Majestic 3 Limited

St Paul's Care Home

Inspection report

St Paul's Care Home
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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

Overall summary

St Paul's Care Home is situated in the village of Waddington, close to the city of Lincoln. The home is registered to provide care for up to 22 people who require residential and nursing care support. Some of the people who live at the service may also experience memory loss associated with conditions such as dementia.

We inspected the home on 17 February 2016. There were 18 people living in the home at the time of our inspection.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the CQC 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is

Summary of findings

considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection one person who used the service had their freedom restricted in order to keep them safe and the provider had acted in accordance with the MCA and DoLS.

People and their relatives were involved in planning the care and support provided by the home. Staff listened to people and understood and respected their needs. Staff also understood how to identify report and manage any concerns related to people's safety and welfare.

Staff cared for people in a kind, friendly and respectful way. Staff reflected people's wishes and preferences in the way they delivered care and understood how to meet each person's individual choices, and preferences. People had been fully consulted about how their care needs should be met and about the arrangements they wanted to be made at the end of their lives.

People were supported by staff to be able to access a range of external healthcare professionals when they required any additional specialist support. People's medicines were managed in a safe way.

People had access to a range of nutritious meals and drinks in order to keep them healthy. People were supported to enjoy a wide range of activities and pursue their personal interests. This included people living with dementia.

People and their relatives could freely express their views, opinions and any concerns to the registered manager and staff. The registered provider, the registered manager and staff listened to what people had to say and took action to resolve any issues when they were raised with them. There were clear systems in place for handling and resolving any formal complaints. The registered manager reviewed and reflected on concerns or untoward incidents and took any additional actions needed to keep developing and improving practices for the future.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They had received training and support to deliver a good quality of care to people. An active training programme was in place to support staff to maintain and develop their skills.

People living at the home, their family and visiting health and social care professionals were invited to comment on the quality of the services provided. Audits were in place to identify any issues with the quality of care and actions were taken to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The procedures for recruiting staff were safe and the provider ensured only suitable staff were employed to work in the home.

People were protected from harm. Staff were aware of their responsibilities to keep people safe and knew how to access the procedures in place in order to report any concerns identified.

Risks were identified quickly and checked regularly. In this way staff worked to enable people to be as independent as possible and to be kept safe.

Medicines were well managed and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People had access to good healthcare and their nutritional needs were met.

Staff were trained and supported to provide care for people in a way that met their needs and preferences.

Staff understood the systems in place to ensure people could make their own decisions, and how to provide care in a person's best interest when they could not do this.

Good

Is the service caring?
The service was caring.

There was a warm, welcoming and friendly atmosphere in the home. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Staff had developed positive working relationships with people and people were treated with respect and their dignity maintained.

Good

Is the service responsive?
The service was responsive.

People were involved in the process of making decisions wherever possible and received personalised care and support which was responsive to their changing needs.

Staff knew how each person needed to be looked after and found creative ways to enable people to live as full a life as possible.

People were able to raise any issues or complaints about the service and the registered provider had a system in place which enabled them to take action to address any concerns raised.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home was well run and all staff were committed to meeting each person's individual care and support needs. The registered manager had a visible presence in the service, was approachable and provided good leadership.

People and their relatives were encouraged to voice their opinions and views about the service provided.

Staff received regular supervision and support and were aware of their responsibility to share any concerns they had about the care provided at the home or the way it was run.

The provider and registered manager worked closely together and completed regular quality audits and checks to help ensure that people received appropriate and safe care.

St Paul's 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 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.

We visited St Paul's Care Home on 17 February 2016. The inspection was unannounced. The inspection team consisted of a single inspector.

Before we carried out our inspection visit we looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners.

The registered provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR to us and we took the information it contained into account when we made our judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. In addition, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak directly with us.

As part of our inspection we looked at three people's care records. We spoke with five people who lived in the home and four relatives who were visiting on the day of our inspection.

We also spoke with the registered manager of the home, the senior registered nurse, three members of the care staff team, the cook, the homes administrator, one of the home's activities organiser's and the maintenance staff member.

We looked at the records related to three staff recruitment files, staff training records, supervision and appraisal arrangements and staff duty rotas. We also looked at information regarding the arrangements for monitoring and maintaining the overall quality of the service provided within the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "The staff look after us very well. I like to feel safe and it is when I am here I feel this way." Another person told us, "The staff have to use equipment when I get up. They are gentle with it and I feel safer." A relative we spoke with commented, "The staff work to make sure the people here are cared for safely."

