Premium Healthcare Limited

Balgowan 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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection visit was unannounced. The previous inspection was carried out in September 2013, and there were no concerns.

The premises are an old detached building with two newer purpose-built wings. The service provides general nursing care and accommodation for up to 33 older people. There were no vacancies on the day of the inspection.

The service is run by a registered manager, who was present on the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Two of the people in the home had

Summary of findings

been assessed as lacking mental capacity, and there were clear records to show who their representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

All staff had been trained in safeguarding adults, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff knew about the whistle blowing policy, and were confident they could raise any concerns with the manager or outside agencies if indicated.

There were clear risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People spoke highly of the manager and the staff throughout the day, with comments such as, "The manager and staff are kind, caring and helpful"; and "The staff are always here to help. When I call, they come quickly." We saw that staff were in evidence throughout the day, and responded quickly to people's requests for help. Staff interacted well with people, and supported them in carrying out their preferences. There were effective systems in place for ongoing staff training; and for staff supervision and support.

Staff files that we viewed contained the required recruitment information. New staff were taken through a comprehensive staff induction programme which included basic training subjects. They worked alongside other staff until they had been assessed as being competent to work on their own.

Medicines were managed and administered safely. People received their medicines on time.

People were supported in having a nutritious diet. The chef was considerate and caring in ensuring that people had dishes that they enjoyed; and in providing individual dishes for people to meet their specific choices.

People and their relatives told us that they were involved in their care planning, and that staff supported them in making arrangements to meet their health needs. Care plans were amended to show any changes, and care plans were routinely reviewed and audited to check that they were up to date.

Staff were informed about people's individual lifestyles, and supported them in retaining their independence. People said that the staff were kind and caring ,and treated them with dignity and respect.

People were given individual support to carry out their preferred hobbies and interests, such as knitting, playing games and doing crosswords. The home had been modernised to provide suitable living accommodation, and there were plans in place for on-going improvements. The premises included a garden space which was available for wheelchair users.

The registered manager maintained good links with the local community; and invited local groups into the home to provide focal points of interest and entertainment.

There were systems in place to obtain people's views. These included formal and informal meetings; events; questionnaires; and daily contact with the manager and nursing staff. People said that the registered manager was "Always available" and she was "Friendly and approachable." One person said "I would not hesitate to ask the manager about any concerns; and I know she would deal with anything I was worried about."

Staff were fully aware of the ethos of the home, in that they were there to work together for the good of the people in their care. People told us that the home ran just the same at night time and at weekends; and whether the registered manager was in the building or not. This demonstrated how the registered manager fostered a positive culture within the service, and ensured that staff knew the importance of putting people who used services first.

There were systems in place for record keeping and auditing records. The audits were generally well maintained, and showed how the registered manager initiated improvements as the result of their findings. There was a culture of continuous improvement, so that people would feel increasingly well cared for; and staff would develop their own roles to the maximum of their potential. The manager had started to meet with other managers in the company's group of homes, so that they could discuss best practice and continually look for ways to improve the services.

Summary of findings

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. People told us that they felt safe living in the home, and that staff cared for them well.

People were protected from abuse through staff's knowledge and application of safeguarding procedures. Any concerns were taken seriously and were appropriately investigated and addressed. The home provided suitable numbers of staff to care for people safely and effectively.

The premises were clean and suitably maintained, and equipment was checked and serviced.

Is the service effective?

Good

The service was effective. People said that the staff knew their individual needs and promoted their independence.

Staff were suitably trained and supported to provide effective care. They were familiar with people's individual care plans and knowledgeable about their nursing and care needs. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Nursing staff ensured that people's health needs were met; and referrals were made to other health professionals when needed. The service provided a variety of food and drinks to provide people with a nutritious diet.

Is the service caring?

Outstanding

The service was caring. Without exception, people living in the home and their relatives spoke very highly of the staff and the manager. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff ensured that people's privacy and dignity were respected. They treated people with kindness and affection, and responded quickly to their requests for help.

Staff ensured that people or their representatives were involved in discussions about their care and treatment.

Is the service responsive?

Good

The service was responsive. People and their relatives were fully involved in their care planning. Any proposed changes in care and treatment were discussed with people before implementation.

People were supported in maintaining their own interests and hobbies. Staff gave individual care to people in their own rooms to prevent them from feeling socially isolated. People said their visitors were always made welcome.

