Methodist Homes

Stones Place

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 5 February 2016 and was unannounced.

Stones Place is registered to provide accommodation for personal care for up to 42 older people. There were 38 people living at the service on the day of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment. One person at the time of our inspection had their freedom restricted under a DoLS authorisation.

People felt safe and were cared for by kind, caring and compassionate staff. People were kept safe. Staff undertook appropriate risk assessments for all aspects of their care and care plans were developed to support people's individual needs. Staff knew what action to take and who to report to if they were concerned about the safety and welfare of the people in their care. People received their prescribed medicine safely from staff that had the competency to do so.

People were cared for by staff that were supported to undertake training to improve their knowledge and skills to perform their roles and responsibilities. People were given a choice of nutritious and home cooked meals. There were plenty of hot and cold drinks and snacks available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP or dentist. Staff knew how to access specialist professional help when needed.

People and their relatives told us that staff were kind and caring and we saw examples of good care practice. People were always treated with dignity and respect and enabled to make decisions about their care and treatment and maintain their independence. People were at the centre of the caring process and staff acknowledged them as unique individuals. People were enabled by a designated activity coordinator and team of volunteers to maintain their hobbies and interests, and build strong links with the local community.

There were systems in place to support people and their relatives to make comments about the service or raise concerns about the care they received. People and their families told us that the registered manager and staff were approachable. Staff were supported by a visible and effective leadership team.
The registered provider had robust systems in place to monitor the quality of the service and make

improvements. Staff had access to professional development, supervision and feedback on their performance.

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 enough staff on duty to meet people's needs.

Staff followed correct procedures when administering medicine.

Staff had access to safeguarding policies and procedures and knew how to keep people safe.

Is the service effective?

Good

The service was effective

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were cared for by staff who had the knowledge and skills to carry out their roles and responsibilities.

People were supported to have enough to eat and drink and have a balanced diet.

Is the service caring?

Good

The service was caring

Staff had a good relationship with people and treated them with kindness and compassion.

People were treated with dignity and staff respected their choices, needs and preferences.

Is the service responsive?

Good

The service was responsive

People were at the heart of the service. They were enabled to take part in a range of innovative activities of their choosing that met their social needs and enhanced their wellbeing.

People's care was person centred and regularly assessed, planned and reviewed to meet their individual care needs.

A complaints policy and procedure was in place and people and their relatives knew how to complain. Complaints were addressed promptly and appropriately.

Is the service well-led?

Good

The service was well-led

The service had developed strong links with the local community.

The provider had completed regular quality checks to help ensure that people received appropriate and safe care.

There was an open and positive culture which focussed on people and staff.

People and their relatives found the registered manager approachable.

Stones Place

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 took place on 5 February 2016 and was unannounced. The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

During our inspection we spoke with the deputy manager, service administrator, four members of care staff, the cook, the activity coordinator, the volunteer coordinator and 11 people who lived at the service and 5 relatives. We also observed staff interacting with people in communal areas, providing care and support. We did not speak with the registered manager as they were on leave at the time of our inspection.

We looked at a range of records related to the running of and the quality of the service. These included three staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for six people and medicine administration records for seven people.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe here. They check up on me at night." Another person told us, "I have a dongle round my neck and can use it at any time. There are special ones by the door if you go outside, I usually remember to put one on." The relatives we spoke with told us that their loved ones were safe. One relative said, "[person's name] not been here long and we're getting positive feelings about the place. We feel [person's name] is safe here."
The provider had policies and procedures in place to support staff to prevent people from avoidable harm, potential abuse and help keep them safe. Staff told us that they had received training on how to keep people safe and how to recognise signs of abuse. In addition, staff knew how to share their concerns with the registered manager, the deputy manager and the local safeguarding authority. One staff member said, "If I thought someone was being abused I would speak to the person in charge and if they didn't do anything I would speak to the manager or head office." A senior member of care staff told us, "I wouldn't hesitate to report if there was a problem. It's too important not to."

