

Mike Pownall Limited

Broughton House Residential 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 4 and 5 July 2018.

Broughton House Residential Home is a 'care home' located in South Liverpool, near to Sefton Park. The home has access to local amenities such as cafes, restaurants, shops and public transport links. The home accommodates up to 30 people over three floors in one large building and has a garden to the rear of the property. At the time of our inspection 28 people were living at the home.

People living in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had an experienced manager who was registered with the Care Quality Commission and had worked at the home for over 20 years. 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.

When we completed our previous inspection in April 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured that the premises were safe to use. We also found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured service users were only being deprived of their liberty with lawful authority. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve in our key question areas of Safe and Effective.

During this inspection we found that all the completed improvements recorded in the action plan had indeed been completed and this had led to improvements in our key question areas of Safe and Effective. Overall, we found that the home had made sufficient improvements and was no longer in breach of the Regulations.

We found that some of the window restrictors in people's bedrooms were ineffective and allowed the windows to open wider than they should which posed a potential risk to people's health and safety. We also saw that part of a glass roof to the side of the building had broken and left broken glass on the floor. This external area was not usually accessed by anyone but the broken glass was a potential hazard if anyone did access this area. The registered manager and the registered provider promptly addressed these issues after we had highlighted them. We found no other concerns with the environment during this inspection.

The activities on offer to people at the home were limited and people had very little to do with their time, with the main options being daytime television, reading papers and completing crosswords. This was also

reflected in the feedback we gathered from various people we spoke with. We discussed this with the registered manager and highlighted that this was an area that required improvement.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. Staff had received training on this and information about how to raise safeguarding concerns was readily available in various places throughout the home. People living at the home and their relatives told us that they felt safe there.

We saw that medication was safely administered, stored and recorded.

During our last inspection we found that staff had been safely recruited and the home had a robust recruitment process to ensure people employed were suitable to work with vulnerable people. No new staff had been recruited since our last inspection.

Staff were supported in their roles through induction, appraisal and regular training.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

All of the people we spoke with told us that they enjoyed the food and drink available at the home. One person said, "The dinners are lovely here."

All of the people we spoke with gave us positive feedback about the staff at the home. We saw that staff had very caring and well-established relationships with the people living at the home.

The care plans we looked at were person-centred, well-maintained and regularly reviewed. The care plans gave staff clear guidance in an easily-accessible format on how to meet people's needs.

The registered manager used a variety of methods to assess and monitor the quality of the service provided at the home. These included regular audits of the home, staff and residents meetings to seek feedback about the service. The registered provider also regularly visited the home to provide support to the registered manager. They also periodically spoke with residents to ask for their feedback about the home.

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.

The service had improved since our last inspection. We identified some environmental issues that needed rectifying and these were addressed by the registered provider during our inspection.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff were aware of the procedures to follow if they had any safeguarding concerns.

Medication was correctly administered, stored and recorded.

There were enough staff on duty to meet their needs in a timely way.

Is the service effective?

Good ●

The service was effective.

Staff were supported in their roles through induction, supervision, appraisal and regular training.

The requirements of the Mental Capacity Act 2005 were being met. Mental capacity assessments and best interest decisions were being carried out where required. Applications to deprive people of their liberty had also been made appropriately.

People's nutrition and hydration needs were being met.

Is the service caring?

Good ●

The service was caring

There was a positive and caring culture amongst staff at the home.

Staff had well-established and caring relationships with the people who lived at the home.

Staff treated the people living at the home with dignity and respect.

Is the service responsive?

The service was not always responsive.

The activities on offer at the home were limited and required improvement

Care plans were person-centred, regularly reviewed and people were involved in planning their care.

The home managed complaints in an appropriate and timely manner.

Requires Improvement 

Is the service well-led?

The service was well-led.

There was a positive and caring culture amongst staff at the home.

The home invited feedback about the quality of the service it provided in a variety of ways.

The home had organised and effective audits to assess and improve quality of service at the home.

Good 

Broughton House Residential Home

Detailed findings

Background to this inspection

This inspection was planned to check whether the provider was 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 unannounced inspection was carried out on 4 and 5 July 2018 by an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. This included a Provider Information Return (PIR). The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

At the time of our inspection there were 28 people living at the home. We looked around the premises and observed the support provided to people in the communal areas of the home. We spoke with 11 people who lived at the home, four of people's relatives and friends, six members of staff who held different roles within the home, including the registered manager and the registered provider. We also spoke with a GP, a district nurse and a community mental health nurse who were visiting people living at the home during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to talk with us.

