Broomgrove Trust(The)

Broomgrove Trust 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

Summary of findings

Overall summary

The inspection took place on 27 September 2016 and it was unannounced. The last inspection of this service took place on 21 June 2013 when no breaches of regulation were found.

Broomgrove Trust Nursing Home is operated by a registered charity which was established in 1964 to meet the needs of older people in Sheffield. Nursing care is provided by a team of nurses and care staff. The home provides care for those who have recently been in hospital and respite care for people whilst their family or carers take a holiday; it also offers a number of places for permanent care. Sheltered accommodation is provided in three flats situated within the service. End of life care is also provided. They can accommodate up to 40 people at the service.

The service had a registered manager in place. 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.

People were positive, along with their relatives and visitors about the care and facilities provided.

Health care professionals confirmed people received the care and support they required to maintain their health. They said staff acted upon their advice to promote people's wellbeing.

Staff understood they had a duty to protect people from harm and abuse. Staff knew how to report abuse and confirmed they would report any issues straight away. This helped to protect people.

People living at the service had their needs met by adequate numbers of trained and skilled staff. People told us they felt safe living at the service. Staff gained help and advice from relevant health care professionals which helped maintain people's wellbeing.

A physiotherapist and music therapist was provided at the service. Support was provided to help people gain their strength during respite stays so people were able to go back home. Some people chose to take a holiday at the service whilst their carers had a break.

There were good links in place with the local hospital and hospice. The service offered end of life care medicines required to help keep people comfortable along with the equipment needed to administer them.

Medicine systems in operation were robust. Any issues identified with medicines were quickly addressed to help to protect people's wellbeing.

People living at the service were provided with home cooked food. Their fluids and food intake was monitored to make sure their nutritional needs were maintained. People who required prompting or

support to eat were assisted by patient and attentive staff.

People's privacy and dignity was respected. People were involved in making their own decisions about their care and treatment. They made decisions about what they wanted to do and how they wanted to spend their time. Staff reworded questions or information to help people living with dementia to understand what was being said. This promoted people's independence and choice.

There was a complaints procedure in place. Complaints received were investigated and issues raised were dealt with.

People and their relatives were asked for their opinions about the service and their views were acted upon.

Regular audits of the service were undertaken which helped to monitor, maintain or improve the quality of service provided. A board of trustees supported the registered manager, they had health care backgrounds and promoted effective care within the service. The registered manager monitored the service and acted swiftly to correct any shortfalls which helped people to remain satisfied with the service they received.

The registered manager promoted good links within the community. They undertook talks at a local school about care of the elderly as well as writing a column for a local newspaper about the health and care sector.

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. Staff knew how to recognise the signs of potential abuse and understood how to report issues which helped to protect people.

People told us they felt safe living at the service. People were cared for by appropriate numbers of skilled staff.

Staff knew about the risks present with each person's health and wellbeing.

Recruitment processes in place were robust.

Effective medicines management was in place.

Is the service effective?

Good

The service was effective. Training was provided to maintain and develop the staff's skills.

Staff reported changes in people's conditions to relevant health care professionals and acted upon the advice given to maintain people's wellbeing.

People's mental capacity was assessed. People were not deprived of their liberty unlawfully which protected their rights.

People were provided with a nutritious and balanced diet, their dietary intake was monitored by staff to ensure people's nutritional needs were met.

The environment provided for people was well presented.

Is the service caring?

Good

The service was caring. People were treated with dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, dislikes, preferences and interests.

There was a welcoming and caring atmosphere within the

service. People enjoyed friendly banter with the staff. Staff listened to people and acted upon what they said.

Staff attended to people in a gentle and enabling way, whilst promoting their independence and choice.

Is the service responsive?

Good

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff reported changes in people's conditions to relevant health care professionals

The complaints procedure was available to people. Issues raised were investigated and people and their representatives were made aware of the outcome of their complaint.

Is the service well-led?

Good

The service was well-led. The home had a registered manager in place who promoted good standards of care and support.

The ethos of the service was positive; there was an open and transparent culture. Auditing took place which helped the registered manager monitor and improve the service provided to people.

People living at the service, their relatives and staff were all asked for their views and these were listened too and acted upon.

Broomgrove Trust 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 was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2016 and was unannounced. It was carried out by two adult social care inspectors.