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care such as nutrition, moving and handling and falls. Care plans were in place to enable staff to reduce the risk and maintain a person's safety. Therefore, staff responded to people's risk of harm appropriately. Risk assessments were also undertaken for external activities by the staff member responsible for the event, including bonfire night and trips out.

There were systems in place to support staff when the registered manager or their deputy was not on duty. Staff had access to contingency plans to be actioned in an emergency situation such as severe weather, to ensure that people received the care and support they needed and essential food and medicines were delivered.
We looked at three staff files and found that there were robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to a post. The same recruitment processes also applied to volunteers. We spoke with the volunteer coordinator who told us that 24 volunteers were currently in post. They explained that the benefits of having a strong volunteer team were that they took some of the pressure off staff with social interaction and helped at mealtimes.

Most people told us that there was enough staff to look after them. For example, one person told us, "I think there are enough people [staff]. There is always someone around at night." However, another person said, "Staff always try their best to oblige. At morning and evening, getting up and down it's very busy and they are pushed." We saw that each person had their care dependency levels assessed and a copy was kept in their care file. These dependency levels then informed the registered manager of how many staff with different skill levels were needed on each shift. The registered manager had recently reviewed staffing levels and had introduced two new shifts to support the times of the day when people had their greatest need for care.

We found that there were enough suitably trained, skilled and competent staff to deliver care to people to

keep them safe and care staff responded to call bells in a timely manner. The deputy manager explained that if a call bell was not answered within three minutes, that the tone changed to prompt staff to respond. People received their medicine from staff that were competent to administer medicines. We observed the lunchtime medicines round and found that the member of care staff asked people how they were and discussed any concerns they had. For example, one person said that their bowels had not opened for a couple of days and the staff member and the person discussed the options the person could take to relieve them. Several people told us that staff looked after their medicine for them. One person said, "They come in at night and give me a pill and put my eye drops in." Another person told us, "They come morning, lunch and night time, but if I want them at another time, they will sort it out."

We noted that appropriate safety checks were carried out and the medicine administration records (MAR) charts were completed once the person took their medicine. We saw that the staff member offered the person a drink and explained to people what their medicine was for. For example, they told one person that the doctor had prescribed their medicine to relieve their pain. We saw that the times people received their medicines were tailored to suit their needs. For example, one person took medicine to improve their mobility and took it at the times of day when they wanted to be most active.

We looked at MAR charts for seven people and found that medicines had been given consistently and there were no gaps in the MAR charts. Each MAR chart had a photograph of the person for identification purposes and any allergies and special instructions were recorded. Where a person did not receive their medicine a standard code was used to identify the reason, such as when a person was in hospital. In addition there were protocols for administering as required medicines, such as pain relieving medicine. We found where a person managed their own medicine that a risk assessment had been carried out and that they had a care plan to support their independence with taking their medicine. When a person had cream applied to their skin, they had a map of their body that identified the areas where the cream was to be applied.

We found that medicines were stored safely in the clinical room. There was a log for the receipt of new medicines and a record of the disposal of unwanted stock. Medicines that required refrigeration were stored in a locked fridge. The fridge and clinical room temperatures were recorded daily and noted to be within acceptable limits. Staff had access to guidance on the safe use of medicines, the medicines policy with guidance on t self-administration of medicines and individual medicine information sheets. To ensure that medicine discrepancies were identified and acted upon in a timely manner; a senior member of care staff undertook a random medicine count once a week.

Good

Is the service effective?

Our findings

The registered manager had identified staff with the skills and ability to train others. For example, the service administrator had the knowledge and skills to provide the majority of staff training in-house. In addition, the volunteer coordinator was the nominated moving and handling trainer and we observed them provide training in safe moving and handling techniques to a recently appointed member of care staff as part of their induction programme. Finally, the deputy manager instructed two new members of care staff on how to record information on care plans. The registered manager had recently introduced the care certificate. This is a new training scheme supported by the government to give care staff the skills needed to care for people.