People were confident that any concerns would be properly investigated and addressed.

Summary of findings

Is the service well-led?

Good

The service was well-led. People said that they could not speak highly enough of the manager. The staff were fully aware of the home's ethos for caring for people as individuals, and the vision for on-going improvements.

People said that the manager and nurses were "Excellent", and the manager led the staff team well. The manager ensured that there were consistent standards of care at night times and weekends as well as weekdays, as all staff worked as a team to provide the same standards of care.

The company had auditing systems in place to identify any shortfalls or areas of weakness, and action was taken to deal with these. There were effective systems in place for obtaining people's views.

Balgowan 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 07 October 2014, and was unannounced. It was carried out by two inspectors and a specialist nurse advisor. The specialist nurse concentrated on identifying how people's health and nursing needs were managed. A representative from the Department of Health shadowed the lead inspector throughout the visit, as he had requested to obtain first hand insight into how CQC inspections were carried out within adult social care services.

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 improvements they plan to make. Before the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. (A notification is information about important events which the provider is required to tell us about by law). We obtained feedback via telephone calls and e-mails from four Social Services case managers who had arranged placements in the home; and from one visiting health professional. This person told us that we could quote from their comments in our report.

We viewed all communal areas of the home and some of the bedrooms. We talked with ten people who lived in the home. Conversations took place with individual people in their own rooms, and with groups of people in the lounge areas. We also talked with three relatives who were visiting people; and 11 staff from different job roles, including nurses, care staff, activities organiser, chef, and domestic staff. The manager was present in the home throughout our inspection.

We observed staff carrying out their duties, such as assisting people with reduced mobility to move from wheelchairs into armchairs; and staff helping people with food and drink. We assessed people's care management by reviewing people's records and speaking to the people concerned about the care that they received.

During the inspection visit, we reviewed a variety of documents. These included eight people's care plans; three staff recruitment files; the staff induction and training programmes; staffing rotas; medicine records; environmental and health and safety records; risk assessments; quality assurance questionnaires; and some of the home's policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home, and were confident in the support given to them by the staff. One person said "I could not live anywhere better"; and then said that it had been difficult to leave their home but they had felt welcomed here and said "This is now my home". Another person said, " The staff are always here to help, and they are always popping in and out of my room to see how I am."

Training records confirmed that all of the staff had received training in safeguarding adults. We had conversations with staff from different job roles and they explained that they understood the training they had received, and the different types of abuse to be aware of. They knew the action to take if they should have any suspicions of abuse. The manager was also familiar with the processes to follow if any abuse was suspected in the home; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

We viewed the communal areas of the building, and some of the bedrooms, and saw that the premises had been modernised and equipped to provide for people's needs. This included the use of specialist baths, overhead tracking hoists, mobile hoists, grab rails and a wet shower room to support people with their personal care. The premises were visibly clean in all areas, and smelt fresh and clean. Records confirmed that equipment checks and servicing were routinely carried out to ensure the safe use of equipment. The manager and maintenance staff carried out risk assessments for the building and for each separate room to check their on-going safety. Accidents and incidents were clearly recorded, and each one was assessed to see if improvements could be made to prevent future accidents. We saw that any identified improvements were properly implemented. Individual risk assessments were in place for people. These highlighted any specific areas of concern and showed how the risks could be minimised for people.

The home provided suitable numbers of staff to care for people safely and effectively. Staffing numbers were allocated in accordance with the level of people's assessed needs. This included sufficient numbers of nursing and care staff to ensure that people did not have to wait undue lengths of time to receive care and support. Numbers included two nurses on duty each day and one nurse at night times, which enabled them to oversee care staff and carry out people's health and nursing needs. Other staff included kitchen and laundry staff; an activities co-ordinator; domestic staff, and maintenance staff.

Staff recruitment records contained the required information to ensure that staff were suitable to work in the home. The recruitment procedures included checks for applicants' identity including a recent photograph; two written references; a full employment history with any gaps in employment discussed; and Disclosure and Barring System (DBS) checks. Applicants were asked to show proof of any previous training. Interviews were carried out and an interview record was retained. Successful applicants were required to complete an induction programme; and were on probation for the first three months. During this time they were assessed by the manager for their competency in their job roles.

