Bayswift Limited

# Chegworth Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 undertook an unannounced inspection on 29 September 2016. At our previous inspection on 13 May 2014 the provider was meeting the regulations inspected.

Chegworth Nursing Home provides accommodation and nursing care for up to 43 older people. At the time of our inspection 42 people were using the service, some of whom were living with dementia. The home specialises in supporting people requiring end of life care and wound management.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient staff at the service to meet people's needs. Staff were allocated to support individuals and this enabled them to build caring trusting relationships with people. Staff had the knowledge and skills to meet people's needs and these were updated through the completion of regular training courses and discussion during supervision sessions.

Staff treated people with respect. They spoke and interacted with them in a caring and friendly manner. Staff knew the people they were supporting and provided care in line with their wishes and preferences. Staff respected people's privacy and maintained their dignity.

The registered manager assessed people's needs and developed care plans outlining how those needs were to be met. People and their relatives were involved in discussions about their care needs. The staff had the knowledge to support people with wound care. When people had been admitted to the service with pressure ulcers staff had provided people with the care they required in order for these wounds to heal.

Staff assessed the risks to people's safety and plans were in place to manage and mitigate those risks. This included providing people with the equipment they required. Risk management plans were reviewed in response to incidents that occurred at the service to prevent recurrence of similar incidents.

Processes were in place to keep people safe. This included ensuring staff were aware of their responsibilities to safeguard people and to report any concerns of possible abuse to their manager and the local authority safeguarding team so appropriate action could be implemented to protect people, where required.

Staff were prompt to identify when people required support with their health. Staff undertook some screening processes to identify possible infections so prompt treatment could be sought. Staff liaised with the GP and undertook weekly 'ward rounds' to review people's health needs. Staff liaised with other healthcare specialists as required and supported people in line with the advice provided. This included seeking advice about people's nutritional needs.

The service was part of the Vanguard initiative. This initiative was about supporting people with their healthcare needs within the care home by trained and knowledgeable staff in conjunction with other community healthcare professionals and about smoother transitions between the care home and admissions to hospital. The registered manager felt being part of this process had strengthened their processes to support people with their healthcare needs and ensured people received the support they required in a timely manner.

Staff provided people with end of life care and support in line with their wishes and preferences. Advance care plans and 'co-ordinate my care' records were available so all professionals involved in the person's care were aware of their wishes. Staff supported people to be at their preferred place at the end of their lives and staff stayed with the person so they did not die alone. The service had been accredited as part of the Gold Standards Framework (GSF) recognising the ability of the staff to provide quality end of life care.

People received their medicines as prescribed and accurate records were kept of medicines administered. The registered manager had worked with the community pharmacist to further strengthen and streamline medicines management.

Staff were aware of their responsibilities to adhere to the Mental Capacity Act 2005. Staff asked for people's consent before providing support and respected their decision. The registered manager organised for people to be reviewed under the Deprivation of Liberty Safeguards to help ensure their rights were upheld while their safety was maintained.

Activities were available to provide people with stimulation. This included one to one engagements and some group activities. The provider was supporting the activities coordinator to develop their knowledge and build links with other activities coordinators to further strengthen the activities programme. A minibus had recently been purchased to provide further opportunities for people to engage in the local community.

A complaints process was in place. People and their relatives felt able to speak with the registered manager if they had any concerns or complaints. We saw that these were investigated and addressed as required. People, their relatives and staff were asked for their feedback about the service through regular meetings and completion of satisfaction questionnaires. Feedback received was used to further improve service delivery.

There was clear leadership at the service with strong management in place. Staff felt well supported by their manager and able to approach them for advice and guidance. They were able to express their opinions and that their suggestions were listened to.

There were processes in place to review the quality of the service. This included a programme of audits and review of key performance data. The registered manager worked with the local authority, clinical commissioning group and other healthcare professionals to review and improve service provision.

## 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 identified risks to people's safety and put plans in place to manage and mitigate those risks. Staff were knowledgeable of safeguarding adult procedures and these were followed to ensure people were protected from harm.

There were sufficient staff on duty to meet people's needs and these were increased as people's needs changed or due to additional activity at the service.

Safe medicines management processes were in place and people received their medicines as prescribed.

### Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to undertake their duties. Their knowledge was regularly reviewed and updated through supervision sessions and completion of training courses.

Staff adhered to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards code of practice.