To enable staff to meet people's individual care needs staff had completed mandatory training in key areas, such as safeguarding, deprivation of liberty safeguards and dignity. In addition, several staff were supported to work towards a nationally recognised qualification in adult social care and some staff had undertaken additional training in specialist subjects such as the care of a person living with dementia.

Staff spoke with enthusiasm about the training they had received. One staff member spoke of national qualification they had recently achieved and said, "We covered things like safeguarding and dignity on e-learning and had a test at the end of each module. I really enjoyed it." Staff received regular supervision and appraisals and said that they were a positive experience and they welcomed feedback on their performance. We found that supervision sessions for 2016 were topic driven and staff set aims and objectives for their professional development. One senior staff member told us that their training needs had been identified and said, "I've just done moving and handling assessor course and train the trainer. I'm now booked onto a leadership course, to cover situations like awkward conversations."
We observed that people's consent to care and treatment was sought by staff. For example, we saw that people had given their signed consent to have their photograph taken for identification purposes and for their information to be shared with other professionals. We found that when the activity coordinator gave a person one to one support such as hand massage they sought their consent first. Where a person lacked capacity to give their consent staff followed the principles of the Mental Capacity Act 2005 (MCA).

The 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. For example, we found that one person living with dementia was experiencing increased anxiety at certain times of the day. Care staff had acted in the person's best interest and involved their family and supporting healthcare professionals to make a decision about the person's future care and treatment.

We saw where a person had lacked capacity to consent to their care that they had appointed a member of their family to act as their Lasting Power of Attorney (LPA). A LPA is someone registered with the Office of the Public Guardian to make decisions on behalf of a person who is unable to do so themselves.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the DoLS and applications had been submitted to the local authority and one person was currently cared for under a DoLS authorisation. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.

People told us that the food was good. One person said, "That's one thing. The food here is very tempting and I'm eating too much. At breakfast they do a lovely poached egg." Another person told us, "Food is very good. Plenty of choice. I choose what I want the day before and there is a choice of pudding."

People were provided with a nutritious and well-balanced diet. Hot and cold drinks were provided throughout the day and people had access to healthy snacks. One person told us, "There is always fresh fruit here." At lunchtime people had a choice of three main courses and a choice of potatoes and vegetables. Furthermore, people had a choice of drink with their meal; some people had a soft drink or fruit juice, whereas others had a glass of wine or sherry.

We spoke with the cook who told us that when a person first moved into the service they asked them about their dietary needs and preferences. We saw that they kept a record of people's likes and dislike and special diets; such as one parson did not eat pulses another took a reduced sugar diet. We saw that food allergens were highlighted on the menu. The cook told us that they used fresh ingredients and dishes were home-made including soups and cakes.

People were supported to maintain good health and had access to healthcare services such as their GP, optician and district nurse. One person told us, "There are two doctors' practices, the GP comes out when called or we can see them on a Tuesday and Thursday." We saw where one person was at risk of falls that they had a falls diary where a record of all falls was recorded. In addition, staff followed the steps in a falls intervention guide to ensure that the person was referred to the appropriate professional in a timely manner. Relatives told us that care staff kept them up to date with any health concerns. For example, one relative told us, "They contact her GP when needed, and her GP supports her well. Communication is fine, mum is prone to falls and if she falls they always ring me." There was a resource library for people and their visitors with information and guidance on a range of topics including how to maintain a healthy lifestyle and advice on how to live with a long term condition.

Good

Is the service caring?

Our findings

We saw that people and staff had a good relationship and people were comfortable talking with staff. People told us that they were cared for by kind, caring and compassionate staff and they were happy living at the service. One person said, "I am in the best place." Another person told us, "It's a warm friendly caring place. Staff come in during their own time. They really do put a lot of effort in." Relatives shared their thoughts about the care their loved one received. One said, "It is the best, and I have looked at many."

