Methodist Homes

Horfield Lodge

Inspection report

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Date of inspection visit:
15 March 2017
16 March 2017

Date of publication:
02 May 2017

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

We carried out a comprehensive inspection on 15 and 16 March 2017. At our last inspection in February 2016, we found two breaches of the legal requirements. These related to the safe management of medicines and management of people's specific hydration needs. The provider sent us an action plan following the inspection. At this inspection we found sufficient actions had been taken to address the breaches.

The inspection was unannounced. Horfield Lodge provides nursing and personal care for up to 75 people. At the time of our inspection there were 68 people living in the home.

There was a registered manager in place at the time of our inspection. 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 told us they felt safe in the home. They were cared for by staff that had been trained and understood their responsibilities with regard to keeping people safe from avoidable harm and abuse. Risk assessments were completed and risk management plans were in place.

People's healthcare needs were met. People were supported to make decisions on a day to day basis. Staff identified when people's needs changed and they obtained support and guidance from external health care professionals.

Staff demonstrated a kind and caring approach and they treated people with dignity and respect. Staff knew people well and were able to tell us about people's likes, dislikes and preferred routines which were reflected in their care records.

There was a range of activities that people could participate in and people were enjoying group and one to one activities on the days of our visit. A team of volunteers provided additional support.

People, staff and relatives told us the home was well-managed. People and relatives told us the registered manager was readily accessible and available to them. Staff told us they were well-supported and that the home was a good place to work.

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 were deployed in sufficient numbers to meet people's needs.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Arrangements were in place to ensure people received their medicines safely.

Recruitment procedures were in place and appropriate checks were completed before staff started in post.

Is the service effective?

Good

The service was effective.

Staff received appropriate training to carry out their roles. Staff felt supported and their performance was monitored on a regular basis.

The home was meeting the requirements of the Deprivations of Liberty Safeguards (DoLS) authorisations.

Staff ensured people's health care needs were met and that they had access to health care professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind, caring and respectful and we saw people being treated with compassion and dignity.

Staff provided care in accordance with people's individual needs, wishes preferences and choices.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected people's changing and current needs. People and their relatives were involved in planning and reviewing their care plans.

People had opportunities to participate in social activities and events.

A complaints procedure was in place and this was easily accessible.

Is the service well-led?

Good

The service was well- led.

Systems were in place for monitoring quality and safety. Action plans were implemented and monitored for progress.

People and staff spoke positively about the management support they received, and told us the home was well-managed.

The registered manager was aware of their responsibilities with regard to notifications and information they were required

Horfield Lodge

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.

We undertook a comprehensive inspection of Horfield Lodge on 15 and 16 March 2017. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector and a specialist nurse advisor on the first day. In addition, on the second day, an inspection manager and an Expert by Experience supported the inspection. The expert by experience is a person who has personal experience of the type of service inspected.

Before carrying out the inspection we reviewed the information we held about the care home. We reviewed the 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 improvements they plan to make. We also looked at the notifications we had received. Notifications are information about important events which the provider is required to tell us about by law.

During our visit we spoke with 18 people who lived at the home and six visitors. We observed the way staff interacted and engaged with people. We spoke with the registered manager, the deputy manager, two senior managers, the hospitality manager, a visiting health professional and nine staff that included registered nurses, care staff, activity, chaplain, catering, housekeeping and maintenance staff. We observed how equipment, such as pressure relieving equipment, bed rails and hoists were being used in the home.

We looked at eight people's care records. We looked at medicine records, staff recruitment files, staff training records, audits and action plans, and other records relating to the monitoring and management of the care home. Following the inspection, the registered manager sent us further information that we had requested.

Good

Is the service safe?

Our findings

When we last inspected Horfield Lodge, this domain was rated as 'Requires Improvement.' There was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because policies and procedures for the safe administration of medicines were not always followed. At this inspection we found sufficient actions had been taken to address the shortfall and we have rated this domain as 'Good.'

