

Salveo Care Ltd

Austenwood Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 13 September 2018. Austenwood Nursing Home is a 'care home' registered to support up to 35 people. People in care homes receive accommodation as well as personal and nursing care under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were 31 people living at the service.

At our last inspection in December 2015 the service was rated Good overall. At this inspection we found the service improved its responsiveness to Outstanding and remained Good overall.

We found the service was exceptionally responsive to people's needs. There was a clear emphasis on putting people and their individual needs at the forefront of the service delivery. Staff were empowered and focused on improving people's lives and well-being. People achieved positive outcomes as result of care received. There was an exceptional activities provision that took account of people's individual preferences effectively enhancing their sense of purpose.

People were extremely complimentary about the support they had from staff and told us staff were 'superb' and that the staff respected what was important to people. Comments from people included, "The staff help me and know what I need, sometimes almost before I know myself" and "The staff seem to know exactly what to do and look after me well".

The feedback from people's relatives was also excellent and reflected people's relatives were 'delighted' with the care at the service which left the relatives 'confident that the family have made the right choice'. An external professional told us, "I would have absolutely no qualms about placing my mother in Austenwood if she required care. I have total confidence that the home is run professionally".

People knew how to raise concerns and they told us there was nothing they would like to change about the service. The provider demonstrated a proactive and innovative approach to complaints management and the management saw concerns as a way of improving the service.

The staff ensured people were supported to have a dignified death. Staff worked in collaboration with professionals to ensure people receiving end of life were pain free. Staff provided empathy and emotional support to wider families of people receiving end of life care. The management demonstrated proactive approach and put systems in place that ensured people and their relatives were well informed and prepared for the unexpected aspects of people's deteriorating conditions.

People continued to be safe and they told us they felt safe. Staff had a good understanding of safeguarding matters and knew how to report any concerns. People's medicines were managed appropriately and people received their medicines as prescribed.

People benefitted from skilled and knowledgeable team that received relevant, ongoing training. Staff told

us they were well supported and praised the team work. There were sufficient staffing to keep people safe and the provider ensured safe recruitment practices had been followed.

Risks to people, including individual risks, environmental risks as well as infection control risks were all managed appropriately to ensure people were safe. The provider had a system to record and manage accidents and incidents and ensured appropriate action had been taken in response to these. The team used reflection to ensure lessons learnt were considered and to improve the service further.

Staff were compassionate, kind and caring and they developed meaningful rapport with people living at the service. People's dignity, privacy and confidentiality was respected and people were supported to remain independent as much as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice and people's rights to make own decisions were respected.

There were systems in place to ensure people's needs were assessed prior to admission to the service. People were supported to meet their nutritional needs and to access health professionals as required. The provider ensured plenty of consideration had gone into the decoration and layout of the service. A real homely and peaceful environment had been created with due consideration given to people's needs. Since our last inspection the service won 2016 Care Home Design Award for its environment.

There was a registered manager running the service. 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 was a robust staffing structure that ensured all staff were clear of their roles and responsibilities. This contributed to staff morale and promoted an open and positive atmosphere for all who lived and worked at the service.

People, relatives and staff all told us the service remained well-run. People had opportunities to provide feedback about the running of the service and the registered manager ensured all feedback was acted upon. Staff felt valued, listened to and they demonstrated a sense of pride working at the service.

The provider worked in partnership with other organisations to ensure good practice standards were followed. The registered manager ensured number of audits took place on regular basis. The provider's quality assurance systems remained effective and contributed to driving a continuous improvement.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People benefitted from an enhanced sense of well-being and positive outcomes as result of an exceptionally responsive support received.

The exceptional activities provision took account of people's individual preferences effectively contributing to their well-being and giving people a sense of purpose.

People knew how to raise concerns. The provider demonstrated a proactive approach to complaints management.

The staff ensured people were supported to have a dignified and pain free death and provided empathy and support around bereavement to people's relatives.

Is the service well-led?

Good ●

The service remains Good.

Austenwood 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 look at the overall quality of the service.