Before undertaking this inspection we looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission (CQC) held to help inform us about the level of risk for this service. We contacted the local authority to gain their views and they gave positive feedback about this service. We reviewed all of this information to help us make a judgement.

During our visit we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served and observed part of a medicine round. We looked at the medicine management at the service. We looked at a variety of records; including three people's care records, risk assessments and medication administration records, (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance records, quality assurance documentation and complaints information. We also looked at staff rotas, staff training, supervision and appraisal records and the recruitment process in place.

We spoke with the registered manager and with three staff and the cook. We spoke with five people living at the service. We gained feedback from three relatives and visitors.

People told us their views about the service they received. We used general observation to understand the experiences of people living there. We use the Short Observational Framework for Inspection (SOFI) during

lunchtime to provide us with evidence that staff understood people's individual needs and preferences well, especially for those people living with dementia.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living at the service. They confirmed there were enough staff to meet their needs, in a timely way. One person said, "I do feel safe here. The nurses are very nice; they are knowledgeable and know what they are doing." Another person said, "There are enough staff."

Relatives confirmed their relations were safe and were well looked after. One relative said, "The home is brilliant and Mum is absolutely safe and well cared for. She is checked regularly," Another relative told us, "She is extremely safe living here." We saw positive comments about safety had been received in thank you cards, for example, one card said, '[Name] feels safer with all the lovely nurses and carers around her.'

We found that the registered provider had effective procedures in place for protecting people from abuse. Staff we spoke with confirmed they had undertaken training about this and were able to tell us about the different types of abuse that may occur. All the staff said they would report potential abuse straight away. Safeguarding policies and procedures were in place, including a whistleblowing (telling someone) policy. Staff told us about the action they would take to make sure people were protected from harm and abuse. A member of staff said, "I would report any safeguarding issue straight away."

Health care professionals we spoke with said they had never witnessed any abuse at the service. One said, "I have never seen anything which has concerned me." Another said, "Everything is good. I have not seen abuse. I would raise the issues. It is a good service, one of the best in Sheffield."

We looked at three people's care files. We found that risk assessments were present for potential risks to people's health and wellbeing. Individual risk assessments were in place for the risk of falls, choking, weight loss, or for the risk of developing skin damage due to immobility. We saw these were updated as people's needs changed. For example, a person had been seen by the speech and language therapy team (SALT) regarding their dietary needs, and a risk of choking. A special type of diet had been recommended and we saw this had been implemented to help to prevent choking and weight loss.

Specialist equipment was used by staff to help maintain people's safety. For example, we saw slide sheets (anti friction sheets used to help staff move people without causing skin damage) were used at the service, along with profiling beds and hoists. The need to use this type of equipment was assessed by relevant health care professionals and the nursing staff who made sure this equipment was in place to maintain people's health and safety.

The registered manager undertook regular audits of accidents and incidents that occurred. They told us they looked for any patterns and discussed the issues with the nursing staff, physiotherapist and relevant health care professionals or local falls prevention team. This helped to prevent further incidents from occurring. We spoke with external health care professionals who confirmed their advice was gained to help maintain people's safety.

There was a business continuity plan in place where issues such as power failure had been considered. Contact phone numbers for utility companies and local contractors were available for staff to use in the event of an emergency.

We saw that information was available for staff to refer to in the event of an emergency. This included information about the support and help people needed to receive in the event of a fire. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm system and staff confirmed they received fire training which helped them prepare for this type of emergency. During our inspection we noted the fire risk assessment needed updating, this was acted upon straight away and we received evidence to confirm this work had been complete following our inspection.

Systems were in place to maintain and monitor the safety of the premises. A secure door entry system was in place which helped to prevent unauthorised people gaining access to the home. This did not prevent people going out to the gardens. The registered manager undertook a general environment audit of all areas of the service. During our inspection we noted that six window restrictors in a communal area on the ground floor were not present. The registered manager authorized these to be fitted straight away and we received confirmation immediately after our inspection that this work had been completed. There was a laundry refurbishment underway, this work was due to be completed shortly. We saw a small area of plaster required renewing and re-painting, the registered manager was fully aware of this and this work was planned to take place to help maintain infection control.

Throughout the service we saw hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with personal protective equipment such as gloves and aprons which helped to maintain effective infection control. People we spoke with and their relatives told us the home was kept clean and there were never any unpleasant odours present.