People told us they felt safe living at the home. Comments included, "I'm safe and comfortable here" and "I do feel safe and have my pendant so they [staff] can come when I call". A relative told us, "I think residents' are very safe here, and if people do fall, they have to be allowed to walk don't they."

People and visitors spoke about the safety of the building and mentioned the key pads on some of the doors and lifts to restrict entry and exit. They were given the door and lift release codes so they were able to move freely around the building.

People received their medicines safely, when they needed and them and when they were prescribed. Medicines received into the home were checked and the amounts confirmed on the medicine administration record sheets (MARs). Medicines were suitably stored in locked cabinets and cupboards in designated rooms. Arrangements were in place for medicines that required cool storage or additional security. Medicine storage rooms and refrigerator temperatures were recorded on a daily basis to make sure medicines were stored at suitable temperatures. Records were maintained for medicines no longer required.

We observed medicines being given to people and this was completed in a safe and unrushed manner by the senior care staff and registered nurses. We heard staff explaining to people what their medicines were for. The records provided details about how people preferred to take their medicines. Some people were prescribed medicines to be taken when needed, for example, for pain relief. Guidance was provided that described the types of pain the medicines were prescribed for. We heard people being asked if they had any pain and if they needed their medicines. For example, we heard one person being asked, "What are you feeling like today. Do you need some painkillers?" We saw that staff signed the MARs after they had made sure people had taken their medicines.

One relative told us, "They always watch her take it [the person's medicine]. They always tell her what each of her medicines are for. If she needs antibiotics the staff will go and get them so that she can start them straight away".

We checked the records for a person that received their medicines crushed. The effect of some medicines can be altered when crushed. The records confirmed that the GP had agreed and a pharmacist had been consulted to confirm the medicines were suitable for crushing and their effectiveness would remain unchanged. Another person received medicines covertly. This meant the person did not know they were being given their medicines. We saw the person's family and GP had been involved in the discussions and

best interest decision to given the person their medicines in this way.

We looked at the records for a person who self-administered their medicines. A risk assessment had been completed, and the person had been assessed as safe to do so. The person had lockable facilities in their room and had agreed they would keep their medicines safely and securely stored.

Where people were prescribed creams, arrangements were in place to confirm the application instructions. Body maps were completed that identified the specific areas of the person's body the creams were to be applied to. We noted there were some gaps in the recording of the application of creams. This has already been identified in the recent quality audit completed by a senior manager. Actions were in place to address the minor shortfalls identified.

Risk assessments were completed and risk management plans were in place for risks including nutrition and hydration, weight loss, moving and handling, falls, pressure ulcers and use of equipment such as pressure relieving mattresses and bed rails. For example, where people were assessed as at risk of developing, or had, pressure ulcers, they were supported with pressure relieving mattresses. The mattresses we saw had automatic pressure settings and were adjusted for comfort. The staff we spoke with were not all familiar with the circumstances in which adjustments should be made. This meant people's equipment may not provide the preferred comfort level for each person. A senior manager told us they would address this and make sure guidance was available for staff.

There were sufficient staff on duty to ensure people's needs were met and to make sure people were safe. People told us that staff responded promptly to calls for support and assistance. One person told us, "They [staff] tell us sometimes when they're a bit short but I don't have to wait long when I ring [the call bell]". The registered manager told us they reviewed people's dependency levels across the three floors and discussed changes with senior staff in each area. They told us they also made observations as they walked around the home. Staff told us the dependency levels had decreased in recent months and they told us there were enough staff on duty most of the time. We spoke with a senior member of staff who told us, "We have enough staff and if we are short at all we just call for bank staff to come in".

The registered manager told us about the current staff vacancies. When we checked the rota's we saw that agency staff were used to supplement the staff numbers on a regular basis. They told us several agency staff had worked in the home on a number of occasions and were familiar with people's needs.

Staff had a good understanding of their responsibilities with regard to safeguarding people from avoidable harm and abuse. They were able to describe how they would recognise abuse, and how they would act on concerns. Staff told us how they would report concerns immediately to senior staff or to the registered manager. Comments from staff included, "We have training and we talk about abuse. I would report to one of the manager's straight away if I thought a resident was being hurt or abused" and "We've [the staff] got little prompt cards and one of the prompts is about abuse."