Staff told us that people received a high standard of care and the care was good enough for members of their family. One member of care staff said, "We give excellent care, I would have any of my family here."

We observed care staff take a kind and caring approach to a person who had fallen in their bedroom when they tried to pick their mobile phone up off the floor. Three members of care staff worked together as a team. They remained calm, reassured the person throughout and explained each step they would take to assist them from the floor. We found that the approach staff took helped the person to remain calm and relieved their anxiety.

We looked at the care plans for six people and saw that care was tailored to meet their individual needs. People and their relatives were encouraged to be involved in their care plans and in reviews of their care. People told us that they felt their opinions were taken into account and that they fully expected to have their care needs met. One person told us how they were impressed by the quick response of the maintenance person to a problem they had and how their actions had improved their independence. They said, "I had a problem with the wardrobe handles, they were too small for my hands, like little acorns. I mentioned it to the workman in green and next day there were new knobs when I came back into my room."

We found that when a person first moved into the service staff took time to get to know them and recorded their life story including their likes, dislikes, needs and references. One senior member of care staff told us, "I set up and write their care plans. All care is person centred. We get to know them, learn their history. One person has met the queen. We care for them how they want to be cared." People and their relatives told us how surprised they were that staff knew them so well. For example, one person said, "I am amazed they know people so well, everyone by name." Another person told us, "They all know me here. Maybe some of the new ones not so much. They know about my kids and take an interest." A relative told us, "Even the younger staff know her by name. They know me and other visitors as well."

A senior member of care staff told us, "All the staff work together. We have a nice team and work in a nice atmosphere. I think of this as their home. We are here to help them enjoy their last years." One person who had recently been unwell told us how staff had made them feel special. They said, "Everyone said how much they missed me when I came out of hospital and one of them, a volunteer lady, came to see me there [hospital]."

People had access to information on how to contact the local advocacy service. Advocacy services are independent of the service and the local authority and can support people to make and communicate their

wishes. We saw that some people had an advocate to speak out on their behalf.

We observed that staff respected people's privacy and dignity. For example, staff knocked on bedroom and toilet doors before entering and closed a person's curtains when they were receiving personal care. People told us that staff respected their right to their privacy. One person said, "I can meet my relatives in private if I want. There is a little room down the corridor that we can close off."

We saw that there was attention to detail at lunchtime. The dining tables were set with linen cloths and napkins, fresh flowers and printed menus. People were supported to sit in friendship groups and once everyone was gathered together a member of care staff said grace. We saw that people had tea and coffee served in individual tea pots. People told us that they appreciated these touches and one person said, "I like that there are separate tables with a cloth and cutlery…I was at a place where it was all plastic trays." Another person added, "Another nice thing, this plate is warm. It's always like that."

Good

Is the service responsive?

Our findings

We found that the service had a strong focus on person-centred care and that people's diverse needs and wishes were met in a variety of ways. For example, an initiative called "seize the day" had been introduced to help people fulfil their dreams. One person had shared with staff that they had always wanted to sky dive, but had never had the opportunity. Care staff liaised with the person's GP who assessed that they were medically fit to do it and a date for their dream to come true has been arranged with a local flying school. Another person who had lived in Lincoln all of their life had never travelled on the open top bus. This was arranged for them; they had an enjoyable day and stopped for lunch at Lincoln Cathedral.

We spoke with one person and their relative who told us that their needs were assessed before they moved into the service and they had an opportunity to meet the registered manager and visit the service. Their relative said, "We had a good introduction to the home. [Registered manager's name] came to assess [person's name] and then [person's name] came over to have a look." The added, "The family get to visit at any time, there are no restrictions."
People had care plans personal to their individual needs. People and their relatives told us that they were involved in regular reviews. One relative said, "We have a review every three months and I help [name of person] with them." Another relative told us, "There is main meeting once a year with my relative and I come along. They do a monthly meeting, we could come, but I see the minutes."