We looked at a range of documentation including three people's care records, medication records, three staff recruitment files, staff training records, accident and incident records, health and safety records, complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

We contacted the local authority for feedback about the home. They told us that at their visit in October 2017 they had no serious concerns but identified some additional training needs in relation to the Mental Capacity Act (2005) and the associated DoLS.

Is the service safe?

Our findings

During our last inspection we found that there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured that the premises were safe to use. We found issues relating to fire safety at the home and potentially hazardous disused equipment and other materials stored in the garden area of the home that was accessible to people living at the home.

During this inspection we found that the home had taken appropriate action to address these areas of concern. Fire safety at the home had much improved, including the completion of improvements to the buildings accessibility and the installation of a new fire alarm system. The registered provider had also made the main garden area accessed by the residents safe by removing the disused equipment and other materials. Overall, we found that the home had made sufficient improvements and was no longer in breach of this Regulation.

However, when we looked around the home we found that some of the window restrictors in people's bedrooms were ineffective and allowed the windows to open wider than they should. This meant there was a potential risk someone could climb out and suffer an injury. We also saw that part of a glass roof to the side of the building had broken and left broken glass on the floor. We noted that this external area was not usually accessed by anyone and did not pose an immediate risk to the residents but the broken glass was a potential hazard if anyone did access this area. We discussed these issues with the registered manager and the registered provider and within hours of our discussion these issues had been rectified. The registered manager explained that they planned to carry out a review of the windows at the home shortly after our inspection to identify what improvements could be made whilst keeping in line with the constraints of the conservation area in which the home is located. We found no other concerns with the environment during this inspection and the building had been well-maintained since our last inspection. We recommend that the home reflects on the issues that we identified and ensures that in future these issues are identified and addressed as part of its environmental safety assessments.

We looked at three care files and saw that risks in relation to people's care needs and safety had been properly assessed with risk management plans in place to mitigate any risks identified. These included risks such as falls, nutrition, medication, behaviour and pressure care. Staff had guidance on how to prevent or minimise any potential risk of avoidable harm. For example, we saw that one person had been assessed as being at high risk of developing pressure sores. Strategies had been put in place to minimise the risk of this happening, including the use of pressure relieving equipment. We saw that staff were following this guidance and additional input and support had been sought from the district nursing team. One of the healthcare professionals we spoke with told us that it was rare for any of the residents at this home to develop any pressure care issues.

A fire risk assessment of the premises had been carried out in April 2018. This had been reviewed by the registered manager and there were no outstanding actions. We saw that fire safety and firefighting equipment at the home had been regularly checked and maintained. We also noted that the home had invested in a new fire alarm system since our last inspection. Staff had received fire safety training. Several

members of staff had been nominated as fire champions who had had additional training and would be able to take responsibility for making people safe in the event of a fire.

Personal Emergency Evacuation Plans (PEEPs) were in place for each person giving clear information about what assistance they would need to evacuate in an emergency. These were easily accessible, both in the grab bag and the office, so could be referred to quickly in the event of an emergency and were regularly reviewed and updated by the registered manager. Risk of injury in the event of fire was also reduced as the home carried out regular fire drills. This meant that the people living at the home and the staff knew what to do in an emergency.

We looked at a variety of safety certificates that demonstrated that utilities, services and equipment, such as gas, electric and hoists had been tested and maintained. We also saw that a variety of health and safety checks were regularly carried out by the registered manager, such as water temperature checks which managed the risk of injury through scalding and exposure to legionella. Legionella is a water-borne bacteria sometimes found in poorly maintained water systems.

We looked at staffing levels at the home and saw that a well-established and consistent staff team was in place to support people living at the home. We saw that staff responded promptly to anyone who required assistance and a staff presence was maintained in the main areas of the home throughout our inspection. We noted that one of the healthcare professionals we spoke with commented that when they visit staff always answered the door promptly and staff were always around if they were needed. We saw that the staff covered the rotas and agency staff were never used so the people living in the home were always supported by staff who knew them well. We asked people living at the home if they felt the home had enough staff. One person said, "Oh yes, if you need them they're there for you." Another person commented, "The staff always respond quickly to the call bell when you need them." We saw that there was an on-call rota system so there was always senior support available to staff on duty outside of regular office hours if needed. This was covered by the registered manager and the deputy manager.

Medication was correctly administered, stored and recorded. The medication administration records (MARs) we looked at were appropriately completed and the stock levels we checked matched the home's records. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. We saw that staff had received training on medication administration and there were policies and procedures in place to support staff. This included guidance and records for anyone who required 'as needed' medication known as PRN medication. The registered manager carried out monthly medication administration audits to assess the safety and quality of medication administration at the home. We saw that an independent audit was also carried out in February 2018 by the home's pharmacy provider. The audit report concluded that the home was compliant in all areas. During our last inspection we suggested that the lighting in the treatment room when the medication was stored could be improved. We noted that improved lighting had been installed as recommended.

