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# Wild Acres 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 13 December 2016 and was unannounced. Wild Acres Care Home is a residential care home for older people some of whom live with some degree of dementia. The home is a single storey building with some bedrooms having ensuite facilities. It can provide accommodation and personal care for up to twenty six people at any one time. On the day of the inspection twenty six people were using the service with one person in hospital.

At the time of the inspection 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 2008 and associated Regulations about how the service is run.

The provider completed thorough recruitment checks for potential members of staff. Maintenance and checks of the property and equipment were carried out promptly and within required timescales. Checks on fire alarms and emergency lighting had been completed in accordance with the provider's policy and manufacturer's instructions.

There was a system to ensure people received their medicines safely and appropriately. The quality of the service was monitored by the registered manager and the provider through gaining regular feedback from people and their representatives and auditing of the care provided. The provider had plans in place to deal with emergencies that may arise.

People who use the service were able to give their views about the quality of the care provided. Relatives, community professionals and local authority representatives told us they were very happy with the service they received from Wild Acres Care Home and felt that people were safe in the home. The service had systems in place to manage risks to both people and staff. Staff had good awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People were treated with kindness, dignity and respect. They were involved in decisions about their care as far as they were able and relatives/representatives told us they had been asked for their views on the service for particular individuals. People's care and support needs were reviewed regularly. The registered manager ensured that up to date information was communicated promptly to staff through a range of regular meetings and supervision.

Staff felt very well supported by the registered manager and deputy manager and said they were listened to if they raised concerns and any required action was taken without delay. We found an open and positive culture in the service and staff were comfortable to approach the registered manager or any member of the management team for advice and guidance.

Staff understood their responsibilities in relation to gaining consent before providing support and care. People's right to make decisions was protected. New staff received an induction and training in core topics.

## 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 is safe.

Recruitment procedures were robust and protected people.

Testing of fire equipment was carried out in accordance with policy and essential maintenance of the property was completed promptly.

There were risk assessments for the property and equipment in place.

There were sufficient, suitably skilled and experienced staff to meet people's needs. Individual risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

### Is the service effective?

Good ●

The service is effective.

People were supported by staff who received relevant training and updates to enable them to meet their needs. Staff met regularly with their line manager and each other for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent and mental capacity.

People were supported to be healthy and have enough to eat and drink in order to maintain a balanced diet.

### Is the service caring?

Good ●

The service is caring.

We observed and we were told that people were treated with kindness and respect. People were encouraged and supported

to maintain their independence as far as possible.

People's privacy and dignity were maintained and they were involved in their care. Staff knew people's individual needs and preferences well.

### Is the service responsive?

Good ●

The service is responsive.

People's needs were assessed regularly. They and their relatives, where appropriate, were involved in planning their care.

People were offered choices and their decision was respected. People were supported in ways which took account of their wishes and preferences.

Information on how to make a complaint or raise a concern was readily available.

### Is the service well-led?

Good ●

The service is well-led.

There was an open and inclusive culture in the service. People responded well to the registered manager and management team. Staff and relatives told us they found the registered manager approachable and said she listened to them.

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had opportunities to maintain links with the community.

# Wild Acres 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.

The inspection was carried out by one inspector on 13 December 2016. The visit was unannounced and was a comprehensive inspection. At our last inspection in June 2014 we found that the service was meeting all the standards we reviewed.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). A PIR is a form we ask the provider to complete with information about the service and any improvements they plan to make. We looked at the PIR and all the information we held about the service. Before the inspection we contacted sixteen health and social care professionals including local authority care commissioners to obtain feedback from them about the service. We received four responses. We checked notifications we had received. Notifications are sent to the Care Quality Commission by the service to inform us of important events that relate to the service.

During the inspection we spoke with four members of staff in private, and in addition spoke with the registered manager, deputy manager and the provider. We also spoke briefly with an additional three members of the care staff throughout the course of the visit and provided all staff on duty with the opportunity to speak with the inspector in private. In addition, we spoke with one of the kitchen assistants, the maintenance man, the operations director and the person responsible for recruitment for the provider. We were able to meet in private with a visiting district nurse familiar with the home and the GP responsible for the health care needs of residents and who visited the home on a weekly basis. We spoke in private with three people and three relatives about the quality of the service that was provided. We observed staff supporting people throughout the course of the inspection and spent time observing the lunchtime period and activities.