The service was proactive in meeting people's health needs. They had good working relationships with the GP and other healthcare professionals.

People were supported with their nutritional needs and received meals that met their individual needs.

A full refurbishment of the environment had been completed including the integration of specialist equipment including ceiling hoists. Additional equipment was purchased to meet people's individual needs as and when required.

### Is the service caring?

Good

The service was caring. Staff built trusting, friendly and caring relationships with people. They interacted with people in a polite and friendly manner. People's privacy and dignity was respected.

People and their relatives were involved in decisions about their care and support was provided in line with their preferences.

The staff specialised in end of life care. Advanced care plans were developed outlining people's wishes and staff adhered to these. The service had been accredited with the Gold Standards Framework (GSF) recognising the arrangements in place for the service to provide quality end of life care.

## Is the service responsive?

Good

The service was responsive. People received the support they required. The registered manager assessed people's support needs and developed care plans outlining how this support was to be delivered, taking into account people's preferences and wishes.

Some group and one to one activities were provided to engage and stimulate people. A minibus had recently been purchased to increase opportunities to engage in the community.

A complaints process was in place. All complaints raised were investigated and responded to.

## Is the service well-led?

Good

The service was well-led. People, their relatives and staff were involved in decisions about service delivery. They were asked for their feedback through the completion of satisfaction questionnaires and regular meetings.

Staff felt well supported by their manager and the senior management team. They felt able to approach them for advice and guidance. They said the management team were open to ideas and listened to any suggestions made.

There were processes in place to review the quality of service delivery. Where improvements were identified these were acted upon.

The registered manager worked with healthcare professionals, the local authority and the clinical commissioning team to further improve service delivery and implementation of good practice.

# Chegworth 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 September 2016 and was unannounced. One inspector undertook this inspection.

Prior to this inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in 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.

During the inspection we spoke with four people, three relatives and nine staff including the registered manager and the director. We reviewed four people's care records and four staff records. We reviewed records relating to the management of the service and medicines management processes.

After the inspection we spoke with a representative from the local authority and three healthcare professionals involved in the care and support provided to people using the service.

Good

# Is the service safe?

## Our findings

One person said in regards to feeling safe, "No problems, no concerns at all in that area." A person's relative told us, "We know [the person] is safe here."

Staff assessed the risks to people's safety and regularly reviewed these to identify when new risks arose. Plans were developed instructing staff how to support people to manage and mitigate known risks. This included the risk of malnutrition, developing pressure ulcers and falling. Staff supported people who were at risk of falling, providing them with mobility aids and using hoists when necessary. People were also provided with lowered beds and mattresses beside the bed to reduce the risk of injury if they did fall. Staff assessed whether it was appropriate for people to have bed rails in place and when safe to do so these were implemented. People at risk of developing pressure ulcers were provided with pressure relieving mattresses and were regularly repositioned. Staff monitored food intake for those at risk of malnutrition and regularly weighed people to identify if they were losing weight.

We identified that some of the records relating to risk management did not always provide a complete picture of the support provided by staff to manage those risks. This included the completion of turning charts and food intake charts. Turning charts did not always contain information when people refused to be repositioned or when they were out of their bed and therefore repositioning was not required. We saw that food charts were not completed in a timely manner meaning there was a risk that they may not provide an accurate record of what people had eaten. We discussed this with the registered manager at the end of our first day of inspection. We saw on day two that improvements had been made and staff were keeping complete and timely records.

Some people at the service smoked. Arrangements were in place to ensure this was done safely. We saw that people kept their own cigarettes but the staff kept hold of the lighters due to the risks associated with smoking. People confirmed when they wanted a cigarette staff provided them with a lighter and staff supervised the person when smoking to ensure their safety.

Where incidents occurred there was a process in place to ensure these were recorded and reviewed by the registered manager. We saw that action was taken to support people involved in an incident including accessing medical services when required. Where there was a pattern of incidents the registered manager reviewed the risk assessments and management plans in place to identify any additional support a person may require to reduce the risk of the incident recurring.

Systems were in place to ensure a safe environment. This included fire equipment checks, gas, electrical and water safety checks and servicing of kitchen and lifting equipment. We saw that all systems and safety checks had been updated since the completion of the service's refurbishment to ensure the new environment and equipment was safe for people to use.