This inspection took place on 13 September 2018 and was unannounced. The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing interactions between people and staff at the service and we spoke to eight people and one visiting relative. We also spoke with the director, the registered manager, one nurse, one nursing assistant, one Care Home Advanced Practitioner (CHAP), two care staff, one laundry staff and the head chef.

We looked at records, which included three people's care records and medicines records. We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. After our site visit we contacted number of external health and social care professionals and commissioners to obtain their views about the service. We also contacted three more relatives to get their views.

Is the service safe?

Our findings

People told us that they remained safe. One person said, "I feel very safe here". The provider had safeguarding policies in place and staff knew how to raise safeguarding concerns. One staff member said, "I'd go to the nurse in charge or the manager. I can ring the [local authority] safeguarding team".

There were enough staff to keep people safe and people were assisted promptly. We observed call bells being answered promptly and staff were visible around the building. People told us there was enough staff. One person said, "I know when I press the bell someone will come and that stops me being scared". Staff also told us there was enough staff. One staff member said, "We have got our groups and we know what to do" referring to the good planning and effective allocation of staff on each shift. This contributed to the smooth running of the day which was observed by us on the day of our visit. People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

People continued to receive their medicines safely, as prescribed and medicine records were completed accurately. Medicines were stored securely, locked in designated cupboards in people's bedrooms. This contributed to personalised approach and was aimed to encourage people to be more involved in the process. Staff also told us this approach eliminated the noise caused by pushing the medicine trolleys down the corridors. Staff monitored the temperature of people's rooms daily to ensure medicines were stored as per manufacturers' guidance. There were additional arrangements in the medicine room for medicines requiring cold storage. Where people had been prescribed 'as required' (PRN) medicines individual protocols were in place. We observed staff administering the medicines and we saw staff followed good practice. The medicines records were fully completed and there were appropriate arrangements in place to manage the stock including when the unused medicine needed to be returned to the pharmacy.

Risks to people's personal safety and well-being had been assessed and recorded. People's care files contained guidance how to manage these risks. Risks assessment included people's mobility, skin care, falls, nutrition and other conditions. For example, one person had been assessed as requiring double handed transfers. Their care plan clearly specified the level of assistance required including the type, size and a serial number of the sling that needed to be used. Where people were at risk of compromised swallowing their care plans reflected the assessment carried out by external health professionals. There were clear directions in relation to use of the fluid thickener and we checked the staff were aware of these directions.

People were protected from risk of infections. Staff had been trained in and followed infection control guidance. We saw staff used protective equipment such as gloves, where required. People were protected from risks surrounding the environment. There was evidence that a number of equipment checks took place. These included fire check and drills, water temperatures and various equipment checks.

The provider had a system to record accidents and incidents. We viewed the accidents file and saw appropriate action had been taken where necessary. For example, where a person had suffered a fall appropriate observation was implemented and emergency services contacted where needed. The

registered manager ensured the accidents forms were fully completed and if needed the form was returned to the member of staff to clarify the details of their account. This meant the management ensured they had all information in order to take appropriate, corrective action.

The registered manager ensured any concerns identified were used as a learning opportunity and to review and improve the service for people. For example, it had been identified staff were interrupting people's meals to administer medicines. A 'protected meal time' approach was implemented to ensure people could enjoy their meals uninterrupted. We saw staff respected this approach when administering the morning medicines, the member of staff ensured the medicines round did not clash with people's breakfast time.

Is the service effective?

Our findings

People were assessed prior to admission to ensure staff were able to meet their needs effectively. The assessment included areas such as mobility, communication needs, eating, drinking and emotional needs. People and where applicable, people's relatives were involved in the assessment process. One relative told us, "The assessment was thorough, involved talking to [person], the nurses in the hospital and ourselves who were all present at the same time. The [admission] process is difficult and the Austenwood team left us feeling supported at all stages with great communication".

People continued to be supported by suitably skilled and knowledgeable staff. Staff told us and the records confirmed staff received relevant training that allowed them to perform well. Training provided reflected the standards of Care Certificates. Care Certificates is a nationally recognised set of training modules that all social care workers need to adhere to in their work. The provider introduced a new role, of Care Home Advanced Practitioners (CHAP) to work alongside nursing colleagues and take on additional responsibilities. CHAPS had also been trained to administer medication and this ensured that there were more trained staff on a daily basis which contributed to improved resilience. Going forward each of the new CHAP would also be a champion in a specific area, such as dementia or nutrition etc. Where relevant staff received additional clinical training. This included, pressure ulcer prevention, wound care management, catheterisation, diabetes, tissue viability, venepuncture, blood sugar monitoring, catheter or stoma care, dysphasia and the management of a syringe driver.