We saw that the communal areas of the service were free from obstacles or trip hazards. Corridors and bedrooms were spacious so people could use their wheelchairs safely. Staff had the space required to use moving and handling equipment safely. There was level access to the front door, garden and patio areas so people who were unsteady on their feet or those requiring wheelchairs could get around safely.

The registered manager monitored the staffing levels provided to make sure they could meet people's needs. We saw from the staff rotas staffing levels were flexible. The senior sister confirmed staff rotas were created to make sure staff on duty that had the right skills to deliver the service people required. A member of staff said, "Staffing levels are closely monitored and changed in line with people's needs. For example, last month we had lots of people with high dependency needs and end of life care. We were very busy. This was discussed with the registered manager and staffing levels were increased." The staff rotas confirmed this. All the staff we spoke with confirmed there were enough staff provided to make sure people received help and support, in a timely way.

We inspected the medicine systems in operation at the service. We looked at how medicines were ordered, stored, administered and disposed of. A monitored dosage system was in place. Photographs of people were present in the medicine administration folder on people's medicine administration records (MAR's) and this helped the nursing staff to identify which person the medicines were prescribed for. Allergies to medicines were recorded on people's (MARs) which informed the staff and relevant health care professionals of any potential hazards to people's wellbeing. We observed part of a medicine round being undertaken at lunchtime. We saw the nurse was competent at undertaking this.

We checked the balance of some controlled medicines at the service and found these to be correct.

Medicines were stored securely. The temperature of the treatment room used for storing medicines was regularly monitored. There was a medication fridge in use for the cold storage of medicines, where this was necessary. Medicines were stored within the correct temperature range to make sure they remained effective.

The registered manager monitored how the nursing staff dealt with medicines. Nurses had their competency checked in regard to medicine management. We saw that corrective action was immediately taken by the registered manager when any medicine issue arose. This helped to ensure medicine practices remained robust at the service.

Effective recruitment processes were in place at the service. Potential staff had to complete application forms, undertake an interview and have a Disclosure and Barring Check (DBS) police check undertaken. Staff were not allowed to start work at the service without having their DBS result back or without having two suitable references in place. Any gaps in potential staffs employment history were discussed. This process helped to protect people from staff who may not be suitable to work in the care industry.

Good

Is the service effective?

Our findings

People we spoke with told us the staff and management team looked after them well and met their needs. One person told us, "I say if I need anything, the staff are all very helpful. The nurses are knowledgeable and know what they are doing. The food is good, it could not be any better. We have enough of it. You are always asked if you would like a cup of tea." Another person said, "Yes, there are enough staff. They are all very pleasant. They have the skills and have had training to look after me. The food is good. I enjoy it here."

Relatives confirmed their relations received effective support. One relative said, "All the care staff understand Mums needs. Mum has been seriously ill and eating very little but the quality of the meals is superb and no request is too much trouble, for example, to have an omelette or soup." Another relative told us, "Yes, I feel the staff are well trained. They interact well with the elderly. They are aware of their needs."

Health care professionals spoke positively about the staff. One said, "The care staff and nursing staff are skilled they are always very helpful and have had appropriate training."

During our inspection, we observed staff delivering care and support to people in the communal areas of the service. We saw staff understood people's needs, likes, dislikes and preferences and acted upon what people said.

The service had an in house trainer who provided essential training along with external trainers. Training occurred in house throughout the year and an external trainer provided a compulsory one day course each year for all staff to attend. Subjects covered included; moving and handling, safeguarding, fire safety and infection control, food hygiene, life support, death and dying, dysphagia, food hygiene and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with said the training was provided to maintain and develop their skills. A member of staff said, "I have completed the training. I have all my certificates." We saw that the nursing staff undertook re-validation, as required with the Nursing and Midwifery Council (NMC). (Re-validation is the process nurses have to complete to prove their nursing skills and knowledge remains current and to prove they remain fit to practice).

We saw staff received regular supervision and yearly appraisals took place. This allowed the staff and management team to discuss any performance issues and provide further support or training to develop the staff's skills.

The Mental Capacity Act 2005, (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We were informed that eight applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority, none had been granted.

We saw that where people had been assessed as lacking capacity to consent to their care and make their own decisions, best interest decisions were in place regarding their care options. Staff had completed MCA and DoLS training. This training was on-going and helped the staff to protect people's rights.