Staff were aware of safeguarding adults procedures and signs of possible abuse. Staff told us they reported any concerns about a person's safety so that they could be investigated and the person protected from

additional harm. Staff reported concerns of possible abuse to the local authority safeguarding team and the police when appropriate. The manager learnt from allegations of abuse and implemented measures as necessary to ensure people were protected.

There were sufficient staff on duty to meet people's needs and this was confirmed through feedback received by staff, people and their relatives. The registered manager confirmed that when planning the staff rota they considered staff's skills and experience to ensure there was the appropriate knowledge amongst the staff on duty to meet people's needs and to support each other. They also ensured there was an appropriate gender mix among staff on each shift to ensure people received personal care from staff of the gender they preferred.

Staff were allocated to support specific people on each shift. The staff we spoke with confirmed they usually supported the same people which meant they had been able to get to know the person well and how they liked to be supported. The registered manager confirmed they were able to increase the number of staff on duty according to people's needs, for example if a person's health was deteriorating or they required accompanying to a healthcare appointment. The rotas we saw confirmed this. We also saw additional staff were on duty on Thursdays to accommodate the multidisciplinary staff meetings and GP visit.

Safe medicines management processes were in place and people received their medicines as prescribed. People we spoke with confirmed they received their medicines when they needed them. One person told us that occasionally they were in pain but that if they asked staff they would give them pain relief medicines. Medicine administration records were completed appropriately and provided an accurate record of the medicines administered. Accurate stocks of medicines were maintained as our checks showed. Medicines were stored securely and at appropriate temperatures. This included the secure storage of controlled medicines. We saw that additional records were kept of the controlled medicines administered with stock checks completed after each administration.

The staff had worked with the clinical commissioning group's (CCGs) community pharmacist to review medicines management. This included reviewing people's medicines when they were discharged from hospital to identify any medicines that should not be taken together due to the impact they had on the effectiveness of the medicines or due to the side effects experienced, and to identify whether the medicines prescribed were still required. For example, if a person was prescribed pain relief when they were discharged but due to an improvement in their health these were no longer required. The registered manager had also implemented new measures to improve practice and obtain further information about people's medicines when they came from their own home to stay at Chegworth. This included obtaining copies of current repeat prescriptions in place so they could liaise with the person's new GP at the service to ensure the person continued to receive the medicines they required.

Good

# Is the service effective?

## Our findings

People were supported by knowledgeable and skilled staff. Staff told us they received the training they required to ensure they had the knowledge and skills to undertake their roles and responsibilities. There was a rolling programme which enabled staff to complete training the provider considered mandatory for their role. This included training on safeguarding adults, the Mental Capacity Act 2005, moving and handling, infection control, health and safety, and fire safety. Additional training was also available on catheter care, dementia and palliative care. Some of the training was provided by staff from a local hospice in order to provide staff with up to date specialist knowledge in end of life care. The registered manager was a trainer in moving and handling so could provide regular in depth training on this topic. After each training course staff were required to complete a competency test. The results of these tests were shared with the registered manager so any performance issues could be picked up. We also saw the registered manager held mini training sessions as part of team meetings and group supervision to ensure staff stayed up to date with their knowledge and skills. The provider supported staff to undertake English courses for staff where English was not their first language to improve their written and verbal communication.

Staff received regular supervision. This included individual and group supervision, as well as one to one meetings and practical supervision. Any areas for development were discussed during these sessions so staff were aware of how to improve their practice.

Staff were encouraged and supported to take on additional duties as they became more experienced to aid with career progression and enable staff to take lead roles at the service. One staff member told us they had taken a lead in inducting new staff members and ensuring new staff were aware of what their role involved and how to undertake their duties.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. Staff were aware of their responsibilities under the Mental Capacity Act 2005. People were involved in decisions about their care and consented to the support provided. Where people were unable to make a decision these were made within their best interests with involvement of their family members. Staff respected people's decisions where they had the capacity to make them, including when they refused treatment and support.

The registered manager had made applications to the local authority's DoLS team for authorisation to deprive people of their liberty when they felt it was required to keep people safe. The registered manager kept track of when people's DoLS authorisations expired and arranged for reviews to take place to ensure the restrictions were still appropriate.

The local GP confirmed they had a good relationship with staff at the service. They told us there was good communication and staff kept them well informed about any changes in people's health needs. The GP was able to access people's health records through the computers at the service, meaning they were able to access test results and review people's medical history when assessing them at the service. The registered manager was also able to log into the system to review and order repeat prescriptions meaning it was quicker for the GP to review and approve. A weekly multi-disciplinary meeting was held which the GP attended, as well as care staff and the provider's physiotherapist. This gave staff the opportunity to discuss people's care and health needs together and identify any additional support people required.