Staff complimented the training provision and told us they were well supported. Comments included, "I went on four days training, went through a lot! I was shadowing (working alongside an experienced staff member) for two weeks and was signed off on practices such as correct moving and handling" and "My induction was good. I had a couple of supervisions, just to see if I was all right and settling (to the team)".

People were encouraged to maintain good nutrition and they complimented the food provided. One person said, "I can have whatever I like to eat even if it is not on the menu and sometimes I ask for a sandwich quite late at night but it never seems to be a problem for them". Another person said, "The food and the choice is really good, probably good enough to give to the Queen".

There was a seasonal menu that changed regularly and people were consulted about it. The chef ensured people's favourites meals were always on offer and there was a regular daily menu together with a supplementary menu options. We observed the lunchtime meal which was a very relaxed and positive experience. We saw people were offered a choice of drinks and food. Food was appetising and served as appropriate portions to suit individuals. The staff were attentive and assisted people where and when it was needed. People that chose to eat in their bedrooms were also appropriately supported to eat their meals. There was information in kitchen of people's dislikes or preferences, such where people preferred small portions or where they required diabetic or a fortified diet.

People were supported to access health professionals when needed. The team worked closely with the local doctors, the Speech and Language Therapist (SALT), Tissue Viability Team and occupational therapists and

physiotherapists. One relative told us, "[Person] became poorly and the staff had called the doctor who arrived within 20 minutes". The relative then added, "It showed that the staff were not only aware of the person's health needs but had noticed the change in their condition and acted upon it immediately".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found people's rights to make own decisions were respected. Where people were assessed as not able to make a specific decision there were clear capacity assessment for each of the decisions. For example, when people were unable to consent to residing at the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager ensured applications to the local authority when people were assessed as being deprived of their liberty had been appropriately submitted.

Staff were aware of MCA and told us how they used the principles of the Act in their day to day work. One staff member told us, "Make sure people are always given choices". Another staff member said, "Assume capacity, (give) options, if a decision may not be in a person's best interest I'd explain the consequences (to the person)".

People benefitted from a well-maintained environment and could personalise their rooms. One person told us, "I was really encouraged to bring some of my things with me as I was told my room was my own space so it should be just as I wanted it". The premises consisted of an Edwardian house with a purpose-built wing. There was a central courtyard and a large enclosed, secure garden to the rear of the property. People benefitted from an easy access from the front of the property with plenty of parking for visitors. There was a choice of communal areas such as a big lounge and smaller, quiet areas for people to relax in. Since our last inspection the service was awarded the 2016 Care Home Design Award for the environment design aimed at promoting freedom, independence and wellbeing.

Is the service caring?

Our findings

The service remained caring. Austenwood Nursing Home is a family run service. The provider's aim was to 'create a home with nursing care for elderly people who can no longer manage in their own homes. We want our residents to live as they would wish to and in a way in which their individuality, independence and personal dignity is respected'. In their Provider's Information Return (PIR) submitted to us before the inspection, the registered provider told us, referring to staff recruitment, "Staff are selected who like to go the extra mile". The provider's caring approach was also directed to their team, they said "Staff are encouraged to recognise when they might be tired and less patient, to seek assistance from colleagues and supervisors to ensure a consistently calm approach".

People, relatives and staff told us the caring approach was demonstrated. The positive, kind and compassionate culture was not only set by example by the senior management but also demonstrated by each department and each individual member of staff and observed throughout the day of our visit. Comments from people and relatives included, "The staff are very kind and caring but not intrusive" and "The staff show you care and affection but they are not overpowering". There was calm and warm atmosphere at the service and we observed plenty of positive banter between people and all staff.

Staff were very enthusiastic about working at the service and they told us their jobs were very rewarding. Comments from staff included, "I love working here, we have really good relationships with the residents", "It's rewarding – helping people. Treating people like my own family, we're like a family".

