

Mr & Mrs P A Hughes

Barchester Tower

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

We inspected Barchester Tower on the 11 and 14 May 2017. This was an unannounced inspection

Barchester Tower provides personal care and accommodation for a maximum of 22 older people living with dementia. There were 12 people living there at the time of our inspection, one person was on respite (holiday) for a short stay. Most people were not able to express themselves verbally due to their health needs.

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

At a comprehensive inspection in November 2015, the overall rating for this service was requires improvement with two breaches of regulation: regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by November 2016.

During our inspection on 11 May 2017, we looked to see if improvements had been made.

At this inspection we found that considerable improvements had been made. We could see that action had been taken to improve people's safety and the audits demonstrated that there was a commitment to continuously improve. However there were still some areas of medicine and cleaning practices that needed further embedding in to practice to ensure peoples continued health and well-being.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. However there were certain areas that still need to be progressed further to ensure that the audits identified issues such as cleanliness of furniture and wear and tear of carpets.

Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Care plans reflected people's assessed level of care needs and were based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking and moving and handling. For example, pressure relieving mattresses were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and leg ulcers. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management of medicines and people received their medicines in a safe way.

People were encouraged and supported to eat and drink well. One person said, "Tasty and there's always a choice." There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed. Food and fluid charts were completed when necessary and showed people were supported to have a balanced diet.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of the staff. People and visitors told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were led by the care staff and were in line with people's individual preferences and interests. People enjoyed the activities and there was a fulfilling atmosphere in the communal areas.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training and demonstrated a clear understanding of abuse. They said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held regularly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was good; the registered manager was always available and, they would be happy to talk to them if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Barchester Towers was safe. However whilst meeting the legal requirements that were previously in breach, time was needed to ensure practices were further embedded and therefore is 'requires improvement' in this question area.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Safe staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Good ●

Is the service effective?

Barchester Tower was effective.

Staff received the training and support they needed to enable them to meet people's needs.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to external healthcare professionals such as the GP when they needed it.

Good ●

Is the service caring?

Barchester Towers was caring.

Good ●

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good ●

Barchester Towers was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and outings was available should people wish to participate. The activities provided were enjoyed by people.

Is the service well-led?

Good ●

Barchester Towers was not consistently well-led.

The provider had identified areas that needed to be developed however time was needed to allow these to be fully developed and embedded into practice. People's records did not always reflect what they had done each day.

There was an open and positive culture at the home. All staff were committed to improving the lives of people who lived there.

Barchester Tower

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 checked 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.

The inspection took place on the 11 and 14 May 2016. This visit was unannounced and undertaken by one inspector.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We contacted the Local Authority to obtain their views about the care provided by the service. We looked at the action plan supplied by the provider following our last inspection in November 2015.

During the inspection, we spoke and spent time with seven people who lived at the service, one relative, two visitors, the registered manager, deputy manager, provider, five care staff, cleaner and the chef. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge and dining room. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at five care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' five people living at the service. This meant we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At our inspection in November 2015 we found that people's health, safety and welfare was not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by November 2016. Whilst the environment had significantly been improved there were areas that needed further attention.

Since the last inspection the provider had put systems in place to monitor the cleaning and maintenance of the building. We looked at past audits from November 2015 until March 2016 which showed that the management team continued to look at ways to improve the cleaning of the service. This included the use of an external cleaning company bi-yearly. The communal areas and the majority of bedrooms were clean and well maintained. However one room had an unpleasant strong odour of urine and the carpet showed evidence of wear and tear from using the hoist. We also found that some chairs were stained with food debris on and under the seat cushions. This was identified to the registered manager and provider and was dealt with immediately. Before the inspection was completed a new schedule for cleaning had been produced which included chairs as a daily task.

This inspection found that medicines were managed safely in the home and people received their medicines in a timely manner and as prescribed. There was an appropriate system in place for the storage, administration and management of medicines. Medicines were stored in a locked trolley which was not left unattended when in use. Medicines Administration Records (MAR) charts were not signed until medicines had been taken by the person. These had been completed to show when medicines had been given or why they had been omitted. MAR charts contained information about the administration of certain drugs, such as Parkinson medicines. Medicines were ordered, stored and disposed of safely. Only staff who had been trained gave people their medicines. They received regular training and competency assessments took place. Some people had been prescribed 'as required' (PRN) medicines, such as pain relief. Although protocols were not in place for every PRN medicine staff had a good understanding about the medicines people had been prescribed and why they may need them. It is a recommendation that handwritten MAR sheets are double signed by two staff to ensure instructions and dosages are correctly recorded, this pertained to people who had come for respite care.