The provider had employed a physiotherapist to work at the service. This person supported the staff to review people's moving and handling needs, and supported people with their mobility. This included doing regular exercises with people to increase their mobility and muscle strength. The physiotherapist reviewed each person who had a fall to identify any additional support they required to help with their stability.

Staff were knowledgeable in recognising signs of infection and that a person's health was deteriorating. Staff monitored people's conditions and signs of infection and took appropriate action by contacting the GP if they thought people's health was deteriorating. In addition to undertaking nursing tasks such as monitoring people's vital signs and test urine samples for infections, nurses were also able to take blood samples that they would send for further analysis and therefore enabling the prompt diagnosis or review of people's conditions by the GP.

The service was participating in the Vanguard initiative. In addition to having weekly GP rounds in the home and having staff trained to enhance their clinical skills, this initiative also helped support smooth transitions when people at the care home needed hospital admission and to return back to the home. The staff were using the red bag developed as part of this initiative to pack people's belongings, medicines and documentation when they were transferred to hospital, so hospital staff would have all the necessary information about the person, and the person would have all that they needed during their hospital stay. The registered manager confirmed use of the bag had improved arrangements and people were returning to the service with any unused medicines so these were available for them to take when back at the service rather than having to arrange for new medicines to be delivered.

Staff liaised with specialist healthcare professionals when required. One person told us they regularly saw a dietician. They were aware the dietician wanted them to increase their weight and they were working together to find ways of fortifying their diet and fluids in a way the person enjoyed. Staff also had links with speech and language therapists, dentists and chiropodists who visited regularly. One person's relative told us the staff supported their family member to obtain new hearing aids, have their eyes tested and obtain new glasses, and see a dentist to be assessed for dentures.

People were supported with their nutritional needs. We observed lunch being provided in the main lounge. People were orientated that it was time for lunch and were provided with napkins to protect their clothes from spills and stains. Some people were provided with adaptive cutlery so they were able to eat independently. Where people needed assistance from staff this was done appropriately and at a pace dictated by the person. However, we observed that staff did not always remind people what food was provided. One person told us they did not know what they were eating. We spoke with the registered

manager about this and they said they would remind all staff of the importance of clear communication throughout all aspects of meal times.

Staff were aware of people's dietary needs and this was recorded in their care records. This included what measures were in place to support those at risk of choking due to difficulties with swallowing, including thickening their fluids and providing soft meals. Staff also recorded information about any food allergies people had or food preferences they had due to their religion and culture.

At our previous inspection in May 2014 we found the service was in need of redecoration. Since this inspection a full refurbishment programme had been undertaken, providing a clean and pleasant environment. This included extending the building and the addition of six bedrooms. During the refurbishment the staff had updated some of the equipment at the service, including ensuring all bathrooms and many of the bedrooms had ceiling hoists installed and purchasing mobile shower trolleys to support people with postural difficulties to have their personal care needs met. People and their relatives told us the staff had managed the refurbishment programme well with little disruption to people.

At the time of our inspection the service's spacious garden was being landscaped. We saw the plans for the new garden design which would provide a fully accessible garden with plants as well as a water feature to stimulate people's senses and for them to enjoy.

Additional equipment had also been purchased to support individual people. For example, one person was unable to use their arms and had limited verbal communication, meaning they required additional support to obtain staff's attention. The registered manager had liaised with specialists and purchased equipment which the person was able to use by moving their head. This was linked to the call bell system and enabled the person to call for staff's attention when they required it. This communication tool also enabled the person to have greater independence, for example, being linked to the lights in their room so they were able to turn them on and off independently.

Good

# Is the service caring?

## Our findings

One person told us the staff were "very good" and "attentive". They said staff responded promptly when they pressed their call bell. One person's relative told us the person was "well looked after" and they appeared to be happy whenever they visited them. Another person's relative said they were "extremely happy with the care" and they were "always involved in discussions about [their family member's] care." They also said the service had a "caring culture – that comes from the top."

Staff had built trusting and caring relationships with people. We observed staff speaking with people politely and in a respectful manner, using appropriate language and speaking with people in a way they understood. Information was included in people's care records about how and the pace to communicate individually with the person.