Accidents and incidents were reported and recorded. There was a full description of the accidents or incidents, actions taken and steps required to minimise the risk of recurrence. The registered manager told us how they reviewed reports to look for trends in the types or frequency of accidents. The registered manager told us they had recently introduced the use of a senor mat to alert staff when a person who was unable to use the call bell, tried to get out of bed unaided. They told us this had reduced the number of falls the person had, because staff were able to respond quickly when the person moved.

Safe recruitment processes were completed. Staff completed an application form prior to employment and

provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. Where required, checks were completed to make sure staff were appropriately registered with the correct bodies, for example the Nursing and Midwifery Council.

The environment was maintained to ensure it was safe. For example, water temperatures, legionella checks, electrical and gas safety, lift maintenance and hoist checks had been completed.

Systems were in place to ensure that fire safety was adhered to. There was a fire risk assessment in place and records showed that regular tests of the fire alarm were completed. In addition to this, the emergency lighting was tested periodically and maintenance completed on fire fighting equipment such as extinguishers. People had individual personal emergency evacuation plans (PEEPS) in place that confirmed the support needed if they were to be moved in an emergency situation.

The home was clean and free from odours. Staff told us they worked hard to maintain a good standard of cleanliness. For example, a member of staff told us, "I just love cleaning. I really love my job." They told us they had received training and understood how to safely use and store the cleaning products they used. Records were maintained that showed the cleaning programmes and schedules in place.

Good

Is the service effective?

Our findings

When we last inspected Horfield Lodge, this domain was rated as 'Requires Improvement.' There was breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not always follow specialist advice when supporting people with their hydration needs. At this inspection we found sufficient actions had been taken to address the shortfall and we have rated this domain as 'Good.'.

People and their relatives spoke positively about the staff that supported them. They told us they were well cared for and that staff met their needs. Comments included, "I think the staff are really good," and, "They [the staff] seem to know what they're doing."

We looked at the training records and saw training completed for topics described as mandatory by the provider. This included health and safety, first aid, moving and handling, food safety, mental capacity and safeguarding. Staff were provided with further training, designed to help them meet the individual needs of the people they were providing personal and nursing care for. This included specific illnesses such as dementia awareness and end of life training. Staff that administered medicines had their competencies checked each year to make sure they remained safe to practice.

Staff spoke positively about the training they received. One member of staff described how they had improved their skills following a training session that focussed on falls management. The member of staff told us, "Made us think [the training]. Even small things such as checking the resident's footwear is right."

Staff completed an induction programme when they started in post. The programme incorporated the Care Certificate, a national training process introduced in April 2015, designed to ensure staff are suitably trained to provide a high standard of care and support. Staff then 'shadowed' experienced staff until they were confident to work unsupervised.

Staff received individual performance supervisions and annual appraisals. A senior manager told us the staff supervision programme had been recently revised and a new programme of reflective discussions was being introduced. Staff we spoke with told us they felt supported and told us they received supervision, and had the opportunity to discuss their performance on a regular basis. We checked the records and found that not all staff had received supervision in line with the provider's policy. A senior manager acknowledged there had been a shortfall. However, they showed us a plan that confirmed the staff supervision programme for the current year.

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.

In the records we looked at, consent had been obtained and consent forms were signed for the taking of

photographs, use of sensor mats and bed rails. There was confirmation of the care and treatment people had consented to. Where people were noted as not being able to communicate their needs and wishes verbally, the records showed that discussions had taken place and best interest decisions were agreed for people.

In some of the records we looked at consent to care had been signed by registered nurses, on behalf of people living in the home. This is not in accordance with the requirements of the MCA. We brought this to the attention of a senior manager and the registered manager. The senior manager told us they would address this shortfall in recording. The staff we spoke with told us they were aware that people needed to consent before care was provided. One member of staff told us, "We do ask and we do know people need to agree before we provide care." We saw evidence of this during the inspection. We heard staff asking people if they were ready to receive support. One person told us they, "Feel pretty involved with the care being given. Feel listened to. Staff work with you to make decisions."