Staff we spoke with told us they knew about any risks associated with each person's needs and that they worked together as a team to ensure any risk was minimised. Information we looked at in care plan records showed that potential risks to people's wellbeing had been identified, assessed and action taken to reduce them. For example, staff told us and we observed staff using a range of equipment such as mobile hoists and wheelchair's to help people move safely. When people had made the choice to move around without walking aids staff were vigilant and responded to any additional requests for help or for example when they noticed one person may be at risk of falling. When this happened staff offered and the person accepted gentle support to help them move on their own safely.

Staff told us, and records showed, that when accidents and incidents had occurred they had been recorded and analysed by the registered manager so that steps could be taken to help prevent them from happening again. People's safety was also protected through regular checks on the equipment used by staff to provide safe care. This helped ensure all the equipment was safe to use.

Staff we spoke with told us they had received a good level of training about keeping people safe from harm and knew the procedure in place to report any concerns they identified. Staff said that, where required, they also knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). There were up to date policies and procedures in place to guide staff in their practice in this area.

We spoke with the maintenance staff member who together with staff confirmed regular fire alarm tests and drills were undertaken at the home. To support these processes personal emergency evacuation plans had been prepared for people which detailed the help each person would require in the event of needing to be evacuated from the building urgently.

The provider had safe recruitment processes in place. We reviewed the recruitment information contained in three staff personnel files and saw that written application forms and evidence of the person's identity had been obtained. At least three references had also been obtained along with appropriate checks through the national Disclosure and Barring Service (DBS). These checks had been carried out to ensure that the home did not employ people who had been barred from working with people who may be at risk.

The registered manager told us they had a stable staff team and that staff turnover had been low during the past year. Staffing levels were kept under regular review by the registered manager using information about any increase in care needs identified through care reviews and using feedback from staff who regularly assessed people's support needs. The registered manager said this information helped them consistently identify the amount of staffing required to meet that need. The rota information we looked at showed staff with a combination of care skills were deployed over each shift to make sure the skill mix was right for the people being cared for. During our inspection we saw that the staff team who were working had sufficient time to meet people's needs and to talk to them and their relatives freely without rushing.

We reviewed the arrangements for the storage and administration of medicines together with the nurse in charge of the shift and saw that these were in line with good practice and national guidance. Staff told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them at the right time. Where people required medication at specific times the registered manager had systems and records in place to show how the support was given. We looked at recent audits of medicine management which had been conducted externally by a visiting pharmacist and internally by the nurse in charge. We saw that the registered manager had taken action to address any recommendations made and that medicine audits and checks were a regular part of the registered manager and senior nurse roles.

We saw that all areas of the home were well maintained and clean. Domestic staff had cleaning schedules in place,

Good

Is the service safe?

which were recorded and up to date to show when each part of the home had been cleaned. The people we spoke with told us they were happy with the cleanliness of their bedroom, bedding, clothing and the home generally.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff were quick to identify when they needed help and had the skills to meet their needs. One person said, "The staff know me and what they get up to helps me. The staff make sure I get help and that's what counts." A relative said, "Staff are skilled in the care they give and they care with confidence because they know what they are doing."

Staff we spoke with demonstrated a clear understanding of people's needs and how they liked their care to be provided. They were able to give examples of individual preferences people had for receiving personal care and for support with social interactions. For example, One staff member told us about how they worked to reduce the anxiety of one person who always liked to spend one to one time with their relative. The staff member said and we observed they ensured that time was taken to provide continual reassurance when they were away from their relative and they listened carefully to any points or comments the person raised so that they could answer them. This approach enabled the person to be clear their relative was close by and that they would soon be returning to see them.

New members of staff received an induction and staff we spoke with said induction and training and development opportunities had helped them be more confident in their ability to meet people's individual needs. Staff said their induction had included training identified as necessary for the service and familiarisation with the provider's policies and procedures. This was followed by a period of shadowing more experienced members of staff before any new employee was deployed as a full member of the team. One staff member we spoke with said, "When I started I was given the time to learn without feeling under pressure. It was only when I felt confident that I was allowed to work alone." The registered manager also confirmed that any new staff now recruited would be supported to undertake the new national Care Certificate. The Care Certificate sets out common induction standards for social care staff.

Records showed, and staff told us that an on-going training programme was also available. This was to ensure their skills and knowledge were kept up to date and they were able to develop new skills where required. As well as training topics the provider said were essential, such as moving and handling, continence care, skin care and good nutrition. This meant that staff had skills to provide care which was specific to people's needs.

The registered manager also told us that the training ensured all staff were up to date with any changes or developments in practice and that many of the staff, held or were working toward a nationally recognised qualification.