All of the people we spoke with living at the home, their friends and relatives and healthcare professionals told us that the home was safe and staff protected people from abuse. One person told us, "I feel very safe here." We saw that the home managed safeguarding effectively. There were clear records that showed that any concerns were responded to promptly and the local authority sent referrals and CQC were notified. The staff we spoke with had a clear understanding of their responsibilities to keep people safe from abuse.

During our last inspection we found that staff had been safely recruited and the home had a robust recruitment process to ensure people employed were suitable to work with vulnerable people. No new staff had been recruited since our last inspection. We saw that the registered manager had a process in place to

renew staff's criminal records checks, known as Disclosure and Barring Service (DBS) checks, every three years. In the meantime, staff also completed an annual declaration to confirm there had been no changes to their criminal record status in the previous year.

The home had disciplinary procedures in place and we saw that these had been appropriately followed when necessary.

We saw that the home was clean and free from any unpleasant odours. The staff we spoke with were knowledgeable about infection prevention and control. We saw that personal protective equipment (PPE) was available to staff and this was being worn appropriately. We noted that the home was inspected by the Infection Prevention and Control Service and achieved a score of 91%, which was good.

We looked at the records relating to accidents and incidents and saw that monthly audits were carried out to review any events that had occurred and documented them to look for trends and patterns that could minimise the risk of events recurring.

Is the service effective?

Our findings

All of the people we spoke with told us that they enjoyed the food and drink available at the home. The home operated a four-week menu, which the residents had contributed ideas to during residents meetings. The home offered people a range of food and drink choices to support them to maintain a healthy and balanced diet. One person said, "The dinners are lovely here." We joined some of the residents for lunch during the two days of our inspection. We found that the food was freshly prepared, well presented and served whilst it was hot. The meals we tried were nutritious and appetising. We observed the residents throughout the lunchtime period and saw that everyone enjoyed what they had to eat and drink. One person commented, "The food is always good, this lamb is delicious." We also heard one person tell a member of staff, "That's a lovely cup of tea thank you."

We saw that the registered manager and deputy manager assessed people's needs prior to them moving into the home. This meant that appropriately informed decisions could be made about whether or not the home and its staff were able to safely and effectively meet a person's needs, therefore reducing the risk of inappropriate placements. The registered manager explained that this process was important for the people already living at the home, as it avoided jeopardising their happy home environment.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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.

During our last inspection we found that the home was not working within the principles of the MCA and was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured service users were only being deprived of their liberty with lawful authority.

During this inspection we found that the registered manager understood the requirements of the MCA and DoLS and had an organised approach towards meeting these requirements. We found that the staff had an understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We observed staff asking for consent and we saw records relating to consent within the care plans we looked at. We saw that mental capacity assessments and best interest decisions were being carried out where required. There were people living in the home who were subject to DoLS restrictions. We saw that these were managed appropriately to keep the person safe but in the least restrictive ways possible.

We noted that the Local Authority had identified MCA and DoLS as an area that required additional training and development during its last visit to the home in October 2017. We found that following this recommendation the registered manager and the deputy manager had attended training provided by the Local Authority. The registered manager explained that they had shared their learning with the staff team informally but all staff were also due to receive formal training from their training provider later in the year. Overall, we found that the home had made sufficient improvements and was no longer in breach of this Regulation.

We found that staff were well-supported by the manager to ensure they had the skills and knowledge to safely and effectively meet people's needs. All staff received regular training from an external training provider and we saw records that confirmed staff training was kept up-to-date. The registered manager explained that all new staff complete a thorough induction period, which was mapped against the standards in the Care Certificate. The Care Certificate is a nationally recognised qualification based on a set of minimum standards, that health and social care workers follow in their daily working life.

Staff received regular support from the registered manager through bi-monthly supervision sessions. This enabled the registered manager to address any performance issues, identify any additional training needs and help to monitor and maintain the general wellbeing of staff. Staff also had an annual appraisal with the registered manager to assess their performance over the year as a whole. The registered manager's records relating to staff supervision and appraisal were very clear, organised and up-to-date.

We found that the home had good working relationships with other healthcare professionals, which helped to maintain people's health and wellbeing. All of the staff we spoke with were knowledgeable about the health needs of the people they were supporting. The professionals we spoke with commented, "All of the staff are on the ball, the people are really well looked after here and if there are any concerns staff escalate them to us" and "The staff are really good at sharing any concerns, they listen and take on board any recommendations. Staff have a good knowledge of people's support plans and the outcomes trying to be achieved."