We saw that staff exchanged information about a person's care needs and wellbeing at shift handover to maintain continuity of person centred care. Comments shared included, changes to a person's medicines following a visit from their GP, a request to book a dental appointment for one person and a reminder that a person had asked for their windows to be closed at night.

People's life experiences were taken into consideration and significant historical and life events were acknowledged. For example, the service recently celebrated Australia day and people had enjoyed themed food, a discussion and quiz about Australia and wore corked hats. In 2015 people were involved in a 1940s themed Summer fete. There was an air raid bunker in the grounds and this was set up to look as it would have in 1940. People shared with us their experience of the event. We found that a lot of planning and discussion between people and staff had gone into it to make the event authentic. People told us that it brought back lots of memories and they reminisced about the time long after the fete.

A member of catering staff attended the "residents meetings" and they planned themed events, such as St Valentine's day and Chinese New Year. In addition to themed events, the catering staff would put on a barbeque if people requested one. The cook said they discussed with people what worked well, such as soup and sandwiches for tea and looked at alternatives to the main menu.

People were able to spend their time as they wished. Some people participated in indoor activities, such as skittles. On person told us, "I'm not bored. There is too much to do. I go to bed when I want." Whereas others told us that they preferred to spend time in their bedroom, in one of the lounges or designated quiet areas including the chapel. We spoke with four people who were sat together in one of the quiet areas drinking

their morning coffee. One person told us, "I am quite content chatting with my friends and reading the newspaper." Another person who liked to spend time in their bedroom told us, "The room is the way I want it. I said what I wanted. I have my TV, my lamp, my book case and my plates on the wall."

Volunteers played an important part in supporting and enabling people to take part in hobbies and pastimes of their choice and learn new skills, such as arts and crafts, flower arranging and poetry reading. One person commented that, "They [volunteers] talk about the outside, I don't get out often, so they bring the outside inside."
People were enabled to access the grounds and local area. Some people were able to walk independently to the local shops and wore a call pendant around their neck in case they needed to summon assistance. Others were supported to walk or were assisted in their wheelchair to visit a nearby country park on a fine weather days. A relative told us, "Their mobility isn't very good. Sometimes they take her to the park in a chair." In addition, during the Summer months the garden shed was turned into a café for people and their visitors to use. One person told us that they were looking forward to having a little garden of their own and said, "We're discussing me having a bit of garden, three tubs. It would be nice to look out on something I've grown."

We saw that changes made to the service had a significant impact on improving individual wellbeing. For example, the recently refurbished hairdressing salon had two sinks to suit people with different physical abilities; one for people who were able to sit with their head forwards and the other for people who were able to sit with their head backwards to have their hair shampooed.

The activity coordinator kept a record of all activities provided, with the names of people who attended, the activity objective, such as exercise or socialising and an assessment of their level of interaction, mood, ability and overall enjoyment. In addition, a photograph of the activity was saved to a scrap book for people to brows through at their leisure.

Although the ethos of the service was founded on a Methodist philosophy, people were supported to follow their own spiritual or religious beliefs and visits were made by representatives from other religions.

People told us that they knew how to make a complaint, but did not have a reason to complain. For example, one person said, "I have no need to complain, but I know how and what to do. I know [registered manager] and [deputy manager]." The registered manager had not received a formal complaint since July 2014. The provider had a complaint tracking system that ensured complaints were responded to on the same day.

There was a suggestion box at the main entrance for people and their visitors to make comments about the service. We found that these were acknowledged straight away and responses were posted on a board beside the box. We read recent letters and cards that thanked and complimented the staff for care received. For example, one person wanted to thank staff for making their birthday special and another for putting on the Summer Fete.

Good

Is the service well-led?