We reviewed the care plans and associated records for four people receiving a service. We examined a sample of other records relating to the management of the service including staff training, health and safety,

complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for three of the most recently employed care staff members.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. A local authority commissioner told us, "I can confirm that I am happy to recommend Wild Acres. I and Wokingham Borough Council as an organisation have no concerns, and that feedback I have had from family members and practitioners is always positive." Another visiting professional told us, "The residents are treated with the utmost respect and dignity within an extremely safe environment." Three relatives told us they felt confident their family member was safe when using the service.

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns was readily available to all staff. Staff were aware of the company's whistle blowing procedure and knew how to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. Incidents were reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations. All concerns were discussed and acted upon without delay and appropriate action was taken including informing relevant personnel. The local authority safeguarding lead told us that there were no current concerns with the safety of people at the home.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. We saw that the recorded information was detailed and staff told us there was sufficient information for them to ensure they kept people safe. The risk assessments were personalised and fed into people's support plans to ensure support was provided in a safe manner.

Written risk assessments relating to the health and safety of the service and the premises were detailed and well ordered. We saw that there were controls in place such as radiator covers and window restrictors. Regular checks were carried out to test the safety of such things as water temperature, legionella, gas appliances and electrical equipment. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. An up to date fire risk assessment for the buildings was in place. Walk through fire drills were conducted twice each year and involved all staff on a rotating basis. A food safety inspection was undertaken by the environmental health department in May 2016. A maximum five score rating (very good) was awarded as a result of that inspection.

Recruitment practices helped to ensure people were supported by staff who were of appropriate character. We looked at the recruitment records for the last three appointed care staff members. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment and gaps in employment history were explained. Application forms were fully completed and notes from interviews were kept and



formed the basis for future supervision and training needs.

Staffing levels were dependent upon the needs of individuals being supported at any given time and were flexible. A care hour's calculation tool was used to establish staffing levels based upon the dependency needs of people and this was last updated on 8 December 2016. The registered manager was able to use additional staff if the needs of people changed through illness or when particular events had been arranged. The current ratio was for deployment of a minimum of four and frequently five care staff, including a senior during the morning and four care staff including a senior for the afternoon and evening shifts. There were two waking night staff carers covering the night time period. Most people, relatives and staff thought that the staffing levels were adequate but there was a feeling for some that the home would benefit from additional staffing particularly during the morning hours when people required more assistance. We did not find evidence to suggest that the staffing levels were unsafe.

Five care staff had taken maternity leave over the previous 12 months which had resulted in considerable challenges to cover the staff rota. Any gaps in the rota were generally covered by staff working additional hours, and this had significantly reduced the need for agency staff. A few permanent staff worked long day shifts, however, this was voluntary. The determined staffing levels ensured people's needs were met promptly in line with their support plans. We were told by the registered manager that staff numbers were now close to the required ratio but recruitment was still on-going to ensure adequate staffing to cover absences and holidays etc.

People's medicines were stored and administered safely and staff had received training in the safe management of medicines. Staff who were involved in medicines management had their practical competency tested. The provider had a clear medicines policy and procedure. Medicines were stored in a locked cabinet located in a designated area. Each person had been assessed to ensure the support they required with their medicines was individual to them. Medication records were sufficiently detailed and provided information on how each person liked or needed their medicine to be administered. Each person's medicines file contained a recent photograph of them and information about the specific medicines they had been prescribed. We were told that two people self-medicated and they each had locked cabinets in their rooms and risk assessments were in place.

The lead senior carer conducted a monthly audit of the medication arrangements. We were told that this process had reduced the number of medicines errors which over the last 12 months constituted only very occasional missing signatures. We observed part of the lunchtime medicines administration round which was conducted calmly and according to well understood procedures.

All accidents and incidents were recorded by staff before being reviewed and investigated, if necessary, by the registered manager. Analysis of incidents was discussed with the staff team to identify actions to reduce them in the future and these were recorded as part of risk assessment and audit reviews. The provider had a business continuity plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities.

There were clear infection control procedures in place. There was a dedicated housekeeping team who worked to a specified schedule. The schedule included detailed frequencies for areas to be cleaned for bedroom, bathroom and the communal areas. Overall the home was well ordered, clean and with no evidence of unpleasant odours. We saw and were told that there were always sufficient supplies of aprons, gloves and protective goggles and that staff wore them when required. We received a range of comments from people and their relatives including, "It's very clean and always kept clean." One person did say that they thought the cleaning was a bit 'slap dash' on occasions and we did see that the motor for raising their

bed did have some minor dust on it. We did not see any other evidence to suggest the cleaning was in anyway inadequate.