We inspected medicines' management. The medicines were safely stored in locked cupboards in locked rooms. The clinical room included a drugs fridge, a controlled drugs cupboard and a medicines' trolley. A second medicines' trolley was used to administer medicines on the first floor. We saw that the medicines' trolleys were fixed to the wall when not in use. The trolleys and stock cupboards were clean and in good order. There was no overstocking of medicines which showed that ordering procedures were managed correctly.

Most medicines were administered using a monitored dosage system of "blister packs". We checked one of the packs for that morning, and found the medicines had been given as recorded. There were reliable systems in place for checking in medicines from the pharmacy; and for the correct disposal of unused medicines. The controlled drugs (CD) cupboard met the regulatory requirements. CD records were clearly and accurately maintained, and were checked weekly by two nurses together. The medicines' fridge was maintained at correct temperatures and was correctly kept locked when not in use.

We examined the medication administration records (MAR charts). These were accompanied by a photograph of the person for identity purposes, and showed if the person had any allergies. The MAR charts included clear instructions. They were well completed with two signatures for any handwritten entries, to show these had been correctly transcribed from the pharmacy labels. We noted a few gaps in signatures, which identified when medicines had been

Good

Is the service safe?

given. We pointed this out to the manager. She showed us previous weekly auditing processes which had been thorough and which had not found any errors. The audits had been reduced to two-weekly, and then monthly. The manager said she would talk to the nurses and restore weekly audits again to highlight the importance of correct record-keeping.

Good

Is the service effective?

Our findings

People said that the staff knew how to look after them and paid attention to their individual needs. We saw that staff knew how people liked them to interact with them, and that staff smiled, laughed or joked with people in ways that were consistent with their different personalities. At lunchtime we saw that a staff member was sitting and holding the hand of a person, and the staff member said that this person really liked staff to hold her hand, and they sometimes sat with her in the evening holding her hand while watching television. The person then said "I am having a marvellous time", in connection with the care being given by the staff member. This example showed that staff had the skills and knowledge to give care to people in a way that was appropriate for them.

We looked at the staff training programme and the records confirmed that staff were kept up to date with required training subjects such as fire safety, moving and handling, infection control, food hygiene and first aid. The staff began their training during induction, and had a three month probationary period to assess their overall performance. The registered manager told us that she was in the process of re-structuring the induction programme so as to make it even more effective.

Staff were supported through individual supervision programmes, and through group supervision and training. We saw that recent subjects discussed in group supervision had included person-centred care, and the Mental Capacity Act 2005. Training sessions were conducted using DVDs and test papers; and by using invited speakers. In the last few months these had included a specialist diabetic nurse, a speech and language therapist, a safeguarding officer, and a MacMillan nurse. This enabled staff to learn together and to benefit from the first-hand experience of health and social care professionals.

The home used volunteers, including school students from the local area. Disclosure and Barring checks were carried out prior to their involvement as volunteers to assess if they were suitable people to work in the home. The volunteers maintained a diary of their experiences, showing how they had gained knowledge from being in the home, and from talking with older people.

The manager and staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The manager told us that none of the people in the home had their liberty restricted. Two people had been assessed as lacking the mental capacity to make complex decisions, but were able to express their day to day choices and were encouraged to do so. We saw that processes were in place to arrange 'best interest' meetings with people's next of kin, and health and social care professionals for any complex decisions about their care and welfare.

Staff were informed about their responsibilities under the Mental Capacity Act 2005, and the DoLS. Some people had equipment which restricted their movement, such as the use of bed rails for the protection of people who may be at risk of falling out of bed. We saw that these were only used after a thorough assessment had been completed, which showed that the person's safety was promoted through the use of bed rails and not decreased by their use. People's consent to all aspects of their care and treatment was discussed with them or with their next of kin as appropriate.

People were supported to maintain a balanced and nutritious diet. The chef was passionate about ensuring that people enjoyed their food, and were able to have plenty of choice. He said his main aim was to give people good food in a way that they found enjoyable and easy to eat. He spent time each week sourcing the best meat, fish and fresh fruit and vegetables available in the local area, and used these as a basis for the menus. He was familiar with people's different dietary needs. A board in the kitchen showed that there were ten people who required soft foods. Some of these needed their food pureed or liquidised, and this was carried out to ensure that each person had the right consistency for their individual needs. All of the food was home-made, and included items such as home-made soup every day, and home-made cakes and pies.