People's privacy and dignity was respected. Comments from people included, "The staff are always polite" and "The staff are always nice to me". We observed staff knocking on people's bedroom door and waiting to be allowed access which showed that they had an awareness of privacy. Staff told us how they ensured people's dignity. A staff member said, "People are treated well, one person has a tendency to taking their blanket off, we ensure the person is decent".

The care and support delivered was very much led by people. On the day of our inspection we saw some people enjoying a long lie-in with a drink and a newspaper, other people were observed getting ready to have a bath in an assisted bathroom. People told us how their wishes were catered for. One person said, "I like to have my nails painted. A member of staff is going to organise a nail lady to come in and we're going to have a girly afternoon for anyone who wanted to join in". They added they were 'really looking forward to it'.

The provider promoted equality and diversity. For example, they created opportunities for people with disabilities to be integral to the team by ensuring relevant reasonable adjustments were in place. People's diverse needs such as cultural or religious needs were incorporated into the care planning process. Staff valued all people equally, embracing their diverse, cultural or ethnic needs. One staff member said, "We're prepared to respect any diversity and everyone (needs) to be treated the same".

People's individual needs in terms of people needing accessible information were assessed and met. The provider had a policy on accessible information. Staff completed a module around information governance

as a part of their mandatory training. The registered manager introduced an 'Accessible Information' board where they displayed information about different communication needs. The information was regularly updated and discussed with the staff to ensure their understanding of various conditions and communication needs. People's care plans reflected their individual communication needs and gave clear directions to staff how to ensure effective communication with people.

People's confidential information was protected. Care files were kept secure and staff used individual login password to access electronic records.

Is the service responsive?

Our findings

We found the service improved and was exceptionally responsive to people's needs. Staff delivered care that supported people's individuality and their well-being. The provider's website stated the service's mission was to 'ensure that all who come under our care shall retain their independence, dignity and individuality and enjoy the highest standard of professional care and personalised service. We also consider it of great importance to enable each individual resident to live a fulfilling and meaningful life'. Throughout our inspection we found the team effectively demonstrated they fully operated to this approach.

People were consistently extremely complimentary about the support they had from staff and told us staff respected their individual choices and what was important to people. Comments from people included, "All the staff are superb – I would not be able to choose one over another they are all really lovely", "The staff seem to know exactly what to do and look after me well" and "The staff help me and know what I need, sometimes almost before I know myself".

There were numerous examples of where people received tailored support that was focused on each person as an individual and on enhancing the quality of people's lives. For example, following a sudden health deterioration one person was admitted to the service with a PEG tube and 'nil by mouth'. A percutaneous endoscopic gastrostomy (PEG) is when a tube (PEG tube) is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate. The staff worked with the person and number of external professionals, including a dietician to improve the person's quality of life. This was successfully achieved and the person had recently transitioned back to being able to enjoy solid foods. On the day of our inspection the person told us they planned to go out for lunch. As the staff worked successfully with professionals they were able to achieve an exceptional result that contributed to this person's enhanced quality of life.

Another person's relative suffered an illness and they were admitted to hospital. This was discovered only because staff reported the person's relative had not been to visit. The staff recognised this meant the person needed to visit their relative in the hospital. Staff worked hard and ensured arrangements were put in place so the person could visit their relative several times per week. This included thorough planning around transport, organising carers escorts and liaising with the hospital team. This meant the person was able to fulfil their need to care for their relative in a way they would not be able to arrange for independently. This resulted in the person's focus on getting better and emotional wellbeing improving significantly. The registered manager told us the person's relative was due to move in to Austenwood Nursing Home shortly and they made arrangement for them to be allocated the neighbouring room so they could be together again.

People were supported to live their lives to the full and the team successfully recognised what was important to people and enabled them to lead an active life in a way they wanted. For example, one person still wished to be able to drive their own car. The staff put arrangements in place so the person was able to lead their independent life as they wished. The registered manager told us, "This was a significant challenge due to [person's] unpredictable health needs and the desire to remain alongside [relative] who suffers with

advanced dementia. Working with the person, their family and the GP, we have seen both transform". The person told us, "I am allowed to go out whenever I like but I tell the staff where I am going and roughly how long I will be because I know they will be concerned about me". This was clearly very important to the person and they were very appreciative of the support.