## Is the service effective?

### Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and the provider. Staff knew people well and understood their needs and preferences. A relative told us, "This is a lovely home. The care staff are caring and thoughtful." Staff sought people's consent before they supported them and discussed activities with them. A local authority representative told us, "Health and social needs are addressed as a matter of urgency."

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Training was refreshed for staff regularly and further training was available to help them progress and develop. Staff told us the training opportunities were very good and the management support was high. The oversight of staff training was the responsibility of the registered manager and the deputy manager respectively. We were provided with the training records for all staff which recorded all the training individual staff had undertaken and where updates were required. The organisation had a clear career progression pathway for care staff which included support to attain recognised health and social care qualifications.

Individual meetings were held between staff and their line manager on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings and from general observations, guidance was provided in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Staff told us that these meetings and general feedback was useful and supportive. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were told and observed that there was an open door to the registered manager. Staff spoke very highly of the registered manager and the deputy manager and together with the positive ethos in the home they were happy within their roles. They described a supportive atmosphere where members of the management team and more experienced colleagues could always be approached to seek advice and guidance.

Staff meetings were held regularly for different staff groups. These were designed to provide opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. In addition, there were opportunities for staff to contribute and express their views and ideas at any time. The registered manager and documentation seen confirmed that 'mini' meetings were held covering specific topics or to impart particular information to staff which was important. An example was when staff were reminded of the policy about not using personal mobile phones whilst on duty. Staff told us they felt listened to at the meetings and found them helpful.

People's rights under the Mental Capacity Act 2005 (MCA) were fully understood by the management and staff team. 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 the least restrictive option.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had considered at length whether referrals were relevant for each of the people living in the home. Appropriate DoLS applications had been made and were either authorised or awaiting assessment.

Staff had received Mental Capacity Act 2005 and DoLS training. When requested they were able to explain what a deprivation of liberty was and the action they would take if they were concerned that they had to deprive someone of their liberty. The registered manager and the management team had an excellent understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected.

Appropriate referrals were made to other health and well-being professionals such as GP's, healthcare consultants, dieticians, chiropodists and district nurses. We spoke to a district nurse who was visiting the home and had been involved with the service for at least 10 years. They told us that referrals were always appropriate and that the manager and staff provided good support for health care needs and were very good with carrying out instructions. People were supported to attend specialist appointments and regular check-ups such as health reviews, dentists and opticians appointments within and outside the home. Each person had their health and well-being needs recorded within their care plan. This included the history of people's health and current health needs. Records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation. We saw written feedback from a CPN which stated that care plans in the home including health needs were very clear and comprehensive.

People were offered good quality food which met their identified individual needs. Nutritional needs were assessed and any specific requirements were included in their care plans. The support of a dietician was sought as required. People ate in their own rooms or within the communal dining area, as they chose. Staff did encourage individuals to participate in communal dining in order to prevent isolation. However, they were respectful of people's choices. We observed during the lunchtime period that staff appropriately supported people to have their meal. Staff worked with people to ensure they had sufficient to eat and drink and according to their preferences. We saw that people were offered a glass of wine and additional or alternative food options. Each person's preferences, likes and dislikes were recorded in their care plan. There was a rolling menu plan which was reviewed on a seasonal basis. People were supported to be involved with menu planning and individuals told us that there were meetings where they were asked for feedback about the food and meal plans. Staff recorded and monitored people's diet and nutritional intake when they were at risk of insufficient sustenance and this was confirmed in discussion with the district nurse.

The chef and kitchen staff prepared meals seven days per week. The food provided was freshly prepared occasionally using pre-prepared pastry and/or similar products. We saw records which confirmed that regular temperature checks were undertaken on fridges and freezers. Despite records for detailing each person's preferences and/or allergies/dietary needs not being immediately available within the kitchen area during the inspection staff were sufficiently familiar with each person's needs and preferences to ensure their wishes were met. We were informed by the registered manager after the inspection that a folder was maintained within the kitchen area which detailed people's preferences, allergies and any specific dietary needs.

There were a range of ancillary staff in place to support care staff with daily duties such as laundry, changing of beds and general cleaning. There were also dedicated maintenance staff, a chef and kitchen assistants. This enabled care staff to concentrate on assisting and supporting people with their health, personal and social care needs.