During our inspection we were experiencing a sustained period of particularly warm weather. We found that the home had a heatwave policy in place which reflected national guidance from Public Health England. We saw that various steps set out in the policy were being followed to maintain people's health and wellbeing, such as regularly offering cold drinks, encouraging suitable clothing choices and avoiding exposure to the sun during the hottest part of the day.

Is the service caring?

Our findings

All of the people we spoke with gave us positive feedback about the staff at the home. We saw that staff had very caring and well-established relationships with the people living at the home. People commented, "Oh yes the staff are lovely" and "The staff are always very friendly, they're always there for you and they go out of their way to help." One relative we spoke with added, "The staff are lovely, communication is fantastic with them. They're like friends and they know the people well."

We observed two lunchtime periods during our inspection and saw that it was a relaxed atmosphere. Staff engaged positively with the residents and were not simply focused on the tasks that they had to complete to serve people their lunch. Staff gave the residents as much time as they needed to finish what they were eating and drinking. Once they had finished staff promptly offered more to eat and drink or cleared away any used dishes and crockery.

The staff we spoke with were knowledgeable about the people they were supporting and the way staff spoke to us about people demonstrated that they were passionate about providing the best possible care to people living at the home. One member of staff told us about a positive relationship they had developed with one person at the home, who when they first moved into the home was quite aggressive and reclusive. The member of staff explained that the person was unable to use clear speech but between them they had developed an effective way of communicating through gestures and broken speech. This relationship had had a positive impact on the person's health and wellbeing, as they were no longer aggressive, actively engaging with personal care and, with the support of this member of staff, attending healthcare appointments.

During our inspection we observed a visiting healthcare professional speaking with a member of staff explaining that they were there to see a particular person. The staff member replied, "[Resident] is just through here, I'll take you to see her now. Her name is [Name] but she prefers to be called [Name]." This demonstrated both that staff knew this person and they respected their wishes to be called by a particular name.

We saw that staff helped people to maintain their privacy and dignity in a variety of ways. For example, knocking on people's bedroom doors and asking if they could enter before doing so. We found that the home also supported people with their dignity by helping them to maintain their appearance. All of the residents we saw during our inspection were well-kempt and suitably dressed for the weather. One person we spoke with clearly took great pride in their appearance and happily told us, "They helped me have a shave this morning so I'm feeling good."

We saw that the home encouraged people to be as independent as possible. For example, we found that one person wished to remain independent using the toilet. We saw that staff had worked with the person and their family to find a way they could do this in the safest and most effective way possible.

The home supported people with any needs and/or preferences they may have regarding equality, diversity,

culture, religion and sexuality. For example, a minister regularly visited the home to hold Holy Communion for those who wished to take part. We saw that the home had policies in place to protect people from discrimination and these issues were taken into account in the care planning process.

We saw that confidential records, such as people's care plans, were stored securely to maintain people's privacy. This meant that only people who needed to view this information had access to it.

The registered manager explained that none of the residents currently required the assistance of an independent advocate. However, we found that the home's service user guide, which each of the residents had a copy of in their rooms, signposted people to an advocacy service with the relevant contact details. The registered manager also explained that in the past they had assisted residents in finding a solicitor to manage any legal issues they may have had, such as completing a will.

Is the service responsive?

Our findings

Several of the people we spoke with during our inspection told us that the activities on offer to people at the home were limited and people had very little to do during the day. One person said, "I'm happy living here but there's nothing to do." We saw that this was the case during the two days we were at the home, with the main options being daytime television, reading papers and completing crosswords. We noted that some people who were able to do so were supported by staff to go out on day trips. However, this did not address the majority of the time people spent whilst at the home or those who were unable to go out. We discussed this with the registered manager and highlighted that this was an area that required improved. The registered manager acknowledged our feedback and explained that they would develop ways of improving in this area with the registered provider.

The three care plans we looked at were person-centred, well-maintained and regularly reviewed. The care plans gave staff clear guidance in an easily-accessible format on how to meet people's needs. We saw that people were involved in planning and reviewing their care and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information. People's care needs had been assessed in a person-centred way. For example, people had individual care plans advising on the best ways to manage any mental health issues a person had. We also saw care plans that identified how people needed to be supported surrounding personal care and communication. These had been updated regularly and so meant staff had a clear and accurate plan to follow on how a person wished to be cared for.

One relative told us, "[Name] is very happy here, they meet all her needs day and night. Previous places she's been were poor compared to here." They also explained that one of their relative's longstanding health issues was much improved as a result of the way this had been managed by staff at the home.