We observed staff assisting people at lunchtime. Some people liked to eat in their own rooms; some in the lounge in their armchairs; and some in the dining area. Staff were sensitive when assisting people to eat and drink, and did not rush them. The food looked appetising, and staff checked that people had the meals they had requested. People were offered a choice of drinks with their meals, and were asked if they wanted second helpings. People told us that the food was "Very good", and made comments such as "I enjoyed eating that."

Good

Is the service effective?

People said that they could choose alternatives to the food offered on the menus. Items such as jacket potatoes, breaded chicken, omelettes and poached fish were always available. People could request snacks at any time, including night-time if they wanted this. We saw that staff were careful to ensure that people could reach their food and drink, and that it was given in their preferred crockery. For example, some people liked to have their drinks in china cups; whereas others required cups with two handles, or with a lid.

We saw that nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded regularly (usually monthly), and any significant weight gain or weight loss was identified by the nurses and passed on to the registered manager. Referrals were made to appropriate health professionals such as a dentist or dietician, if people needed help to maintain their food or fluid intake.

There were reliable procedures in place to monitor people's health needs. This included monthly assessments for specific needs, such as moving and handling, falls risk, pressure area care, continence and nutrition. Additional charts were used to record positional changes for people with reduced mobility; fluid charts for people at risk of dehydration; and personal care records showing when people had had a bath or shower.

Where people had wounds such as skin tears or pressure ulcers, the wound care records were clearly maintained, and included photographs. These helped to monitor how well a wound was healing or deteriorating. Referrals were made to other health professionals as needed. We saw records confirming referrals to speech and language therapists; physiotherapists; occupational therapists, dentists, and opticians. The home had links with two GP practices, and most people chose to be registered with a local practice from which a doctor visited at least weekly. The nurses told us that there were regular weekly reviews for people's health needs and medicines; but that they could call the doctor at any time for any emergency advice or treatment.

Outstanding ☆

Is the service caring?

Our findings

People felt that staff really listened to them, and cared about them. Staff interacted with people according to their different personalities and preferences, joking with some, speaking quietly and gently to others, and sitting and listening to people. A member of the care staff said that the ethos of the home was to "Treat people with dignity; help them to be independent; and ensure they have things to do that they enjoy." We saw that people were relaxed in the company of the staff, and often smiled when they talked with them.

Staff responded quickly to people when they used their call bells. People told us "I never have to wait long", and "They usually come straight away." The staff knew people's backgrounds and individual preferences. This meant that they could discuss things with them that they were interested in, and ensure that care was individual for each person. One care staff told us that they often helped a person with a bath in the evenings, and it was good that they never had to rush them, and they could enjoy a chat together.

We saw that staff noticed small details, such as observing when a person did not look comfortable in their armchair. They spent some time talking to the person, and gently helped them to move a cushion so that they were sitting more comfortably.

Most people were fully involved in planning their own care. Two people were able to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear; but were unable to always make complex decisions. These people had a named relative or advocate to speak on their behalf. The staff understood that if any complex decisions were needed, that a meeting would be held with the person and their representative, and with health and social care professionals to make a decision on their behalf and in their best interests.

People were able to choose where they spent their time, for example, in their own rooms or in one of the lounges. Staff promoted their independence, and ensured that people had the items in reach that they wished to use, such as notepaper, crosswords or knitting. People's family and friends were able to visit at any time, and to participate in their care if the person agreed with this. For example, one relative sometimes helped a person with their lunch. Relatives and friends were confident that people were well cared for. Their comments included, "I do not worry about leaving my Mum, I know she will be well looked after"; and "My wife is looked after well. She gets a good standard of care." Another person said, "My mother's health has improved, she now eats regular meals, is full of life, has 'come out of herself', and has not had any falls since moving into the home."

We talked with health and social care professionals who visited the home regularly. They said that people and their family members were always full of praise for the home; that staff members were knowledgeable about people's individual needs; that staff were "extremely" helpful and welcoming; and they did not have "any concerns" about the care being provided for people.

The staff were careful about maintaining people's privacy. We saw that they knocked on people's doors and waited for a response before entering. Personal care was given in the privacy of people's own rooms or bathrooms. The bedroom doors included a small window on the door which allowed more light into the bedrooms. These were each fitted with a small curtain inside, to maintain people's privacy and dignity when care was being given; and were drawn at other times if this was the person's preference.