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

The registered manager had met their responsibilities with regards to DoLS and 29 applications for people living at the home had been made and were waiting for assessment or renewal of an expired DoLS, by the local authority. Nine people at the home had current authorised DoLS in place. The registered manager understood the requirement to notify the Commission when a DoLS was authorised. Three people had conditions attached to their DoLS. We saw these conditions were being met.

We spoke with people who were positive about the quality and choice of food available. One person told us, "The food is really good. I wouldn't eat it if it wasn't." Another person commented, "The food is mostly nice and the staff will get us something different if we ask."

People chose where they wanted to eat their meals. The dining rooms were laid in advance and we saw meals served to people in the dining rooms and in their bedrooms. The meals we saw looked appetising. We saw mealtimes were relaxed and where people needed support this was done sensitively and at their own pace.

Food such as bread, soups, cakes and pies were all homemade and the hospitality manager completed a nutritional balance review of each menu and used an allergen recipe matrix to inform staff and people of the content of meals. This was all displayed on the daily menu.

Each lounge had a tray of cold drinks that were offered to people at regular intervals. During the day choices of snacks were offered and homemade cake and scones, snacks and fruit were available. In addition, the coffee shop located in the reception area of the home provided refreshments and light meals and snacks for people. Visitors were also welcome and the charges for 'non-residents' were displayed.

The hospitality manager told us they visited people when they moved into the home, and discussed with them, and their relatives if appropriate, their likes, dislikes, preferences and dietary requirements. They had discussions about food provision with people on a monthly basis and obtained further feedback from food surveys.

All of the catering staff knew people's individual dietary needs, including people with diabetes, coeliac

disease and textured diets. They were also aware of people that had lost weight and required additional calorific intake.

Some people with an identified choking risk were prescribed thickening agents for their drinks. The staff we spoke with were able to tell us the amount of thickening agent each person needed, to make their drink the right consistency for them. However, the records did not always confirm the amount of thickening required. Speech and language therapist (SALT) assessments had been completed.

People's weights were recorded and significant weight loss or gains were noted. There was a nationally recognised tool used to calculate people's risk of malnutrition or obesity. When a person had been identified as having a significant weight loss or gain, additional actions were recorded if required.

Staff recognised and responded to people's changing needs. They took action when people were unwell. We observed one person during the inspection, who became gradually unwell. A senior member of staff told us the actions they had taken, and the checks they had completed. They told us the person had recently started on different pain relieving medicine. They told us, "I'm keeping a close eye on her [the person] and I'll call the doctor if she doesn't improve in the next couple of hours."

People were referred and had access to external healthcare professionals. Specialist health care practitioners were accessed when people needed particular support to manage their health needs. For example, we saw where people had been referred to and had appointments with consultants, district nurses, dentists, chiropodists and speech and language therapists. We saw actions taken in response to recommendations made. We did note that the guidance given by a consultant after one person's appointment in September 2016 had not been followed. We brought this to the attention of senior staff at the time. They told us they would take immediate action to implement the guidance recommended.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us that staff were kind, respectful and caring. Feedback included, "[Staff are] Kind, caring and respectful. I am happier here than anywhere else," "It's a difficult time for us as a family but the staff have been lovely. They're kind, to me [daughter of person receiving care] too," and, "They [the staff] help you in lots of ways. They do all they can for me."

We watched interactions with staff, and people looked relaxed and comfortable in their presence. Staff were attentive and sensitive to people's individual needs. We heard thoughtful and kind comments made by staff such as, "You look very beautiful today," to which the person responded with a beaming smile, and to another person, "How are you today, nice to see you." The member of staff then gently touched the person's arm.