People living at the service had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by the registered manager and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information.

People had their nutrition, fluid, weight and pressure area care regularly monitored. This had been kept up-to-date and the information was easy to follow. This meant that staff were able to make relevant referrals to specialists when needed. For example, for additional input and support from district nurses regarding pressure care. This ensured that people's health and wellbeing was maintained.

People supported by the service had specific needs in relation to equality and diversity. Care plans showed that people's needs were considered during the assessment process and as part of the care planning in relation to; age, disability, religion as well as other protected characteristics.

One of the care plans we reviewed documented that the person suffered from visual and hearing impairments. The care plan advised that staff should assist this person to wear their glasses and hearing aids. It also gave specific advice to staff on to communicate with this person taking into account their

hearing impairment. For example, speaking slowly, face-to-face and avoiding background noise. We met with this person and found that they had been supported by staff to wear their glasses and hearing aids. This was important for this person, as it helped them to be able to engage with people and avoid isolation.

We found that the home used assistive technology to help meet the needs of people living at the home. For example, we saw that at night some residents had sensors on their bedroom doors which alerted staff when opened. This meant that staff could promptly check on these residents to see if they needed any help.

When people moved in to the home they were provided with a service user guide which provided relevant information about the home. This was also accompanied by a copy of the home's complaints policy, explaining how people could raise any concerns. All of the people we spoke with told us they felt they could speak with staff, including the registered manager, if they had any concerns or if something was bothering them. They were also confident that staff at the home would be responsive to any concerns they had and they would be resolved. We saw that the service encouraged feedback from people and their relatives. It promptly and effectively dealt with complaints. Appropriate responses were provided in a timely manner and the service openly acknowledged any learning outcomes and actions that were required as a result of a complaint.

We saw that people had been supported to decorate own rooms how they wanted them, choosing paint colours, pictures and personal items they wanted on display. We also saw that the residents had been able to give their input and make choices about the redecoration of other parts of the home during residents meetings.

None of the residents at the home were receiving end of life care at the time of our inspection. However, the registered manager explained that this was something that they were experienced at providing. We saw that staff had had training on end of life care and therefore were prepared to sensitively and appropriately care for residents in the final stages of their life. The registered manager also explained the importance of partnership working with other healthcare professionals at these times to ensure people were supported to be comfortable, dignified and pain-free.

Is the service well-led?

Our findings

All of the people we spoke with throughout our inspection told us they thought the home was well-led. People living at the home gave us positive feedback about the staff team and the homely and friendly atmosphere that they helped to create. The healthcare professionals we spoke with commented on the good working relationships they had with the management team. One person also explained that they had recommended this home to other people they had supported and their colleagues.

The registered manager was passionate about the care provided by home and the people living there. They, along with some of the other senior staff, had worked at the home for over 20 years. The registered manager was organised and maintained a high standard of record keeping. We also saw evidence that the registered manager was committed to continuous professional development, whether this was support staff or developing their own skills. For example, this registered manager had recently completed the Level 5 NVQ Diploma in Management and Leadership.

The registered manager used a variety of methods to assess and monitor the quality of the service provided at the home. These included regular audits of the home, staff and residents meetings to seek feedback about the service. The registered provider also regularly visited the home to provide support to the registered manager. They also periodically spoke with residents to ask for their feedback about the home.

The home had policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

We found that the home's newest member of staff had been recruited three and a half years ago. All of the staff we spoke with spoke positively about the home, their role within it and the registered manager. This indicated that the home had a committed and stable staff team with a positive culture.

Staff told us that they felt valued working at the home and the registered manager and registered provider listened to any feedback. One member of staff commented, "[The manager] has an open-door policy and she listens to staff. She's very caring and gives good advice when you need it. The team spirit amongst staff here is great."

We found good evidence of the home working in partnership with relevant organisations. For example, there was positive and effective engagement with healthcare professionals. This was reflected in the feedback we gathered from the visiting healthcare professionals we spoke with. The home was also about to start taking part in an initiative which involved hosting multi-disciplinary team (MDT) meetings at the home every two weeks. The meetings will involve community matrons, GPs, district nurses, palliative nurses, consultant geriatricians, social workers, community mental health nurses and any other specialists if required. The aim of the meetings will be to review the residents at the home and look at ways in which they can be supported to improve their health and wellbeing and prevent any unnecessary hospital admissions.

Registered providers are required to inform the CQC of certain incidents and events that happen within the

home. The home had notified the CQC of all significant events which had occurred in line with their legal obligations. The home was also meeting its legal obligation to clearly display its most recent CQC rating at the home.