One person said it had been difficult to leave her home, but she had been made welcome and said "This is now my home; I could not live anywhere better." Another person said, "I shall live here until the end of my days. I am quite content with that."

Good

Is the service responsive?

Our findings

People told us that the staff discussed their assessments and care planning with them when they moved into the home, and were involved in on-going care reviews if they wished to take part in these. The manager or nursing staff carried out a pre-admission assessment before people moved into the home, to ensure that the home would be able to meet their needs. The assessments included all aspects of daily living, such as managing people's personal hygiene care, pressure area care, nutrition, mobility, continence, medication and social activities. People's care plans reflected their individual care needs, such as the times they preferred to get up or go to bed; if they preferred to stay mostly in their own room; if they preferred a bath or a shower; and if they liked to join in with social activities. We saw that specific details were included, such as having a door left open at night; if bed rails were in use; and if the person needed help to move in bed.

Some people stayed in their rooms all the time. The home employed an activities co-ordinator who was very motivated about her work, and who spent time with people individually to stop them from feeling socially isolated. She knew people's different likes and dislikes, and helped them with crosswords, reading newspapers, and talking about past events. Some people liked to play board games such as dominoes, or snakes and ladders, and other people liked her to put on their choice of music for them. The activities co-ordinator had a weekly planner which included different activities for different people at different times, according to their own choices. A list was maintained to show each person she had spent time with each day, so that she could be sure that people were not left out. We saw that she was helping one person who was in their own room to make a picture of World War 2, cutting out pictures of soldiers and gluing them into place. They discussed how they were going to proceed next, and the person expressed their pride in the way the picture was taking shape. Other people said, "It is wonderful living here"; and "Lots of entertainers come in with singing. There is always something going on"; and "The cleaners come in and out and we always have a long chat together." This showed that all of the staff were aware of the importance of giving people time, and supported them socially as well as with practical care.

People told us that entertainment was brought into the home, and included singers, and visits from local schoolchildren. A regular church service was held in the home for people who wished to attend; and people were able to receive visits and communion from different clergy.

Health and social care professionals who visited the home regularly spoke highly of the registered manager, the staff, and the care that was given. They said that the care plans were very informative, and there was always a member of staff available to answer any questions; and staff were always seen to be caring and attentive.

People told us that they did not have any hesitation in sharing any concerns with the staff or the manager, and were confident that the staff would deal with them. One person said, "I have not had any worries or concerns, but I would be able to speak to staff or the manager. I believe the manager would take action on my concerns." People said they had been provided with a copy of the complaints procedure as part of the information about the home when they moved in. However, they said they would not need to use the complaints procedure, as they would "Just speak to the manager" anyway. The registered manager stressed to people that she had an open door policy, and welcomed people's comments at any time. A relative said "The manager is very approachable, I would just speak to her if I had any concerns. But the nurses and the staff always keep us informed of any changes or anything we need to know."

We looked at the complaints log, and saw that there had been no complaints during the last year. A complaint record from 2013 showed that the registered manager had appropriately investigated the matter concerned, and had taken swift action to rectify it. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the home, and would always be taken seriously and followed up.

Good

Is the service well-led?

Our findings

People who lived in the home spoke highly of the registered manager and staff, and so did relatives and health and social care professionals. The inspection team agreed that they heard only positive comments about the staff and the home throughout the entire process. A health professional who had visited the home over eight years said that the manager was "Excellent, kind and compassionate, and very committed to her job." Our observations concurred with this, and the attitude and care from staff showed that she had motivated the staff to behave towards people as she did herself. A social care professional said that they had always found the home to be very well run, and staff to be very caring and helpful. The staff kept them informed of any significant changes in the person's care. People's relatives had commented about how impressed and pleased they were to have their relative in such a caring environment. We saw that many relatives had added their comments and recommendations to a care homes' website. These included testimonials such as "We have nothing but praise for Balgowan. The manager and staff have been absolutely brilliant, and their professionalism, kindness and level of care is second to none." Another commented, "I cannot thank all of the staff enough for their dedication and kindness, and especially the manager for a well-run, happy home."