Our findings

We found several examples of innovative practice where strong links had been forged with the local community. For example, the Abundant Earth Group supported people and volunteers to develop a sustainable Victorian garden with fruit trees and raised vegetable beds that were accessible by wheelchair. A local branch of a national supermarket chain had chosen the service as their charity to support in 2016. Staff from the branch volunteered their time to participate on day trips and social events and donated raffle prizes to help fundraise to benefit the people who lived at the service. The day before our inspection the volunteer coordinator had held an event at the local supermarket branch to raise awareness with the public about care and volunteering.

We also found that partnerships had been built with local young people to bridge the generation gap and for people to share their experiences and learn from others. For example, the local Brownie group had made crafts with people, and students from the local school attended the service for work experience. The deputy manager told us, "The residents love talking with children." The local school nominated the service for the Investors in Education Award in acknowledgement of their appreciation of how staff provided them with basic training and raised their awareness of the needs of older people. One of the students has returned to the service as a volunteer. The service administrator collected the award as they had coordinated their placements contributed to their training.

People were invited to regular meetings and could input to the agenda. We read the minutes from the meeting held in December 2015 and found that 16 people, the registered manager, the deputy manager, the chaplain, and two members of care staff had taken part. We read that some people wanted to be involved with the Christmas day lunch preparations and as a result of their discussion they prepared the vegetables for Christmas lunch. Furthermore, two people sat on the volunteer support group committee and had a say on how monies raised through fundraising were used to benefit people. We found that feedback from "resident's" survey undertaken in October 2015 was positive.

Staff told us that they were well supported by a kind and caring registered manager. One staff member told us that they had recently returned to work following a period of ill health. They said, "They [Registered manager] have been brilliant with me. I have been updated on any changes and told to read all the care plans and get familiar with people and shadowed another member of staff. I've to work to my own ability until I build my strength, but I feel prepared now." Staff told us that the registered manager and deputy manager were approachable. In addition, people and their relatives told us that they could approach the registered manger, the deputy manager and service administrator at any time. One person's relative said, "I'd describe this place as the most warm, friendly, comfortable out of five that we looked at. They're approachable and responsive."

The registered manager held daily head of department meetings, where they discussed issues that could have a positive impact on the quality of care and people's experience. We saw that recommendations were made with reference to CQC guidance. In addition, all staff were invited to individual team meetings and regular meetings for all staff who worked in the service. We read the minutes of the most recent meetings

and found that topics discussed were relevant to their roles. For example, care staff discussed team building and housekeepers discussed people's laundry.

People and their relatives were full of praise for the registered manager and their team, for the standard of care provided. We heard comments such as, "Yes, I would recommend it, I already have done," and "I'd recommend this place and I've heard a lot of people say that it is the best place in the area." And also, "I feel that it is well run, staff are always, always helpful."

We found that the manager had the leadership skills to support their staff to continually improve the quality of care within the service and staff referred to the manager as a role model. Although the registered manager was on leave at the time of our inspection, we found that the service ran smoothly in their absence. There were no interruptions to the quality of care that people received from staff or to their overall wellbeing. People continued to be involved in a full programme of hobbies and pastimes and staff continued to have professional support through training and leadership from the deputy manager. In the absence of the registered manager the deputy manager was a visible leader and role model.

A programme of regular audit was in place that covered key areas such as health and safety, medicines and infection control. Action plans with realistic time scales was produced to address any areas in need of improvement. The audit outcomes and required actions were shared with staff. In addition, the registered manager undertook an annual standards assessment on behalf of the provider that covered all aspects of standards of care in the service. The service achieved an overall rating above the expected standard.

Staff had access to policies and procedures on a range of topics relevant to their roles, For example, we saw policies on safeguarding, nutrition and tissue viability. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with the registered manager, local authority and CQC. We found that previous safeguarding concerns had been investigated by the registered manager and appropriate actions had been taken. The provider's mission statement was on display and promoted high quality care.

Finally, the service was a member of NAPA; a charitable organisation interested in increasing activity opportunities for older people in care settings and also a member of the local care home association, which provided opportunities for training and networking for care home staff.