Some bedrooms had an en-suite fitted and all were personalised by the occupants with furniture and personal effects if they chose. People we spoke to were happy with their rooms. We were told that when a room became available it was subject to refurbishment ready for the next occupant. There was a range of assisted bathing facilities available. Maintenance issues could be raised by any member of the staff team at any time. One of the two general maintenance staff employed by the provider was readily available to address urgent and/or general issues. A bank of qualified trade's people was maintained and could be called upon if the expertise required for a particular issue was outside the scope of the employed staff.

## Is the service caring?

### Our findings

On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the registered manager and supporting staff. People told us that they liked living in the service. People were supported by care staff who were committed to their well-being and were kind and patient. We saw that staff explained to people what they were doing and why and asked for their permission before they undertook any task. People responded to staff's gentle approach and were comfortable to communicate their feelings. We received feedback from a relative who told us, "The staff genuinely care about the residents – I am very happy that (my relative) is living in Wild Acres", and, "Staff are lovely here and they are very cheerful and courteous." Another said, "I cannot fault the care, in fact my mother looks ten years younger than when she moved in". Yet another said, "I have no complaints about any of the staff at all. They are always welcoming and people are happy living here." A visiting GP told us that the standard of care was very good and went on to say, "I just wish they could take more people, I know they have a waiting list".

Staff had detailed knowledge of the people using the service. They knew what people liked to do, the type of thing that may upset them or help them to feel content. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through handover meetings, informal discussion with other team members and reading the handover book at the start of every shift. Feedback from staff about the service, the care provided and the support that people received was very positive.

People were supported to maintain their independence as far as possible. Staff encouraged people to make choices and take part in activities such as music, singing and religious ceremonies. The service ran a key worker system where individual staff were responsible for various aspects of people's care such as health appointments and supply of essential items such as toiletries. We were told by senior staff that people were very much involved with choosing which key workers would support and work with them. Individual care plans gave staff guidance on how to promote people's independence and choice. Support was offered in a calm and patient manner. Staff always asked people for their opinion and offered choice and help when required. People were as involved in the care planning and review process as they were able to be and their involvement was recorded in daily notes. With people's consent their families or others who could represent them, were kept informed of how they were progressing. This was confirmed during discussions with relatives and through other forms of feedback received and seen. Families and representatives were invited to reviews of the care if people wanted them to be there and if it was appropriate.

Staff maintained and promoted people's privacy and dignity at all times. Staff received training in privacy and dignity issues and were able to describe what action they took to make sure that people were respected. They also told us how they encouraged people to maintain their own privacy. Everyone in the home was dressed in their own clothing which had been laundered well. One person told us that the laundry was very efficient and respected people's clothes by laundering them appropriately and according to labelling instructions. Another person said that clothes weren't always pressed to the standard that she liked. However, we did not receive any other comments of a negative nature.

People's diversity was respected as part of the strong culture of individualised care. Care plans gave detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Care plans included people's life choices and preferred occupational activities. Some people told us they liked to read or watch the television, while others told us they like to join in with the daily organised activities. People told us that they were treated with kindness and respect.

Where appropriate people had 'Do not resuscitate' forms in place and documented end of life wishes. A visiting minister in answer to the question of whether they were appropriately informed and involved said, "Yes we are, especially when residents ask for a priest when they are close to death."

## Is the service responsive?

### Our findings

The service offered people person centred care and was committed to improving this approach at every opportunity. Staff were trained and guided to provide person centred care and people's care plans were individualised and focussed on them. We were told by the registered manager that regular reviews of care plans which entailed constructive feedback for staff had resulted in improvements in the standard and quality of recording. Information in care plans included people's daily routines, their preferences and how to support their emotional needs. It was clear if a person could do things independently or if they required support. We were told by care staff that guidance tasks within individual care plans was always followed. The skills and training staff needed to offer the required support was noted and provided, as necessary.

Each person had their needs assessed to capture relevant information prior to moving into the home. The registered manager and/or deputy manager usually undertook the initial assessments whether they involved visits to people's homes or hospital. A formal review of the care provided was held at least once a year and if people's care needs changed. We were told by the registered manager and others that the home went to great lengths to provide person centred care. People's interests, hobbies and previous experiences were recorded as they became known. This helped to ensure that care was provided which was individual to each person. We saw an example of where someone had been supported to make contact with an organisation associated with their previous experiences which had provided them with a sense of pride. People were provided with a range of information when they moved into the home which explained some of the procedures and what they could expect with regard to their care.