Staff told us they felt supported by the registered manager and senior team members. Arrangements were in place to provide staff with regular supervision sessions.

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. The registered manager and staff confirmed they were aware of the legal requirements of the MCA and demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people's best interest and how they should also support people who were able to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated their understanding of DoLS guidelines and the registered manager knew how to make an application for DoLS authorisations where necessary. On the day of the inspection no-one living in the home had a DoLS authorisation in place. Staff told us and records confirmed they had received training about these legal safeguards.

People's likes, dislikes and dietary requirements were recorded when they moved into the home and the information was regularly reviewed and updated as people's needs changed. The cook demonstrated a good understanding of people's individual nutritional needs and preferences and they showed us that they knew who needed additional support in order to reduce the risk of

Good

Is the service effective?

choking or were at risk of being malnourished or getting dehydrated. This meant they could easily identify when people needed extra support. When this was the case records showed when people had been referred for any additional input for example from dietary professionals.

We spent time in one of the communal lounge areas of the home and observed people could sit where they wanted to eat their lunch. People were provided with a good range of food and drink. There was a rolling four week menu that was changed seasonally. Alternative food choices were also provided on request. We also observed hot and cold drinks were also offered by staff at regular intervals throughout the day in order to reduce the risk of people becoming dehydrated. People were supported to eat as independently as possible through the use of adapted utensils and plate guards. Where people needed extra help to eat and drink this was given by staff who were attentive throughout the lunchtime period.

People's care plans showed that their healthcare needs were monitored and supported through the involvement of the registered nurses employed by the home. Input was also provided by a range of relevant health and social care professionals including local doctors who visited the home weekly.

Good

Is the service caring?

Our findings

People told us they were very well cared for and that staff understood them as individuals and respected them as people. One person said, "They [staff] see me for who I am and I don't feel like a number here." A relative told us, "The staff are very caring and they go the extra mile in to notice if anything extra is needed, like time to talk or to listen."

The registered manager told us they had a philosophy of caring which the provider had included as a statement in the information pack given to any person or visitor who requested information about the home. The registered manager said staff worked with and cared for people in line with the statement. This was based on people having the right to make choices in all aspects of their lives and that respect for people's decisions and help in supporting them to maintain their independence whilst receiving care was paramount.

Throughout our inspection visit we observed there was a warm, friendly and welcoming atmosphere within the home. People were supported to live their day to day lives and make the decisions they wanted to make about how they lived. For example one person had chosen to have their breakfast much later than other people and we spoke with them as they were considering what they were going to have for breakfast. They told us they always enjoyed a cooked breakfast and that they were due to attend a hospital appointment that day. The person said, "I have my breakfast when I choose before I go. It sets me up for the day. The staff get me some sandwiches to take with me and they keep my dinner warm for when I get back."

The people we spoke with told us and we observed that staff always asked if they could perform a care task before they undertook it and were polite when they spoke with people. It was clear that staff knew people very well and always used their first names when speaking with them. People responded to any discussion with staff by also using staff first names. One person said, "Its lovely here. I feel special."

Staff took their time to engage individually with people and listened to things that were important to them. We saw that the staff team supported people in a patient and encouraging way that took account of their individual needs. A relative we spoke with told us, "The staff deal with the care needs in a sensitive way. They are there for us as a family as well as our loved one. It's those little things that make it so good."

Most of the people and relatives we spoke with said that they understood the staff maintained care records so they knew how to provide the care people needed. They also said they were involved in decisions about their care. A relative told us, "The manager and staff keep us all updated so we all know where we are. Communication here is good and if there is anything we need to know the answers are never far away."

Care plans contained information about people's preferences, for example how they liked to dress, what time they liked to get up and go to bed and how they liked to spend their time. We saw that staff understood and respected people's wishes as part of their commitment to giving people personal choice and control. Information about individuals had been captured using a form which had been developed by the Alzheimer's Society. The form was called, 'This is Me' the registered manager told us the information was used not just to ensure care was individualised within the home but that staff also took time to make sure the information was available for people to take with them if they were admitted to hospital.

Staff were friendly, patient and discreet when supporting people with their personal care needs. We observed that they recognised the importance of not intruding into people's private space by knocking on the doors to private areas before entering. We also saw staff ensured doors to people's bedrooms and toilets were closed when people were receiving personal care. The registered manager told us that two staff members at the home had taken on the roles of dignity champions. We spoke with staff about what it meant to support people to maintain their dignity. Staff gave us examples which included supporting people to be private when they wanted to be. One staff member said, "When people need to use the toilet we always try to promote them doing this without us having to always be stood by. It's a very personal thing and we understand this. We therefore try to help people to have an alarm buzzer so they can use the toilet themselves and then call for us when they have finished."

