G Hudson & S Dobb

The Meadows Care 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 November 2018. The inspection was unannounced.

The Meadows Care Home provides personal and nursing care for up to 70 people. People are accommodated in two separate buildings. The service provides care for younger and older people, people living with dementia, and people living with physical disabilities and nursing care needs. Rose Court has 40 beds for people who need nursing care. Lavender Court has 30 beds for people who need residential care. At the time of our inspection, there were a total of 57 people living at the service.

At the previous inspection in February 2017, we identified some improvements were required in two key areas we inspected; 'Safe' and 'Responsive'. This resulted in the service having an overall rating of 'Requires Improvement'. People were not always kept safe from risks associated with the risk of infection. People experienced varying levels of support to maintain interests and hobbies.

During this inspection we checked to see whether improvements had been made, we found improvements had been made and this contributed to the service receiving a rating of 'Good' in all the key areas.

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

Improvements had been made to infection control practice. The environment and equipment was found to be clean and staff followed best practice guidance, in the prevention and control of infections. Improvements had also been made to social activities and opportunities available to people, included community involvement.

Risks associated with people's needs were assessed and managed. Staff had received additional training and guidance in how to mitigate risks. There were sufficient numbers of staff to meet people's needs and staff skill mix and competency was considered. Safe staff recruitment procedures were in place and followed.

People's medicines were managed and administered safely. Accidents and incidents were reviewed and action was taken to reduce further reoccurrence.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm. The management team had worked with the local authority safeguarding team to investigate safeguarding incidents and concerns.

Staff received an induction and ongoing training and support. Staff were knowledgeable about people's

health conditions.

People received a choice of meals and drinks and were assisted to eat and drink where required. People's health care needs were assessed and monitored, and staff worked with external healthcare professionals in meeting people's needs.

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.

Independence was encouraged and supported. Information about independent advocacy services was available. People were involved in opportunities to discuss and review how their care and treatment was provided.

Staff had information to support them to understand people's needs, preferences and diverse needs. People received opportunities to participate in social activities. The provider's complaint policy and procedure had been made available to people who used the service, relatives and visitors. People's end of life wishes had been discussed and planned with them.

The systems, audits and checks on quality and safety had improved and the provider had an ongoing action plan to make further improvements. People received opportunities to feedback their experience of the service.

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.

Improvements had been made in infection control practice.

Staff were aware of how to protect people from abuse and avoidable harm. Risks associated with people's needs and the environment were assessed and planned for.

Sufficient staffing levels were available and safe staff recruitment processes were used.

Prescribed medicines were managed safely.

Accidents and incidents were acted upon and analysed to mitigate against further risks.

Is the service effective?

Good

The service was effective.

Staff received an induction, ongoing training and support.

The principles of the Mental Capacity Act 2005 were understood.

People received support with their nutritional and hydration needs.

Staff took effective action when changes to people's health conditions were identified.

Is the service caring?

Good

The service was caring.

People received care that met their individual needs and presences. Privacy and dignity was respected.

Advocacy information was available. People and or their relatives, were involved in decisions about care and treatment.

Is the service responsive?

Good

The service was responsive.

Staff had information and guidance about people's needs, preferences and routines. Improvements had been made to social activities and opportunities.

People had access to the provider's complaints procedure. End of life care was person centred.

Is the service well-led?

Good

The service was well-led.

People received opportunities to share their experience about the service.

People, relatives', staff and external professionals were positive about the leadership of the service.

The provider and registered manager had a commitment to continually drive forward improvements and looked at innovative ways of providing care.

The Meadows Care 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 comprehensive inspection took place on the 28 November 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor who was a registered nurse with specific training and knowledge in dementia care 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.

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return(PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection, we spoke with eight people who used the service, four visiting relatives and an external healthcare professional. During the inspection we spoke with the registered manager, the administrator, the provider's care and development manager and nurse quality manager, two nurses, a healthcare assistant, the cook, the provider's head chef, a housekeeper, activity coordinator, two team leaders and five care staff. We looked at the care records of five people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records.

Good

Is the service safe?

Our findings

At the last inspection in February 2017, we identified some shortfalls in the prevention and control of infections. This meant people were not always kept safe from risks associated with the risk of infection. At this inspection improvements had been made. Staff had received training in infection control, including hand washing and food hygiene. They were
knowledgeable about their role and responsibilities to protect people. Staff were seen to use personal protective equipment such as aprons and gloves when required. The cleaning schedules showed the action completed to keep the service clean, including equipment clean and hygienic. The provider had an air purification unit to assist in the management of infection control. An infection control policy supported staff and reflected best practice guidance in infection control measures. On the day of our inspection housekeeping staff were on duty and the service was found to be clean as was equipment. This meant people could be assured the risks associated with infection control was minimised.

