularly to ensure that they continued to reflect people's needs. Relatives told us that they had been consulted about their family members care plans and that their input had been encouraged. One relative said, "A care plan was written for him when he moved in, which was discussed with us. There are care plan updates throughout the year which are sent to us to check that we are happy with, sign and return."

The provider had made good use of information technology to enable relatives to keep informed about their family members' welfare and to hear about events at the service. The service had a website and a Facebook page which publicised planned events and an online system which enabled relatives to log in and read their family members' daily care notes. Relatives told us they valued the ability to keep up to date about their family members' health and well-being. One relative said, "For me, access to the Resilink system is brilliant. I can log on to read the daily report on my mother and to see her care plan." Another relative told us, "Being able to access the daily care notes is very reassuring."

Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their needs and wishes. One member of staff told us, "We take into account the needs of each individual resident. We follow the care plans to make sure we are all working the same way when we support people." Another member of staff said, "People's likes and dislikes are important. They are written down in their care plans and we make sure we get to know them well." A third member of staff told us, "I like getting to know the history of the residents. It helps me with looking after them and gives me a chance to talk to them about their past."

The service provided a wide range of activities and events, which people and their relatives told us they valued highly. Two full-time and one part-time activity co-ordinators were employed, one of whom focused on spending time with people with dementia or those who benefited from one-to-one interaction. One relative told us, "The home provides exceptional activities for the residents and their families throughout the year. On Friday we enjoyed a Race Night which was well supported by staff, relatives and residents" and another relative said, "They are very good with events here. They really try hard to involve the families. There was a cocktail evening where everyone dressed up, it looked fantastic." A third relative told us, "Relatives are invited to events throughout the year and the events have been excellent. Due to his cognitive issues, [family member] is unable to take part in some of the activities, but the new activities person is wonderful with him and will try and include him."

The service also organised outings, such as trips to local shops, pubs, garden centres and churches, which people told us they enjoyed. Staff also supported relatives to take their family members out when they would be unable to do this unaccompanied. An activity co-ordinator told us, "Because of people's mobility issues, families often find it difficult to take them out when they visit so we provide staff where we can to help them." Activity co-ordinators told us that they also involved others in the activities programme where they could bring benefits to people, such as bringing in local museum staff to support reminiscence sessions and arranging visits from the charity Pets as Therapy.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. One person told us, "I know how to complain if something is not right" and a relative said, "I've never needed to complain but I would feel able to if necessary." We checked the complaints record and found that any complaints received had been investigated and responded to appropriately.

Is the service well-led?

Our findings

The registered manager provided good leadership for the service and led by example in their values and approach to supporting people. A member of staff told us, "The manager is very open. If you have a problem, you can go to her. She is a good leader. She acts in a way that you have respect for her." Another member of staff said, "She leads by example. She is always willing to pitch in."

Relatives told us the registered manager supported staff well and was committed to maintaining high standards of care. One relative said, "The home manager is professional, extremely knowledgeable and approachable. I like her management style. If there is a problem, she makes sure it's dealt with." Another relative told us, "The manager is very professional; firm but fair. She has been in her job for many years and knows how to manage her team. Some of the employees have worked there for many years with her as manager and I feel that shows the staff are happy there." A third relative said, "The staff seem to get good support. We were impressed with the manager when we visited. We could see it was well run."

The registered manager demonstrated a commitment to supporting staff and to ensuring high standards of care were maintained. The registered manager told us, "I'm passionate about the home and the care we give. I want to make sure we're providing care that I would be happy for one of my own relatives to receive. I work hands on alongside the care staff as much as I can and I try to set a good example in my own behaviour. I make sure I can do every job in this home; people seem to respect that. Staff know they can come to me if they have any problems, my door is always open. It's the same with residents and relatives." Staff told us the registered manager was approachable and encouraged them to raise any concerns they had. One member of staff told us, "The manager is very supportive. We have regular meetings with her and she always says her door is open if we need anything."

There was an open culture in which people, relatives and staff were encouraged to contribute to the improvement and development of the service. Relatives told us the registered manager was always willing to listen to their views and ensured that any concerns were addressed promptly. One relative said, "The home is well managed and the manager is always available to discuss any concerns or questions. Queries are answered in a timely matter" and another relative said, "The manager is very approachable and always listens to what I have to say. She will always answer any questions and reply to emails."

People and their relatives had opportunities to give their views about the care they received and these were acted upon. They said the registered manager and staff always listened to what they had to say and responded appropriately. The provider commissioned an independent organisation to distribute and collate satisfaction surveys twice each year. We found the results of the previous two surveys had highlighted the quality of care provided, the staff and the range of activities as positive aspects of the service. Where the surveys had identified areas for improvement, we found the registered manager had taken action to address these issues. For example some people commented that some staff had an inadequate command of English. In response to this feedback, the registered manager had introduced a language test as part of the recruitment process for prospective staff and provided access to English language training where this could benefit staff already employed.

The provider had implemented effective systems to monitor and improve the quality of the service. Regular site audits were carried out which checked key areas of service delivery, such as the quality of recording, complaints, safeguarding referrals, activities, food, accidents and incidents, pressure ulcer care and medicines management. A report of each audit was produced and where areas were identified for improvement, the registered manager was required to provide a written response detailing the action taken. For example we found that a recent audit had identified that the wishes of some people receiving end of life care had not been fully explored and recorded. The registered manager had set out the actions to be taken to address this issue and when they would be completed. There was also a service improvement plan in place, which was regularly monitored by the registered manager and the provider. The plan identified areas in which standards could be improved to achieve benefits for people living at the service and staff. For example the plan set out how supervisions and appraisals would be monitored to ensure that all staff were receiving these in a timely way.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.