We observed how staff supported people to make their own decisions. Staff we spoke with described how they gave people choice; for example, about what they wanted to do, where they wanted to go, what to wear or what they would like to eat. Where people needed support, some relatives held power of attorney for health and wellbeing (Legal authority granted to protect people's rights). Local advocates were available to help raise their views.

People's nutritional needs were assessed on admission. Staff understood people's preferences, likes, dislikes and food allergies. We saw that advice was sought from health care professionals if people lost weight to help maintain their wellbeing.

We spoke with the chef about people's nutritional needs. There was information available in the kitchen about each person's individual dietary needs. The chef told us whatever people wanted to eat was provided. Fortified foods and special diets were catered for. Drinks and snacks were served throughout the day and supper was provided. We observed lunch in dining room. Tables were set with cloths and napkins. Special cups and beakers or plate guards were used to assist people to remain independent with eating and drinking. Lunch was a social occasion. The food served looked appetising and nutritious. Staff were present to encourage people to eat and drink, where this was necessary. They supported people in an unhurried manner with gentle prompting, different sized portions of food were provided. We saw food and drinks were available at any time to help meet people's dietary needs. People told us they choose where they wanted to eat, either in their bedrooms or in the dining room.

The service had a ground and first floor, a passenger lift was provided to help people gain access to the first floor. There was also a small stair lift on the first floor to help people gain access to a corridor, which had a few steps present. We saw profiling beds, pressure relieving equipment and hoists were in use for people who had been assessed as requiring this to help maintain their wellbeing. Signage was provided in the communal areas of the service to help people find their way around. Bedrooms were personalised and individual, some had kitchen and lounge areas, all were laid out as people wished to aid their independence. The service was well presented and homely.

There was a nurse call system in place so people could summon help, when required. The registered manager told us a new nurse call system was due to be fitted at the service later in the year. There were three flats at the service for people who required supported living. Gardens and a secure patio areas were provided and seating was present so people could enjoy the outside space.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were caring and said they were satisfied with the care and support they received. One person said, "The staff are very helpful; they are kind and really nice. I have been made very welcome and I have had a good stay." Another person said, "The staff are brilliant." We observed staff treated people with dignity and respect during our visit.

Visitors and relatives said people were cared for by caring, kind and compassionate staff. They confirmed they were able to visit at any time and were made welcome by the staff. We received the following comments, "They [The staff] are all very thoughtful and caring," and, "They have known [Name] for such a short period of time, but you would never know this, they, [The staff] know her well. The staff are sensitive, caring and compassionate."

Health care professionals we spoke with told us, "The staff are all very helpful, caring and kind," and "The staff are able to spend a lot of time with me and with people living at the service. The atmosphere is good. It is my favourite place to go."

The service received letters and cards about the care people had received. We looked at the comments recorded, for example one person had written; 'Just wanted to say a very big thank you for the wonderful care you gave Mum. It was an anxious time looking for a care home for Mum, but the minute we were shown round we knew it was the best she could have. You are all wonderful.'

The registered manager told us that the staff were caring and many of them had worked at the service for a number of years. We found there was a 'welcoming atmosphere' at the service. Staff we spoke with told us they were flexible and covered each other's holidays and sickness because they wanted to make sure continuity of care was provided to people. All the staff we spoke with told us they were very happy working at the service and told us they enjoyed working there.

We observed staff were attentive and kind, they acted swiftly to provide care and support to people in the communal areas of the service. For example, we saw staff from all departments constantly asked people as they went by if they were okay or if they needed anything.

People's care records gave detailed information to staff about how individuals wished to be cared for. They also provided details about people's behaviours or moods, which may indicate people needed attention or may feel unwell. Staff were aware of this information and supported people as individuals respecting their individuality and diversity. We saw staff attended to people in a gentle, enabling way, whilst promoting their independence and choice.

We observed that personal care was provided in bedrooms or in bathrooms behind closed doors to protect people's privacy and dignity. We observed staff were patient and kind when interacting with people or assisting them. People looked relaxed and happy in the company of staff. Friendly banter occurred between staff and some people living at the service, which created a relaxed atmosphere at the home. We saw staff

addressed people by their preferred name and knocked on their bedroom doors before entering, to respect their privacy.

We saw staff were able to spend time with people. Staff we spoke with told us they treated people as they would wish to be treated and took their time to listen to what people said. Where necessary, they knelt down to people's eye level or they increased their volume of speech, or reworded questions to aid effective communication.