People were protected from abuse and avoidable harm. People told us they felt safe living at the service. A person said, "I feel safe and looked after. I feel there is no lying here. You see it on TV, all this lying. But they (staff) are kind and honest here." Relatives were equally positive about people's safety. A relative said, "I think [relation] is fine, they are certainly safe."

Staff understood how to safeguard people from harm and who to report any concerns to. Staff, when given different safeguarding scenarios, could tell us clearly of the process which should be followed to keep people safe. This meant people could be assured staff knew what action to take to safeguard them from abuse including discrimination.

Risks associated with people's needs, including the environment had been assessed and planned for. Relatives told us how risks were managed. A relative said, "[Relation] thinks they can still walk, but they can't. They (staff) put a mat (this is a mat with a sensor that alerts staff if the person is independently walking or out of bed) by their bed, in case they try to get out and falls. I'm sure they are safe. I don't worry about that."

Staff had a good knowledge and understanding of any risks related to people's health and well-being. Where people required the use of bed sides for their safety, this had been comprehensively assessed and agreed with the person and or their relative. Equipment such as hoists used to transfer people with mobility needs and clinical equipment, was found to have been correctly maintained and serviced. Where people had been assessed as requiring equipment such as pressure relieving mattresses and cushions, these were in place and being used. It is important pressure relieving mattresses are inflated in accordance with people's weight. This information was not available for staff, but after discussion with the management team, immediate action was taken to address this.

We found staff were organised and used effective communication, this created a calm atmosphere and ensured people's safety. In one of the units, electrical work was being completed. The staff team had planned this in advance and deployed staff effectivity, to ensure disruptions and risks to people's health and

well-being were kept to a minimal.

There were risk assessments in place in relation to the risks people faced if they needed to evacuate the building in an emergency. Staff had access to the provider's business continuity plan that advised of the action required should there be an event that affected the safe running of the service. This meant staff had information to support them in the event the safety of the service was compromised.

There were sufficient staffing levels provided and deployment of staff met people's individual needs and safety. A person said, "There is an alarm cord at night, but I never use it. They (staff) come quick in the morning. You just wait for them to come when they are ready. Occasionally you have to wait a bit too long." A relative said, "The odd time you hear the buzzer for a while, but nothing to feel it's a problem."

Staff explained they generally felt there were sufficient staff to support people safety. A staff member said, "Sometimes we do get really busy and I feel we can't quite give people enough time, but I never feel this affects people's safety." Staff told us they picked up extra shifts to cover any shortfalls and that agency staff were used if required. The provider's PIR told us how people's dependency needs were assessed, this was then analysed with a risk assessment tool to determine staffing levels along with consulting with senior staff. On the day of our inspection, we considered the staffing levels to be adequate. People were seen to be receiving unhurried and sensitive intervention from staff.

People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. These included references and criminal record checks. Staff files showed the necessary recruitment checks had been carried out. Nursing staff had completed revalidation that enabled them to remain registered with the Nursing and Midwifery Council and safe to practice.

People received their prescribed medicines safely. We received no concerns in relation to how people's medicines were managed. A relative said, "They (staff) sort the medication. There is no problem with that. It is very safe."

From the medicine administration records (MAR) viewed, we identified a missing staff signature on one record which we discussed with a staff member, it was not clear why this was and the staff member told us they would investigate this. Staff had guidance about people's medicines, this included their preference in how they took their medicines, including medicines prescribed to be taken when required. The ordering, storage, management and administration of medicines followed best practice guidance. We observed a staff member administer medicines to people. They ensured people had taken their medicines before signing the MAR.

The provider had systems in place to monitor accidents and incidents, including falls and this was analysed by the registered manager for themes and patterns. Action to mitigate further risks included a review of a person's care and treatment, and referrals to healthcare professionals for further assessment and guidance. The provider's electronic system to record audits, included accidents and incidents and enabled senior staff to have oversight of how the service was performing. The provider's senior staff told us how they reviewed this information and provided additional support or guidance when required. This meant there were clear procedures to respond to accidents and incidents, action was taken to understand when incidents occurred to reduce the likelihood of reoccurrence.

Good

Is the service effective?

Our findings

The provider used best practice guidance and care was delivered in line with current legislation. For example, the provider used recognised assessment tools used in the assessment and monitoring of nutritional needs and skin integrity. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination. Staff were aware of people's needs and preferences, and provided care that reflected their wishes.