People praised staff and how they respected people's wishes and individual routines. One person told us, "Punctuality is important to me and I want my shower at 8.30 in the morning and that is the time a member of staff arrives. On the odd occasion that they may be dealing with an emergency they come and explain to me what is happening and I am not just ignored. I like that". We observed many examples of a very responsive, attentive and thoughtful care that demonstrated staff had an excellent understanding of how to meet people's individual needs.

For example, during the lunch we observed one person who was at risk of losing weight, despite assistance from the staff, kept refusing to eat. We saw three different staff attempted to encourage the person to eat and it was the fourth staff member that succeeded in encouraging the person to eat their meal. Another person was seen to be asked several times by staff if there was anything else they 'fancied'. The person eventually asked for a cup of tea and some plain biscuits and these arrived instantaneously. The responsive approach was equally demonstrated by the ancillary staff. For example, laundry staff aimed to wash and return items of clothing to people within 24 hours. The staff told us they were aware where people had fewer clothes and told us they "Would do their best to return their clean washing on the same day". This meant staff recognised people's social needs and ensured these were met.

The feedback received from an external professional also reflected the exceptional responsiveness was demonstrated by the provider. The professional said, "The proprietor is always around. He is very knowledgeable about residents and their issues and this shows that he takes things seriously. He is a willing participant on the local home owners' forum and speaks out to address situations or areas where people could be disadvantaged. It is important to him to be seen to be providing the best service so he takes everything on board and addresses any shortcomings immediately".

People benefitted from an outstanding activities provision. People's individual needs were recognised by staff and staff empowered people to participate in meaningful activities to increase their well-being and a sense of purpose.

For example, we observed one person that recently moved in to the service was engaged in one-to-one activity. We observed the staff chose the activity of person's choice and used that opportunity to involve the person in a meaningful conversation. We saw the staff spent significant time with the person. The person opened up and shared their worries and concerns they previously had. The staff reassured the person and we then heard the person saying, "I am getting to a space now where I am happy". This meant staff successfully contributed to this person's enhanced sense of well-being.

The team worked together to identify innovative approaches to increasing people's general well-being. For example, the chef believed cooking and familiar cooking smells and tastes brought back good memories so they initiated a project called "A Taste of My Life". This involved gathering people's favourite recipes and enabling people to make their recipe. The feedback from this had been very positive. We spoke to one person who had cooked her favourite recipe and they said, "It made me remember happy times when I used to cook it for my family". The staff planned to gather all recipes in a book and all people and relatives would get a copy.

There was an emphasis on getting people together as a community. There were monthly, themed parties

such as Spanish night or curry night and these were open to people and their families. These were proven to be very popular with as many as twenty family members attending. There were numerous community links such as visiting Brownies and further plans to get local schools involved to encourage inter-generational contact including holding a Christmas concert with the children.

People and their relatives knew how to make a complaint but told us they never needed to. Comments from people and relatives included, "I have absolutely nothing to complain about" and "What is there to complain about I love it here". The management demonstrated an innovative and proactive approach to complaints management. They identified the need for a user-friendly format. The registered manager told us they worked with different partners such as voluntary organisation and researched the templates for dementia friendly complaints policy. They came up with a pictorial form that used smiley, neutral or sad faces to identify the level of the concern. The form also signposted people to the escalation process within the organisation. The form stated the first point of contact was a nurse, then the deputy manager and the registered manager. We saw these new posters were displayed around the service in communal areas such as corridors and lifts.

The provider proactively monitored all feedback received, that included provider's own surveys and the reviews submitted via one of the leading UK care home review website. We viewed the results submitted via the website and noted these were overwhelmingly positive. The vast majority of the people commented the service as 'excellent' (38 out of 40 opinions, with the remaining two rating as 'good') and all people said they were 'extremely likely' to recommend Austenwood Nursing Home. As the result the service was awarded by Healthcare and Pharmaceutical Magazine for 'The outstanding care' in 2016. Then got awarded another two recognitions in 2017 ('Top 20 Care Homes South East England 2017' and 'Top 20 Small Care Home Groups 2017'). The service was also recognised earlier this year as one of 'Top 20 Small Care Home Groups 2018'. The registered manager considered and acted on all feedback received. For example, people requested the new set of garden furniture to be purchased which were purchased.