There was a well-developed end of life service in place with strong links with the local hospital and hospice. The service had a licence to store end of life medicines and had their own syringe driver available for use, which meant people needing this intervention gained this swiftly, which helped to keep them comfortable. We saw positive comments had been received from relatives who had sent in thank you cards and letters about the end of life care provided at the service. Comments received included; 'Heartfelt thanks to you and your staff for the way [Name] was looked after at Broomgrove in her final days. [Name] was treated with great respect and dignity, for which we are grateful.' And, 'We couldn't have found a better nursing home in Sheffield. [Name] was made comfortable. We are very grateful for the attention and care given.' Staff we spoke with were pleased to be able to offer end of life care and told us how they took care to support people's relatives during this time.

Good

Is the service responsive?

Our findings

People who used the service told us staff responded to their needs and they said they were well looked after. One person said, "I am looked after here. I was in hospital and my grandson visited and looked round. The staff visited me in hospital to see if they could have me or not. I can walk down the stairs now and all round. My care records are at the end of the bed. I can look at these and the staff check on me. I have never had reason to complain, I would if I wanted too." Another person said, "They [the staff] came to see me in hospital to assess me. I could read my care records, staff go through these with me. The GP comes to see me." People we spoke with told us they had no complaints about the service they received. One person said, "If I had a complaint I would say, but I have never had one."

Relatives confirmed they were kept informed about their relations current and changing needs and told us they were invited to care reviews which helped people feel involved and kept them informed. We received the following comments from relatives; "The home's links with the medical practice is second to none and extremely reassuring for us," "The staff call the doctor when my relative needs them," "[Name's] health needs are always met promptly, her personal choices about her care are listened too. I am always consulted and always kept up to date," and "We have an excellent relationship with the staff."

Health care professionals we spoke with told us staff monitored people's health and acted upon any issues. One health care professional said, "The staff let me know if someone has bad feet and I get a phone call. I will come in to see them." Another said, "The nurses follow my instructions. Staff are ready to help me to help the service users. The notes are always there for me to write in. The manager is very approachable and knows people's needs; we chat about service user's and discuss any issues."

People had their needs assessed to make sure staff could support people effectively if they were admitted to the service. People and their relations were invited to visit and look round so they could see what was available to them and to ask questions. The registered manager and staff reviewed the information received from the person, their relatives, from hospital discharge letters or from relevant health care professionals to ensure people's needs could be met before they were offered a place at the service. Information was provided to people and to their relatives about what the service had to offer them which helped to inform all parties.

The service employed a physiotherapist. They assessed people to see if equipment was needed to aid people's mobility, health or safety. The physiotherapist helped to maintain and increase people's mobility and develop people's independence. On the day of our inspection we saw a chair aerobic session was undertaken by the physiotherapist. We saw this was well attended and appeared to be enjoyed by all who took part. Information about special equipment provided to assist people was shared with staff who were knowledgeable about the equipment people needed to use to maintain their safety and wellbeing.

A music therapist was employed at the service and they undertook music therapy with people on a one to one or group basis This helped people to express themselves. A relative told us, [Name] is excited by the music sessions offered."

The service had an arrangement in place with a local GP practice to hold weekly visits to people living at the service. This arrangement helped to provide firm links with the practice and ensured people's health was effectively monitored.

People had detailed, personalised care records in place. They contained their pre admission assessment information. Care plans were detailed and included people's goals and preferences for their care and support. Care records were regularly reviewed and they were updated as people's needs changed. They contained detailed medical and social backgrounds as well as information about people's daily routines which helped staff to treat people in a holistic way and respect their individuality. Information was present about people's likes, dislikes and preferences, specialist care and communication needs, which helped to inform the staff. We observed staff delivering care and support to people in the communal areas of the service. We saw staff knew how to communicate effectively with people. People who could not communicate and spent time in their rooms were checked upon regularly to make sure their needs were met.

Staff we spoke with told us how people worked towards achieving their goals, even if it took some time. The service provided rehabilitation and helped people to gain their strength so they were able to return home. Staff we spoke with said they were proud to be part of people's rehabilitation process and that it was good to see people improve and go home.

We observed there was a programme of activities in place and people watched television or listened to music. Some people joined in with chair aerobics, others took a walk in the garden. Events were planned; this included a royal visit, celebrations for Halloween and Bonfire night. The service had their own transport so people could go out locally. People were encouraged to visit family and family members were welcome to attend the service at any time and could stay for a meal with their relation, this included Christmas.