The staff said that there was good communication between staff members and those in different job roles. They all worked together as a team, and found the registered manager to be very approachable and helpful. They said that the registered manager led by example. She encouraged staff to participate in problem-solving, as this led to a greater reliance on their involvement and in achieving success. Her attitude towards them was firm but fair. Staff said that it was a good place to work, with good support from the registered manager. Several staff said that they "loved" their jobs, and were very happy working in the home. Staff said that they were supported through regular staff meetings as well as through individual supervision; and had handovers between shifts which highlighted any changes in people's health and care needs. The registered manager met with groups of staff for training updates. Staff found this approach helpful as it provided them with clear information about how to continually improve their understanding of how to support people effectively.

The registered manager kept her own training up to date, and had recently been awarded a Level 5 Diploma in Leadership and Management in a Health and Social Care setting. She was also involved with the 'My home life' initiative. ('My home life' is a collaborative social movement to promote the quality of life for people in care homes. It enables managers and staff to keep up to date with current thinking, and to identify good practice issues and ideas). This was in order to maintain a continual striving for excellence, and to make sure the staff had every opportunity to improve people's quality of life. The manager had started to meet regularly with other mangers within the same company, so that they could discuss best practice and continually look for ways to make improvements.

The registered manager told us that the provider and other managers in the company provided a supportive management framework. The provider was prompt in providing resources to improve people's quality of life, and to promote their wellbeing. For example, during the last few months, a staff member had been supported in improving the outside patio area, making it more attractive with tubs of flowers. The provider was in the process of improving existing facilities by putting in a second passenger lift which would provide access to all floors.

People and their relatives were invited to talk with the manager and staff at any time. This was stressed to people when they moved into the home. A communications book was made available in the reception area, so that people could add their comments anonymously, or mention any ideas or concerns to the manager if they did not wish to stop and talk with her directly. This ensured that they could raise issues at any time.

People's views were sought through the use of annual questionnaires. These were given to each person living in the home, and at least one of their representatives. We viewed the most recent questionnaires and saw that they covered topics such as the food and catering; personal care and support; the premises and environment; and social activities. The results had been very positive. People had added their comments, including, "We cannot thank the staff enough for attending to our relative's every need"; and, "The call bells are always answered very quickly. The staff are warm and understanding and always listen."

The registered manager carried out a system of on-going assessments to monitor the quality of the service provided.

Good

Is the service well-led?

These were thorough auditing procedures, which included monthly room assessments. These provided detailed checks for safe provision, such as checking electrical fittings, carpets, grab rails, windows and doors to see that they were in good condition. These checks provided an effective method for improvements. We saw that identified areas such as a cracked ceiling and damaged paintwork had been repaired; and furniture items such as an armchair had been replaced. New curtains had been ordered for a number of bedrooms to improve these. Other checks included emergency lighting checks; hot water temperature checks; fire drills; 'PAT' testing for electrical items and call bell checks. A yearly building risk assessment checked items such as sluices, radiator covers, laundry and kitchen areas. A recent check had identified a damaged radiator cover, and this had been scheduled for repair as a result.

The registered manager carried out audits to assess the effectiveness of the personal and nursing care given. These included nutrition audits, care plan audits, an infection control audit, falls audits and accident/incident audits. The results from the audits led to immediate improvements. Nursing staff were alerted to any care plans which lacked updated information or nursing assessments so that these could be dealt with promptly. Nutrition audits highlighted any significant weight loss or weight gain, and this was then discussed with the person concerned, and with nursing staff and the chef to bring about any changes needed. Accident and incident audits identified if there were any trends, such as falls at the same time of day, or for the same person. The manager and staff discussed the best way to address these issues. People and their relatives were included in discussions where this was relevant to them.

All of the records viewed were up to date and were clearly maintained. This enabled the registered manager to follow care pathways and see that the required nursing care had been given; and to see that robust processes were in place to maintain good standards of care, and carry out on-going improvements.

We received feedback from visiting health and social care professionals which underlined their positive view of the home, and their trust in the standards of care being given. Some health professionals had been visiting the home for several years, and were knowledgeable about the standards of care and the staff's abilities. They said that the nurses employed by the home had attended the appropriate post-registration training to monitor long term conditions such as diabetes and asthma; and there was regular contact with occupational therapy and physiotherapy teams for all of the people in the home for assessments and rehabilitation. Social care professionals noted that the home's record keeping was clear and concise and was regularly updated to meet people's care needs. They said that the manager and staff always informed them of any concerns about people's care, and asked them to review people's placements if this was indicated.