We observed lunchtime and found this to be a sociable, pleasant and enjoyable experience for people. People appeared relaxed and chatted with each other. The cook

Good

Is the service caring?

showed us the daily menu and that they checked in advance of each meal so people had the option to change their minds if they wanted to. The cook told us the menus were a guide as they liked to be flexible to people's needs and what people wanted to do on a daily basis. We observed that staff asked people what they would like to eat at lunchtime and staff responded to any change requests made. One person had been supported to have their meal with their relative who also lived at the home. We saw they responded very well to being together and that they held hands whilst they enjoyed their meals.

The registered manager and staff told us about the importance of respecting personal information that people had shared with them in confidence. The provider had a clear policy and guidance in place for staff to refer to regarding retaining information and disposing of confidential records and information. The registered manager and staff confirmed they had access to this and understood how it should be applied. We saw peoples' care records were stored securely so only the registered manager and staff could access them. This meant people could be assured that their personal information remained confidential.

The registered manager also confirmed they had access to information about local advocacy services and how people could access these if they needed to. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Although no one had needed to use the services, the information to enable people to access these services was readily available in the reception area of the home.

Information we looked at in care records showed people had been asked about the arrangements they wanted to be made for them at the end of their life. For example, where some people had chosen to make advance decisions about the care they wanted and did not want to receive, the registered manager had made the necessary arrangements to honour these decisions. This included details about funeral arrangements and the involvement of family members. We spoke with a relative who was visiting the home to speak with the registered manager about the arrangements that had been followed and completed regarding their loved ones recent funeral. The relative told us, "They have been so caring and helped ensure everything was as it should have been. I have recommended the home to someone else because the caring here is very very good."

The registered manager showed us they and the staff team had also developed a range of additional information people could access regarding advance care planning, grieving and bereavement, and dignity. The information was contained in separate leaflets and a relative we spoke with told us how helpful they had found some of the information they provided.

The registered manager showed us the home had been accredited with The National Gold Standards Framework (GSF) in End of Life Care. The support the framework provides led staff to undertake regular reviews of people's specific end of life needs and how these were being met. These measures all contributed to people being able to receive caring personalised care that reflected their needs and wishes.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home to help ensure the staff could meet their wishes and expectations. Assessments undertaken were used to complete a care plan record. A care plan is a document which details people's assessed social and health care needs and informs staff how they should meet those needs.

People's care plans were personalised for each individual and gave clear details about each person's specific needs and how they liked to, and needed to be supported. We saw that the plans had been developed and were reviewed in consultation with people and their relatives. The care plans captured people's changing needs and provided important up to date information for staff to follow. The registered manager and senior nurse in charge showed us they were in the process of improving the current system for recording plans with a new format developed by the provider. We saw an example of the new care plan which included more information and details of each area the person needed to be cared for and any decisions they had made about how they wanted care to be delivered. The care plans had been developed so that specific conditions were highlighted with details about the support needed to manage these. For example, where people experienced seizures and needed additional support at specific times.

We saw that people's bedrooms had been decorated and furnished individually and that many people had family photos and other personal souvenirs on display. In addition to their own bedrooms, people could choose to spend time in one of the communal lounge areas and the small garden patio area. A relative we spoke with said, "[My relative] loves the outdoors but had not been able to get out before. The staff made it so we could sit outside and it made all the difference to [My relative]."

The registered manager told us that the staff team supported people in maintaining their general hobbies and interests and two staff members had a lead role in organising specific activities for people. We spoke with the staff member responsible for activities on the day of our visit. They told us they worked to ensure all people, including those who experienced memory loss, had access to consistent stimulation through the provision of suitable activities. We saw this provision involved the staff member not just delivering an activity in a specific room but also going around the home offering individual opportunities to work with people. This involved them undertaking one-to-one support and giving time to people in their bedrooms or those preferring to be alone in other parts of the home. We saw this time could include activities such as stimulating conversation, listening or singing along to music, reading aloud or doing a crossword.

Information on the notice board in the reception area of the home and contained in the home's dedicated activity brochure for February 2016 showed a range of planned group activities including; craft sessions, dominoes, quizzes, a giant hoopla game and a visiting entertainer. These sessions were used to encourage all of the people who live in the home to fully participate. Family events were also scheduled and relatives said they took part in these. They included; Valentine's day and Easter celebrations and a spring Fair. We also saw people were also supported to maintain their religious needs and that services were held regularly at the home for people who chose to attend.