The electronic care record system used by the service facilitated highly effective communication of people's needs. Staff had access to hand held screens that both flagged important care needs and intervention, and enabled details to be uploaded to the main record. Senior staff and the nursing staff, had immediate access to people's records for their review. From talking with staff and seeing how they interacted with people, it was apparent staff had considerable knowledge and understanding of people's individual needs.

People were cared for by staff that had received an induction, training and ongoing support. People were positive about staff understanding their needs. A relative said, "All of the nursing staff are excellent. Consistent, very rarely do you have a new face." Another relative said, "I feel staff look after [relation]. They keep them clean and they look healthy."

Staff received training to support them in their roles. Staff told us they had undertaken training the provider considered essential to meet people's health and safety, such as infection control, safeguarding people and fire safety. They also informed us they had undertaken training more specific to support people in the service. For example, staff had undertaken diplomas in dementia care. They had also undertaken diplomas in health and social care from level two, and some were undertaking level five diplomas. This demonstrated the provider's commitment in supporting staff with their ongoing learning and development.

New staff confirmed they had undertaken the care certificate when they first started working at the service. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment. Staff also told us they had two to three weeks of working alongside more experienced staff, before they were added to the staff rota numbers. This meant new staff received a structured and planned induction at the commencement of their work.

The management team supported staff by providing both informal support and formal individual meetings called supervisions. Staff told us these formal meetings were planned, and the meeting records were signed by the member of staff, the person conducting the meeting, and signed off by the registered manager. This showed how staff received opportunities to review their work, training and development needs.

People's nutritional and hydration needs were met and choices of meals and drinks were offered. A person said of the meals and drinks provided, "The food is very nice. It's just what I need. You have a choice, they (staff) come and ask you."

We saw people were offered two choices of meals, and were shown both dishes to help them make an informed choice. We saw how people were supported at lunchtime in both units and found people's experience was not consistently effective. In one unit staff were attentive and responded well to people's needs in a timely manner. Whilst the other unit, showed staff were less organised and this impacted on when people received their meal. We discussed this with the management team, who agreed to review people's mealtime experience as a priority to ensure it was consistently good.

During the day we saw people received snacks and drinks. People's care records showed the advice and guidance of health professionals had been sought and acted on when concerns had been identified. This included weight loss or other issues linked to eating such as swallowing. Care staff told us they informed kitchen staff of people's likes and dislikes, and of people's specific dietary needs such as a soft food diet, or vegetarian diet. We found staff were knowledgeable about people's nutritional needs and preferences.

Food stocks were stored and managed in accordance with best practice guidance. The local authority food agency inspected the service in 2017 and awarded a rating of five, this is the highest rating that can be awarded and confirmed what we found. People's independence was promoted with eating and drinking, for example some people used a plate guard to assist them to eat independently, a coloured plate had been introduced to support people living with dementia because this was known to support people to eat independently. Some people required their food to be pureed due to swallowing needs. The provider's chef told us how they had introduced a method for pureed foods to be presented in food moulds, to retain their appearance and colour making food appetising. They were also in the process of introducing a system to support people who had difficulties with swallowing, to safely taste foods by using air bubbles. This sensory experience gave please pleasure of tasting familiar tastes without any risks.

Staff assessed and monitored people's health needs effectively. A relative said, "Staff inform us if anything changes to their health. The GP comes weekly which is great." A visiting healthcare professional was positive about how staff met people's healthcare needs. The local clinical commissioning group completed an audit in 2018 that found the service was meeting nursing needs well.

People's care records showed the staff were responsive to fluctuations in people's health needs with input of external healthcare professionals such as the GP, dieticians, specialist nurses, opticians and chiropody. The service participated in the red bag scheme, this is an NHS initiative that improves communication between care homes, ambulance and hospital staff in meeting people's health care needs. This is important in the ongoing care of a person.

The environment met people's needs. The units were spacious and bright with good use of signage. Much of the flooring in the main living and corridor areas were of a non-slip wood effect vinyl, this was supportive to people with poor eyesight and mobility needs. Unit corridors had art works and features that people could enjoy, and an interactive rack of hats could be found next to the main lounge. Numbered doors to people's bedrooms were of vibrant different colours that might ease identification. The registered manager told us how they had plans to personalise picture frames on people's doors to further support people with orientation. People had access to a large area of secure, well maintained external garden.

People were involved as fully as possible in their care and treatment. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 had the appropriate legal authority and were being met.

People's care records demonstrated where required, their capacity was assessed to determine whether they had capacity to make decisions. During the inspection, we saw staff request consent from people before they engaged in any tasks. The registered manager had applied, where required, to the supervisory body for DoLS for people, but not all had been assessed and approved.