Care plans were reviewed regularly by the registered manager and deputy manager and took account of the daily notes written during the month and any changes in needs. The registered manager had introduced a system of audits of daily notes which had enhanced understanding and standards. Additional reviews took place if people's needs changed whether in the short or long term. We saw that there were a number of forms used to record areas such as communication, mobility, emotional wellbeing, tissue viability and behaviour if relevant for each individual. Feedback from visiting professionals told us that they are always informed of changes and were kept up to date with any developments.

People were offered a variety of activities and supported to participate in those they enjoyed. All activities and events were clearly advertised in posters displayed throughout the home and were featured in a regular newsletter. There were two part time activities co-ordinators who supported and encouraged people to participate in a range of individual and group activities both inside and outside the home. There were regular coffee mornings for social chats, exercise sessions and a variety of regular outings to garden centres, local schools and a boat trip. All birthdays and significant events such as Royal commemorations and religious festivals involved celebrations and parties. The home used regular volunteers to sit and chat with people and/or to get involved with activities. Entertainment was brought into the home such as music and dancing and singing sessions. People told us that there was always plenty to do. The home used a regular hairdresser and members of the clergy visited the home on a routine basis.

People, their families, friends or advocates were able to complain if they wanted to. The service's complaints



policy and procedure was produced in an easily accessible format. Staff were aware that some people were unable to make a formal complaint without assistance and were able to describe how people would let them know if they were not happy. The service had not received any formal complaints during the previous 12 months. However, there were numerous examples of the action taken in response to people's concerns or comments. In addition, the home captured compliments from quality assurance processes which included people, relatives and visiting professionals. We also saw examples of very positive feedback which had been published on a dedicated care home website.

## Is the service well-led?

### Our findings

Staff described the registered manager and the management team as, "Always approachable and very supportive." And, "The manager is wonderful." They told us that the registered manager made them feel valued and an important part of the staff team. The registered manager was described as, "Highly organised." And, "She is on to everything straight away." A relative told us that the registered manager was, "Absolutely lovely. Very caring and deals with issues straightaway." Another said, "She is very professional." Staff said they and the registered manager were committed to giving people the best possible care and experiences. Staff described the culture of the service as open and positive. A visiting professional told us, "The management is readily approachable and has the best interests of the residents at heart." A local authority representative told us, "We have no concerns about this service."

Staff were aware of their responsibilities and understood how they related to the wider team. There were clear lines of accountability and duties and responsibilities for each post and individual post holders were well-defined and documented. Staff informed us the registered manager or senior staff were always available to provide guidance and advice when required. Throughout the course of the inspection the registered manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. Staff confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

The registered manager told us that the quality of care provided was regarded as crucial to ensure that people's well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People told us that they were well cared for and that staff were knowledgeable about their needs and interests. The organisation had a reward approach to loyalty and performance for managers which was described by the provider.

There were meetings held for relatives which had a supportive element. This included support for bereaved relatives that included invitations to events and the sending of Christmas cards. We were told by the registered manager that some bereaved relatives had become volunteers who would assist with outings or other activities. There was an opportunity for information exchange at these meetings when the registered manager would provide updates on any forthcoming plans for the home whilst seeking feedback from the attendees.

The registered manager and the management team conducted an extensive range of audits including monthly medication and weekly care related reviews. Monitoring of significant events such as accidents and incidents was undertaken regularly by the registered manager which was overseen by the operations director. This was in order to identify any trends or patterns so that action to prevent reoccurrence could be taken without delay by the registered manager who was accountable for all actions and any learning for the staff team. Infection control systems were monitored regularly to ensure that all procedures were being adhered to. Other internal audits undertaken and seen included daily records, complaints and falls. The operations director visited the home frequently to review the care and to support the registered manager.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist district nursing health team, local authority representatives and GP's. One community nurse said of the manager, "She always gives clear direction to staff and is very responsive to instructions such as turn charts." A member of the local authority team indicated that there were very few notifications of incidents and that the service was well managed.

The service/registered manager was a member of the Berkshire Care Association and local authority care service forum. The registered manager attended regular events and workshops covering a range of topics and was involved in providing talks on care home related issues. These memberships were designed to continually improve the quality of the care provided at the home and to share and receive good practice examples with other care service providers.

People, staff and stakeholder views were collected and listened to. A formal system for capturing people's feedback and views was also used in addition to the formal individual care review process. We saw some of the comments from the most recent exercise which overall were very positive. A visiting professional advised, "There are a vast array of activities on offer for residents and the home is very clean and tidy and has a very 'homely' feel to it. It is certainly one of the best home in the area."

People's needs were accurately reflected in detailed and up-to-date records which were improving all the time. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were detailed, accurate and up-to-date.