Staff were able to describe how they treated people with respect and ensured people's privacy and dignity were maintained. For example, one member of staff responded when we asked with, "Lots of ways, making sure people are covered when they're being helped with personal care, making sure curtains are closed, making sure no one else comes into the room and not talking over people."

We saw one person who was asking what was wrong with her and wanting to know why she was here, in the care home. The situation was handled with care and tact. A member of staff tried to reply to the person discreetly, but as they were hard of hearing this was not successful. The member of staff used different approaches, firstly use of humour and then the offer of taking the person to a quieter area to talk. The person agreed to they would like to go to a quiet area with the member of staff. The member of staff had successfully communicated with the person in a way that was meaningful to them and provided the reassurance and support the person needed at the time.

The registered manager told us that people's religious and cultural needs were always respected in the home. Care plans reflected whether people chose to participate in religious practices. Chaplains were employed in the care home. They told us their role was to provide support to people, regardless of their religious beliefs. One of the chaplains told us, "I really think we have a sense of family and community and belonging. We support people regardless of their faith."

We observed relatives visiting throughout both days of the visit. There were no restrictions on visiting, and relatives told us they were always made to feel welcome.

Staff also told us that whilst they encouraged people to socialise with others and spend time in the communal areas, they respected people's right to make choices. A member of staff told us, "We were a little worried about [name of person] because he was reluctant to come out of his room. We spoke with his family and they said not to worry. He's always liked his own company and was happy on his own."

On arrival people were given key information about the home, what people should expect from the service, how to make a complaint and key telephone numbers for a range of organisations, including the Care

Quality Commission and the local authority. This ensured that key information was communicated to people. In addition, newsletters were produced each month and these provided details of planned events and activities.

The home had received written compliment letters or cards. We saw extracts from letters and cards and read, 'The care and love shown to Mum during her stay was fantastic from day one until her leaving yesterday. We honestly cannot thank you all enough and will sing your praised to anyone who will listen' and from another relative, 'My husband, her son, and I were so happy with the loving care that she received at Horfield Lodge and we would like you to thank the staff who cared for her so thoughtfully.'

People and their relatives were supported to express end of life wishes and preferences and these were recorded in the care plans.

Good

Is the service responsive?

Our findings

Care was responsive and personalised to peoples' individual needs. People and their relatives told us they were involved in the planning of care and they had the opportunity to participate in reviews on a regular basis. One person told us they, "Go through a care review regularly and as needed – then signed." Another person commented they, "Feel very involved."

Care plans reflected people's individual needs and were detailed and informative. They reflected people's likes, dislikes and preferences about how personal care would be delivered. The care plans included details, for example, about people's communication, nutrition, spiritual, moving and handling and skin care needs. They also provided detail about people's life histories. This meant that all staff had access to information to help them provide support to people based on their individual needs, choices and preferences.

We saw that people were supported by staff who knew them well. For example, where people needed support with pressure relieving equipment, staff were aware of the person's risk of skin damage if they were not sufficiently supported and protected. Staff told us about people that had previously fallen. They were able to describe the measures taken to help reduce the person's risk of future falls and of sustaining injuries. This included making the person more aware of safer ways of supporting themselves to stand, and reiterating the importance of calling for staff to support them when they needed it. This meant the person's independence was also encouraged and promoted.

One person was cared for in bed following a GP consultation and the reason for this was recorded in their care plan. Two staff assisted the person with personal care. They looked well cared for and comfortable and were relaxed and smiling. The staff knew about the person's life history and why they had specific objects in their room, which was personalised. A relative's communication book was kept in the person's bedroom and this was used by the person's daughter and their key worker.

People told us they were able to make day to day decisions such as when they got up and went to bed, and where they spent the day. We saw people move freely around the home if they were so able, and where people needed support with their mobility, staff offered and responded to people's requests to be taken into different areas of the home. We also saw people enjoying the roof garden which one person described as a "Sun trap" because, they explained, the safety barriers protected them from the wind. Another person commented, "It is so lovely out here."