Good

Is the service caring?

Our findings

People were cared for by staff who had a caring approach, they had time to care for people and were compassionate, kind and caring. A person said, "I think they (staff) are marvellous. They try and be merry so you don't get down. They kindly get the job done. They are gentle." Another person said, "I have visitors and my son phones me twice a week. Staff bring the phone to me from the office." A third person said, "I've been here for a number of years and this place feels very much like home to me" A relative said, "You're made to feel welcome. Always offered a drink. I bring my dog to visit."

During the inspection we saw staff being caring and kind towards people. For example, one person came into the main lounge a little distressed. A staff member identified the person wanted to wash their hands, and gently supported them by taking them back to their room to help them with this. We observed staff being friendly and welcoming to visitors, they showed knowledge of their relation. We saw how a staff member made sure a person was comfortable. We saw how the staff member straighten the person's blanket and trousers.

Staff spoke fondly and passionately about the people they supported. They understood the importance of treating people with dignity and respect. For example, one member of staff said that when they hoisted a person who was wearing a skirt, they would make sure the person's legs were covered. We saw a privacy screen was also used when staff were providing care, such as using a hoist to transfer a person to protect their dignity.

We found staff had in-depth knowledge of people's backgrounds, likes and dislikes and what was important to them. Relationships between people and staff were seen to be open and friendly. From people's responses to staff engagement, they looked relaxed within the company of staff. Staff showed fondness towards the people in their care and appropriate jovial exchanges between staff and people were seen along with quiet, sensitive exchanges when needed.

People's privacy and dignity was respected and independence encouraged. A relative said, "They (staff) respect [relations] dignity and tell them what is happening. They explain all the time and encourage them to be involved." Another relative said, "The staff are very good with [relation] with the hoist and such like."

Staff told us how they ensured they provided care and treatment that was respectful. A staff member said, "Staff are all very caring, and want the best for people. I treat people in a way I would want my family to be cared for." Another staff member said, "We involve people in how they want to be cared, for example we ask if they have a preference to male or female staff and respect their choice."

Staff had received training in dementia care and equality and diversity. The service had achieved the dignity and dementia quality award with Derbyshire County Council. This demonstrated the staff's commitment in providing a caring and effective service.

Independent advocacy information had been made available for people. An advocate acts to speak up on

behalf of a person, who may need support to make their views and wishes known. People were involved as fully as possible in their care and treatment. Relatives told us they felt involved in their relations care. People's care plans reflected people's individual needs and showed how their relative or representatives were consulted and involved. There were no restrictions on people's family and friends visiting them.

People's records were stored securely to ensure their confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to moving to the service. The provider used a comprehensive assessment tool to assess people's needs prior to moving to the service. People and their relative or representative, were involved in the assessment, development and review of care plans. These documents provided staff with guidance of how to meet people's health and diverse needs. This supported staff to provide care that was individual to the person. For example, people's backgrounds, routines and preferences in how they wished to receive care was recorded. This was important information to support staff to provide people with care and comfort. A relative told us how staff knew what was important to their relation. They said, "They (staff) help them have their hair done and to put on their makeup when they want to. They'll ask if they want their lipstick or necklace on. It's personal. It doesn't appear big, but it's about retaining who you are."

We found examples where care plans varied in the level of guidance for staff. However, staff were found to be very knowledgeable about people's needs, indicating this was a recording issue and did not impact on people's care. We discussed this with the management team who agreed to ensure action was taken with immediate effect.

People's communication and sensory needs had been assessed and considered. This showed how the provider was meeting the requirements of the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. A relative told us about their relation's communication needs. They said, "[relation] does not speak. Staff read their face, they are good at interpreting this and interacting with them." One person had a sight impairment. They had an audio newspaper, and staff communicated verbally with them to help them understand any issues. The management team told us how information could be provided in alternative formats if required. People and their relatives had access to a wide variety of leaflets and helpful information relating to health conditions and external services that may be of interest.

People's bedrooms were personalised to their individual needs and preferences. For example, we saw how bedrooms had personal items carefully positioned so the person could see and access them from their bed. This included how the television was angled to the bed, the remote was near the person and family photographs were positioned to easily see and enjoy. Innovative ways had been developed to meet people's individual needs. An example of this was to reduce a person's anxiety of going outside alone, a 'wrap around bookcase' had been used to reduce the risk of a person leaving a fire exit. This meant the person was supported by staff to safely spend time outdoors. This showed how staff had been responsive and used creative ways of meeting people's needs.