People were involved in decisions about their care. Staff were aware of what decisions people were able to make and involved them in day to day decisions as much as possible. Information was obtained about people's preferred daily routine. Staff also supported people to make choices about their personal care where they were able to and about what they wanted to wear that day.

People were supported to maintain relationships with friends and family. There were many family and friends visiting on the day of our inspection and they told us there were no restrictions in regards to when they could visit. They said they were made to feel welcome at the service. Some people who spent more time in their bedroom had individual phone lines installed so they could call friends and family.

Staff were respectful of people's privacy and maintained their dignity. Personal care was provided in the privacy of people's bedrooms or the bathrooms at the service. Staff knocked and asked for people's permission before entering their rooms. They closed the doors and curtains before supporting people with personal care and covered them as much as possible to maintain their dignity whilst support was provided.

Staff were respectful of people's religious preferences. At the time of our inspection the people using the service were Christian and there were arrangements in place for Holy Communion to be delivered at the service. Staff confirmed they had the skills and knowledge to support people of other faiths, including ensuring end of life arrangements were in line with the person's religion.

The staff specialised in providing end of life care, and staff received referrals from the Clinical Commissioning Group (CCG) to provide this type of care. Staff discussed with people, and their relatives, their end of life choices and how they wished to be cared for. This included identifying their preferred place to die and whether they would like to receive treatment and in what circumstances. We saw that people receiving end of life care had advanced care plans outlining how they wanted to be cared for. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were completed for people who wished not to be resuscitated in the event that they stop breathing or their heart stop beating. This information was clearly displayed and accessible in people's care records. 'Coordinate my care' forms had also been completed to inform other healthcare professionals of the person's wishes. From the data submitted to the local authority

we saw that staff had supported people at the end of their lives to remain at the service, which had been identified as their preferred place. The provider ensured that additional staff were on duty to sit with the person in their final hours, if they had no family or their family were unable to visit, to ensure there was someone with the person at that time of their life.

The service had been accredited under the Gold Standards Framework (GSF) recognising that the service were meeting a number of standards in regards to providing appropriate care to people nearing the end of their lives. The GSF improves the quality, coordination and organisation of end of life care leading to better outcomes for people in line with their needs and preferences and ensuring they spend the end of their lives in a familiar and comfortable environment. The registered manager told us they were one of the first services to achieve accreditation in the local area and they had successfully retained their accreditation since 2010. The service was last reviewed in March 2016 when they scored 49 out of 50. The area identified as requiring improvement was to disseminate information about best practice in end of life care to all nursing and care staff, not just the staff leading in this area and the senior staff team. The registered manager had organised specialist training for all staff from the local NHS trust and hospice.

The staff held an annual memorial day. Family members of people who had died in the previous 12 months were invited to attend the service for afternoon tea to remember their loved ones.

Good

# Is the service responsive?

## Our findings

People received the support they required to meet their needs. Staff produced care plans about how to support people with their identified needs. These were produced following assessment of people's needs and discussion with the person and their family member about how they liked the support to be provided. A healthcare professional told us the registered manager undertook a thorough assessment to identify people's needs and to ensure staff at Chegworth could meet those needs. We saw that detailed records were maintained about how staff were to support people with all their identified needs including those related to their personal care, nutritional intake, continence care, social care and any other individual care needs. People we spoke with confirmed they received support with their personal care and staff provided this in a kind and caring manner.

The registered manager was proud of the standard of care and treatment the staff provided to people with wounds for those wounds to heal. Staff had received additional training on pressure care prevention and management. Staff were knowledgeable in recognising the initial signs that a person's skin was breaking down and they communicated with the rest of the staff team if they identified any concerns. Staff were aware of the importance of people receiving appropriate nutrition and fluids when they had wounds to help with the healing process. Some people using the service had pressure ulcers when they were admitted and these had successfully healed. Pressure ulcers were regularly reviewed and dressings were changed frequently. One of the people we spoke with had previously had a pressure ulcer. They said since being at the service this had healed and staff regularly supported them to change position to minimise the risk of new ulcers developing.

At our previous inspection in May 2014 we identified that care records did not sufficiently contain information about people's social needs. At this inspection information had been gathered on people's life histories, their experiences and their interests and hobbies. Staff used this information to tailor the support provided to people.