A complaints procedure was in place. We looked at the complaints that had been received. We saw any issues raised were investigated and resolved. The registered manager told us they asked people on a daily basis if things were alright for them, along with the staff. There was a comment box available so people could make suggestions at any time. This helped to ensure that people remained happy with the service they received.

Good

Is the service well-led?

Our findings

People we spoke with told us the service was run effectively by the registered manager. They confirmed they were happy living at the service and said their views were asked for. One person told us, "This morning the nurses asked for my views. The manager pop's in for a chat and listens to what I have to say. I go to resident and relatives meetings and get things off my chest. I speak with the manager before the meetings if I have anything to say, so issues are dealt with before the meetings." Another person said, "I am happy here. I go to all the meetings, if I am able too."

One relative told us they felt the service was well run and that they could attend the residents meetings, if they wished. They said they could speak with the staff or registered manager at any time if they needed to discuss anything or were worried, and confirmed their opinions were listened to and were acted upon by staff. Health care professionals we spoke with said the service was well managed and the registered manager was available to speak with. One health care professional said, "The manager is lovely, if I had any concerns I would contact them, they are available at any time."

Staff we spoke with confirmed they could go the registered manager or management team if they wanted to raise issues or speak with them. A member of staff said, "We can go to anyone in the management team." Another said, "We are able to raise our views. Any concerns and we speak with the registered manager, their door is always open. She is there if we need her. This is a good place to work." Staff we spoke with told us they understood the management structure in place. We saw there were up to date policies and procedures in place for staff to follow for advice and guidance.

Staff meetings were held so staff were kept informed. The minutes of staff meetings were available for staff who were unable to attend which helped to keep them informed. Staff also completed questionnaires about the service to give their feedback. Staff we spoke with told us they felt valued and supported.

The registered manager was 'on call' and was available to support the staff or people using the service. They told us they started work at seven in the morning so they were able to spend time with the night staff as well as the day staff. They also carried out unannounced night visits which helped the registered manager monitor the quality of the service provided. We observed that the registered manager had a good rapport with people and we saw there was a positive culture in place.

A senior sister provided support to the registered manager along with an administrator, human resources manager, team leaders and heads of departments. They helped to help monitor the quality of service provided. A Board of Trustees were in place, they all had experience in geriatric or end of life care and shared their knowledge, clinical guidance and practice. Regular board meetings were held along with management meetings. This helped maintain or improve the standard of service provided at the home.

We saw that meetings were held with people who used the service and their relatives. People were encouraged to raise their views. For example, we saw at the last meeting an issue had been raised about the type of fish being served for some meals. People did not like it so an alternative was sourced and tried

before it was placed on the menu.

A range of policies and procedures were in place covering issues such as; safeguarding vulnerable adults, infection control and person centred care. We found these reflected current good practice. An analysis of accidents and incidents and near miss reports was undertaken by the registered manager and this information was reviewed by the board of trustees. Action plans were put in place to help prevent further issues from occurring. For example, we saw action was taken if people fell, sensor mats were considered to help alert staff that people were out of bed, or a visit was undertaken by the GP, or a referral made to the Falls Team to gain help and advice. The registered manager told us they and all the staff worked closely with local health care professionals and the local authority to make sure the service provided met people's needs.

During our inspection we saw a range of audits were undertaken regularly, these covered care plans, medicines, medicine competency checks and observation of clinical practice for staff, sickness and absence, infection control, staff vacancies, agency usage, pressure damage reviews, complains and compliments and response times by staff to the nurse call system. The Care Quality Commission guidance and regulations were used in the auditing process. This helped to make sure regulations were not breached at the service. External audits took place, for example, the supplying pharmacist was about to undertake a review of medicine management at the service. We saw that clinical governance meetings were held regularly to discuss the performance of the service and any issues that had arose. Notifications were made when appropriate, to the Care Quality Commission to help keep us informed.

We saw that the local Clinical Commissioning Group (CCG) and local authority had inspected the service. We looked at this information. We saw that any shortfalls they had found, for example, the lack of a dignity champion at the service had been acted upon straight away. This demonstrated effective management and the desire by the management team to improve the service.

There were effective links with the local community. For example, the registered manager gave talks at a local school to pupils about health and social care. They also produced articles for a local newspaper to help educate the general public about the care sector.