People were supported to have a dignified and pain free end of life. People's records contained information about people's preferences in how they wanted their care to be provided including their wishes about DNAR (Do Not Attempt Resuscitation) status. They team worked with the relevant professionals when required to ensure people were cared for in the best way possible. The staff were trained in palliative care as well around bereavement support for the families, including attendance at the funerals of people and encouraging families to stay in touch as visitors or volunteers.

The provider demonstrated an innovative and proactive approach to ensuring people and their relatives received good information around end of life care. The registered manager worked with the team to design a leaflet surrounding end of life care issues. The brochure comprehensively explained what might happen to people at the end of life stages but was written in a compassionate way that sought not to cause distress. The registered manager informed us that on the day of our inspection no one receiving end of life support. We received excellent feedback from relatives of one person that recently passed away. The feedback said, "Absolutely fantastic. Staff were extremely patient, they never forgot [person] was a living person. Can't think of anything that could have been done differently or better. It was impressive and humbling to watch. They were outstanding in a way they treated [person]".

Is the service well-led?

Our findings

There was a positive, calm and warm atmosphere at Austenwood Nursing Home throughout the day. People and relatives complimented the service and told us they felt the service remained well-run. Comments included, "I had heard about the home's good reputation and I am so pleased I could get [person] in", "The staff are really chatty and kind and I think that is because the manager is so good. I am so lucky to be part of a kind and caring community". The registered manager told us, referring to the fact the service was a family run organisation, "Values of the whole home and ethos is different than in a corporate organisation – it's home from heart. Excellent provider, you could not ask for a better one".

People were able to give their views about the service in various ways. The registered manager operated an open-door policy and ensured people were encouraged to provide feedback. People's feedback was acted upon, for example, following a concern about the menus not providing full information, pictorial menus were introduced. We observed pictorial menus were displayed on the dining tables on the day of our inspection.

The provider's quality assurance processes remained effective and number of regular audits took place. The audits included areas such as care plans, medicines, health and safety, dining experience, infection control, complaints and accidents. The registered manager also monitored the times of call bells and compared each month to ensure people were assisted promptly.

There was emphasis on continuous improvement. The registered manager told us, "We read (other services) reports and see what can we learn, what would we change". The management proactively ensured this was happening. For example, the provider previously implemented a specific system of electronic care plans but as they identified it lacked capability and was not fully meeting the needs of the service they reviewed it and sourced an alternative electronic system that was fit for purpose. The staff were in a process of transferring the information to the electronic care plans.

There was a registered manager running the service. 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.

Staff told us they felt well supported and praised the registered manager and the senior team. Comments included, "Culture is encouraged by managers and directors, the director knows all people's names and knows them quite well, this is first time I came across that. It's not them (management) and us (but one big team)" and "We recognise when staff goes extra mile, when you feel you get gratitude you're more likely to do it again". The staffing structure was adapted to the changing needs of the service. The provider introduces a new role of a Care Relations Manager recently. This person was responsible for promoting the service, making further community links and engaging with people and staff to run various schemes, such as a sponsored charity walks and similar events.

The provider worked in partnership with other organisations and external professionals. The team followed industry specific portals such as Care Quality Commission (CQC), The Nursing and Midwifery Council (NMC), Skills for Care, Queens Nursing Institute, and Local Government Social Care Ombudsman and others. This was to ensure their practices were current and met the standards. The team worked with organisations such as MKB Care Association and a local consortium of homes, the Registered Nursing Home Association (RNHA), the local NHS Clinical Commissioning Groups and County Council National Activity Providers Association (NAPA) or the National Association of Care Catering (NACC). The feedback received from external professionals was very positive and included comments such as, "I have visited Austenwood Nursing Home several times, sometimes unannounced, and always found it to be consistently good. Staff are approachable and helpful".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission of notifiable incidents.