An activities coordinator was in place providing activities and stimulation for people Monday to Friday. During the weekends there was more emphasis on family visiting to provide stimulation to people. In addition to the activities co-ordinator, there were arrangements in place for a hairdresser and an aromatherapist to visit the home to provide their respective services to people.

The activities coordinator told us they tried to see and spend time with each person every day. On the day of our inspection we observed some group activities being provided, including sing along sessions and games. However, these were limited. We spoke with the registered manager and the director about this. They informed us they had supported the activities co-ordinator to access some training through the Vanguard initiative but they would look at other training opportunities for them as well as linking with the activities co-ordinator at the provider's other services so they could share ideas.

The provider had recently purchased a mini-bus. This enabled staff to support people to have greater access to the local community. The staff had used the mini-bus to support people to go to local restaurants and

pubs for meals and to the garden centre. People told us they enjoyed these activities and the opportunity to access the community.

There was a complaints procedure in place which was displayed in the communal hallway. The registered manager investigated and responded to each complaint, and where improvements were required to service delivery these were made. For example, one person complained that staff were not responding to their call bell. The registered manager discussed with staff and reviewed the call bell log. They identified that the call bell had not been activated as the person was unable to effectively use the current call bell. The registered manager organised for a different call bell to be installed which was easier for the person to use.

People and the relatives we spoke with were happy with the service they received but felt able to speak with the staff and the registered manager if they had any concerns. They were also aware of who the director was if they felt they needed to take their concerns further.

Good

# Is the service well-led?

## Our findings

One person described the registered manager as "very good" and said about the service, "All in all I give it 10 out of 10." One person's relative said there was good communication from the registered manager and they were always informed if there were any changes in their family member's health. Another relative described the registered manager as "amazing".

Systems were in place to obtain feedback from people and their relatives and involve them in service development. This included three-monthly residents meetings and six-monthly relatives' engagement meetings. In addition, the registered manager had an open door policy and made themselves available when family members came to visit.

The provider asked people, their relatives, staff and healthcare professionals for feedback through the completion of an annual satisfaction survey. We viewed the 2016 findings and saw the majority of the feedback was very positive about the service. Where areas were identified as needing improvement or where a group felt they lacked particular information this was discussed with them. This included ensuring all people involved in the service were aware of the complaints process and how to access the service's latest CQC report. From the questionnaire findings we saw that relatives had fed back that since the relocation of the kitchen it had been harder for them to access hot drinks. The registered manager had organised for hot drink facilities to be included in the communal lounge which relatives were able to help themselves to. The common theme requiring improvement from all feedback received was the range of activities offered. Since this feedback the provider had purchased the mini-bus so more activities could be accessed in the community.

Staff felt well supported by their colleagues and the registered manager. They told us there was good communication amongst the team with each person's views being heard. They had staff handover three times a day which enabled staff to share up to date information about any changes in people's care needs. In addition they had regular team meetings to discuss service performance and any changes to service delivery. Each staff member we spoke with felt able to contribute to these meetings and to express their opinions. Staff told us they also appreciated the registered manager provided "hands on" care as it meant they knew the people using the service and could further support staff in meeting people's needs and providing advice about how to meet people's specific needs.

The registered manager and staff felt well supported by the director of the service. They said they had regularly access to him, with him visiting the service daily. They told us they felt the director was easy to approach and they had built trusting relationships with him. They also said the director supported them in purchasing additional resources and attending courses to further their skills and the opportunities available for people using the service.

The registered manager had a programme of audits which they undertook to review the quality of service provision. This included reviewing medicines management processes, disposal of clinical waste, infection control and care records. Where improvements were required these were addressed. In addition, the

registered manager collected key performance data and shared this with the commissioning authorities. This included reviewing data on pressure ulcers, infection rates, deaths, hospital admissions and the number of emergency GP call outs.

The registered manager had built strong links with community professionals, the local authority and the Clinical Commissioning Group. They said being part of the Vanguard initiative had given them the opportunity to build stronger links with other social care providers within the borough and share ideas. In addition they had built links with a local university and teaching NHS trust and they were in the process of organising for nursing students to undertake placements at the service. The registered manager liaised with the local hospital to reflect on admissions and the transition process to identify if any improvements could be made. They also worked with staff from the local NHS Trust to pilot end of life care initiatives to further develop their practice in this area.

The registered manager was aware of their registration requirements with the Care Quality Commission and submitted notifications about key events that occurred at the service.