A relative we spoke with told us, to "A quarterly newsletter is also available to anyone who visits or lives here. Its informative as it includes all the comings and goings and some of the activities and events are listed in here too." We saw copies of the last two newsletters. They included information about any changes or developments within the home along with picture updates on things like trips out that people had undertaken in the community, for example, to a local garden centre. They also celebrated other events which had taken place at the home, for example those involving a visiting entertainer for one event and another event which included children from the local school who visited to sing carols at Christmas.

The registered manager showed us the home had a room available for people to use for activities. This had been furnished with a range of memorabilia from the 1950's including a television and a radio which had been adapted so it could play programmes from this period. The registered manager said the room had not been used recently because they had been undertaking some refurbishment and had been using the room for the storage of some furniture. We also saw some mobile hoist equipment was being stored in the room. We were concerned that the room was not being used to its full potential. We spoke with the registered manager and provider who undertook immediate action to review how the furniture and equipment were being stored. After we

Good

Is the service responsive?

completed our inspection visit they provided us with confirmation that alternative arrangements had been made for storing the furniture and equipment and that the room was now available permanently for people to access and use.

There was a complaints procedure available for people and any visitors to the home which informed people how to raise any concerns they may have. Information about how to complain was detailed in copies of the home statement of purpose and service user guide. We saw this was reviewed annually to ensure the information was kept up to date. People said they knew about the complaints procedure and that they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person said, “I am happy to speak up if I have any complaints. They get on with sorting out any issues quickly.” A relative said, “I just go straight to reception. They and the manager are always helpful and they sort any little niggles out quickly.” The registered manager confirmed there were currently no open or outstanding complaints.

Good

Is the service well-led?

Our findings

There was an established registered manager in place who had been in their role for a number of years. The registered manager, the senior nurse in charge and the home administrator were visible around the home throughout the inspection. We saw they worked together well as a team and that they were readily available to speak with people, their relatives and staff. When it was needed the registered manager gave direction and guidance to staff regarding care and demonstrated their knowledge and understanding of people's needs.

We observed the registered manager was well known to people who used the service, relatives and staff. The feedback we received from people and relatives about the management of the home was all positive. One person said, "I think the manager is easy to access and talk to. The systems feel well organised and we need it like this so we can feel cared for."

The registered manager had a good knowledge of staff competencies and people's individual care needs and preferences. This helped her to oversee the service effectively and provide leadership for staff. We observed there were clear management arrangements in place, which were backed up with a range of easy to access information about the home and services so that people, visitors and staff knew who to escalate any issues or concerns they may have had to.

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Records showed and staff told us they received regular supervision direct from either the registered manager or a senior staff member. One staff member said, "The support is clear and we speak direct and in confidence about any issues. We meet on average every two months but sooner if needed." Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the home owners that could not be addressed internally.

Records showed staff meetings were held regularly with the head of each department in the home meeting monthly and the trained and general staff meetings held every other month. The head of department meetings were used to discuss the outcomes of audits in relation to areas such as the environment and running of the home. Areas discussed during the wider staff meetings included; infection control, medication, staff deployment, individual changes in care needs for people and the development of care plans.

The registered manager informed us of any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations. Records showed they regularly reviewed their accident and incident records so that they could ensure the risks of them happening again were minimised.

The registered manager told us, and records confirmed that the registered provider undertook regular visits to home in order to carry out quality audits together with the registered manager. Where environmental checks had been carried out a record book was used to add any specific work needed. This included issues such as changing light bulbs and mending any broken furniture. However, whilst the record book showed the work identified and the date it had been fixed there was no record to show the timescale expected for completion of each task. We discussed this with the registered manager who undertook immediate action to produce a new audit record. The new record clearly showed that timescales expected for any repair must be included.

There was also a suggestion box located in the reception area together with a copy of up to date information for any person or visitor to the home which included the provider's statement of purpose, a service user guide and complaints policy and process.

Staff we spoke with told us they knew about the provider's whistleblowing policy and said they would not hesitate to use it if they witnessed any poor care practice. Care staff told us, and records confirmed that team meetings were held where information could be shared and so that they could contribute their ideas to the development of the home.

People and relatives we spoke with told us they felt involved in the running of the home. They said the registered manager kept them up to date with any developments and improvements and asked for their opinions. We also saw that people, their relatives, staff and external agencies were provided with the opportunity to express their views about the home through the use of questionnaires and annual surveys.

Good

Is the service well-led?

The last survey with people and relatives was completed in April 2015. The outcome of the survey was positive with no resulting actions required. The registered manager confirmed new surveys were in the process of being prepared and would be sent out to relatives in March 2016 and people who lived at the home in April 2016.