A comprehensive activity and engagement programme was in place, and the weekly programme confirmed a wide variety of activities offered to people. These were provided by activity staff, the chaplains, a music therapist and a large team of volunteers. We saw care staff and the chaplain in the lounges chatting with people, offering drinks and reading the paper with people. Appropriate music was playing, although on one occasion, the television was also on, which was a little distracting for some people. There was poetry reading and gentle exercises. The atmosphere was lively and engaging.

People were invited to one of the lounges where an activities coordinator had organised an age appropriate

word game. Staff encouraged people to get involved, which they did. The atmosphere was lively and people clearly enjoyed getting involved and joining in. In the reception area, one of the chaplains headed a singing session that was well attended.

For people who were not able, or who chose not to take part in group activities, and spent periods of time in their rooms, staff and volunteers provided social stimulation. For example, one person shouted out periodically when they were in the lounge or their bedroom. A volunteer played the violin for the person during an afternoon. The person, known to enjoy classical music, quietly enjoyed the entertainment, sang along occasionally, did not call out at all whilst they were being entertained.

People and relatives had access to a complaints procedure. They told us they would feel comfortable raising a complaint or speaking with the registered manager if they had any concerns.
One person told us, "I would speak with the manager if I had a problem." The complaints records did not always provide detail about the investigations undertaken and on occasion, the outcome of a complaint had not been fully recorded. The registered manager told us they would take action to address the minor shortfall in documentation.

Good

Is the service well-led?

Our findings

People told us they considered Horfield Lodge was well-managed. We received positive feedback from people and relatives about the management of the home. One person told us, "The three top managers are often here and we can always speak with them if we need" One relative commented, "No concerns, can speak with the manager if I need to." Another relative told us, "We are very pleased with this place and would recommend it to anyone, they are very kind, very competent, very patient. It deserves a good rating, I would like to come here if I couldn't handle life anymore."

People and their relatives had been given the opportunity to provide feedback about the service. We saw the results from the most recent 'Your care rating,' a survey completed independently by a market research organisation. The survey asked that people comment on the care and services they received. The feedback was mostly positive and had improved from the previous year. Resident meetings were also held on a regular basis and minutes were recorded and available.

We spoke with the registered manager and a senior manager about the quality assurance systems that checked the quality of the service provided and helped to ensure risks to people's health safety and welfare were monitored. We checked the records and established there was a range of auditing and quality monitoring systems in place. These included monthly checks of care plans, medicines management records, falls and pressure ulcers. Action and improvement plans were in place to make sure identified areas for improvement and action were recorded and monitored. Areas for action were colour coded using a 'traffic light' type system which meant it was easy to see, at a glance, the issues that required urgent or priority attention.

The provider's quality team analysed reports of incidents such as pressure ulcers and falls. They provided a summary of findings and looked for emerging trends or patterns of behaviour. Actions were agreed. For example, for one person who had slipped from their chair, a falls diary was commenced and their moving and handling plan was reviewed.

The provider's values were stated on 'prompt' cards that were given to staff. The values included statements about respect and dignity, being open and fair, becoming 'the best we can be' and nurturing people to promote a fulfilled life. We observed during our visit how these values were embedded into day to day practices in the care home.

Staff spoke positively about the organisation and told us that Horfield Lodge was, "A good place to work." Other comments included, "[Name of the quality business partner] is fantastic. I can call her anytime, which I do, if I need clinical advice. She is our expert," and, "I like the management here. The residents' are always top priority."

Staff told us they had the opportunity to express their views, and that they felt listened to. A range of staff meetings were held to make sure communication was effective throughout the home. These included specific team meetings, such as heads of department, in addition to general meetings where all staff were

invited to attend.

A business continuity plan set out the procedures and strategies to be followed in the event of an incident that caused disruption to normal working. If this incident affected the ability of the care home to give care as usual, maintain adequate safety and the well-being of people and staff, the plan had guidance on the action that should be undertaken. These could be events such as disruption to gas, water or electric supply or failure of equipment within the service.

The registered manager understood their responsibilities with regard to the notifications they were required to send to the Commission.