Staff were responsive to requests of where people spent their time. On arrival, a relative requested their relation was moved to the quiet room so that they could put on some music for them to listen to and staff did this.
People's religious and spiritual needs were known and understood. People received opportunities to participate in a monthly visit from a local place of worship. One person told us, "The vicar comes to visit me

most weeks and brings me communion. I always feel better when he has been. I get strength from him."

Improvements had been made in the activities and opportunities available to people. Two activity coordinators provided activities, including opportunities to access the local community. A person told us how they had been encouraged to knit, a pastime that they once enjoyed. This person said, "Staff bought wool in for me, it was a lovely surprise." A staff member said, "I am so proud to have got [name of person] knitting again." People were involved in fundraising opportunities. For example, in May 2018 the service had held a fundraising event for the local hospital to purchase a piece of equipment. People living at the service had featured in local news for their fundraising activities. This included the service participating in a competition in line with National Baking Week with other care homes within the organisation. People were supported to develop tasty and creative cakes.

During our inspection we saw people undertake individual activities such as word searches and reading the paper; as well as having staff supporting people to participate in board games. We also saw how five people were thoroughly enjoying undertaking arts and crafts activities for Christmas decorations.

People had access to the provider's complaint procedure. A relative said, "If I'm not happy with staff I'll tell them. I have occasionally had to do that if [relation] hasn't been repositioned properly."

Staff told us if a person was not happy about an aspect of their life at the service, they would write down their concerns and tell management so they could investigate. A member of staff told us it was important to reassure people that it was okay to voice their concerns.

Where complaints had been received, these had been investigated and action taken within the timescale expected by the provider. The service had also received compliments from relatives and visiting professionals. Comments included, "Staff have shown knowledge, empathy and understanding." "Staff have demonstrated an ability and willingness to adapt and promote personhood and person centred care, rather than a 'one hat fits all'."

End of life care plans were found to be detailed and provided important guidance for staff. These reflected people's wishes in how care and treatment was to be provided at the end stage of their life. The service had made significant links with MacMillan nursing and had in place the necessary systems and plans to ensure dignified, inclusive end of life care. Staff had received end of life care training and the service was working towards the Derbyshire end of life programme, working with palliative care services. This demonstrated a commitment in providing effective end of life care for people.

Good

Is the service well-led?

Our findings

People who used the service and relatives, were positive about the service provided, including the leadership. A person said, "I don't know what I'd have done without this place." Another person said, "I'm just here for respite. I'm going home tomorrow. It's comfortable here. Staff are lovely. They can't do enough for you. I'd recommend this place to anyone." A relative said, "I love it myself. I'd rather be here than my home. I love the atmosphere."

Staff told us they felt supported by the management team. They told us the registered manager always had time for them if they needed to discuss an issue. Care staff also told us they felt their team leaders and nursing staff were very supportive.
The provider had a clear vision and set of values for the service that was based on people receiving care and treatment that was person centred, responsive and transparent. Staff were seen to work to the provider's set of values; they had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibility.

The provider had policies and procedures that reflected current legislation and best practice guidance, and set out what was expected of staff when supporting people. People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

Staff told us there were regular staff meetings where they could raise any concerns or make suggestions. Staff were positive about working at the service and showed a commitment in providing good care. Staff meeting records showed how the management team continually reviewed how the service met people's needs. Where actions were identified to improve the service, it was identified who was responsible and what the timescales were for completion. This demonstrated the management team had clear oversight and accountability.

As part of the provider's internal quality assurance checks, annual satisfaction surveys were sent to people who used the service, relatives and external professionals. In addition, resident meetings were arranged at three monthly intervals. Relative meetings were arranged six monthly and provided at different times of the day to meet relative's preferences. Examples of action taken to feedback received included, a review of the menu and a newsletter was developed, as an additional method to exchange information about the service such as staff and their roles, and activities and celebrations. This showed how the management team valued and acted upon feedback received. Feedback from a visiting healthcare professional gave the service a rating of 'excellent' in areas such as the atmosphere of the service, overall quality of care and communication.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements

and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service. The provider's representative also completed additional audits. The service had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

The provider's chef gave an enthusiastic demonstration of a foamed taste experience that appeared safe to use with people having swallowing difficulties. It was encouraging to see innovations such as this being supported by the management team. The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

It was clear from talking with people, staff and viewing care records that the service regularly worked in partnership with external professional agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs. The service had participated in a care home project run by the community dietitians service, to promote information on identifying, treating and preventing malnutrition. The service had also participated in a study to reduce the risk of infections and reduce the risk for people to take antibiotics. The registered manager attended forums with the local authority and other residential care providers, to share good practice and learning. This included a safeguarding working group to look at learning and reviewed policy.