Risks to people's health, safety and well-being had been identified, and a management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. Risk assessments which included the risk of falls, skin damage, nutritional risks and moving and handling had been completed. Where people were at risk of falling there was preventative information in their care plan for staff to follow to ensure they were safe. There was guidance about how to support people to mobilise safely and where people were at risk of developing pressure damage there was guidance for staff to ensure people received appropriate care. Staff had a clear understanding of the support required.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. We saw that staff weighed certain people who were identified at risk weekly and two weekly and updated the GP regularly. The latest review for one person had recorded that the risk was reduced but staff were to continue monitoring and offering snacks.

Risk assessments and care plans directed staff to monitor people's fluid intake when it had been identified that the person was at risk from dehydration. Records were kept and added up to provide the total amount of fluid taken. Handover information identified those people who needed encouragement or referral to the GP. This ensured the risk of dehydration was mitigated.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's Mental Capacity Policy that was recently updated to reflect the changes to the Mental Health Act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

As far as possible, people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. Staff had read the whistleblowing policy; they stated they would report any concerns to senior staff on duty and the registered manager and they were confident that their concerns would be dealt with. Staff were also aware that they could inform the local authority or CQC and the contact details for the relevant bodies were available in the office. People, relatives and staff said they had not seen anything they were concerned about. Relatives told us of resident and family meetings and an open door policy that enabled them to raise any concerns with the registered manager or senior staff at any time.

There was a robust system to record accidents/incidents. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks and a sensor mat. Audits were carried out for the accident/incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with local safeguarding policies.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

There were enough staff on duty each day to cover care delivery, cooking, social activities, maintenance and management tasks. The registered manager was not included in the staffing numbers but worked alongside staff if required. She said "We monitor the staffing level closely because at times people can be unsteady, poorly and need extra time." One person told us, "Always staff available when I need them." A visitor told us, "I think the staffing numbers are good, my relative is well looked after, wonderful."

The rota showed where alternative cover arrangements had been made for staff absences. An out of hour's on-call senior cover was in place. This is spread out between the senior staff over the week. The manager

told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This had reduced the risk of falls without restricting people's independence and freedom.

Is the service effective?

Our findings

People and visitors spoke positively about the care and support they received. Visitors told us they thought staff seemed competent and that they had confidence in the staff knowledge and ability. Comments included, "They are all super at what they do and do it well," "It's good here everyone knows their job and gets on with it all how you'd expect them to," and "I'd trust any of them to do a good job."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example some people required covert administration of medicines. Covert administration is when medicines essential to a persons' health are hidden in food if they refuse to take them. Meetings to reach decision on behalf of people and in their best interests were carried out appropriately. However it is recommended that the best interest decision for some people to remain on 24 hour bed rest is supported by a clear rationale for this decision.

Staff received ongoing training and support. Staff received fundamental training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 2. We all complete mandatory training, really good training lots of it." Staff applied their training whilst delivering care and support. People were supported safely, received assistance with eating and drinking and all care was undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were living with dementia and demonstrating some behaviours that were challenging. We saw staff supporting with someone who was distressed and staff supported them with skill and patience. Their visitor said, "They know exactly how to approach our friend and soothe them."

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, "Supervision is really important as it gives staff the opportunity to share their thoughts and request training that helps their role." Staff told us that they felt supported and enjoyed the training they received. Comments included, "Good training and the manager will work alongside us on the floor if we need support."

Staff appraisals were last completed in December. Records for supervision showed that staff received

regular supervision. A staff member told us that they felt well supported and could ask any staff member for support if they needed it. They said it was an opportunity to ask questions and seek guidance on anything they were unsure about.

People were supported to have enough to eat and drink and had a pleasant dining experience. We observed the mid-day meal service. Staff asked people if they were ready for lunch and where would they like to eat. Most chose to eat in the dining room at dining tables. People chose where they sat, some sat with their friends and the meal was seen as a social occasion. Staff set the dining tables for lunch with glasses, condiments, and napkins. People also enjoyed a glass of sherry or wine with their meal. People told us they looked forward to their meals. Comments included, "The food is tasty," and "Very good." The food looked appetising and was well presented, and people were seen to enjoy their meals. The atmosphere was pleasant in the dining areas. We were told snacks were available during the evening and night if someone felt hungry. Fresh fruit was available as were a variety of cold and hot beverages.

People were offered a choice of food in the morning by the cook. Menus were changed seasonally and demonstrated a nutritious and varied diet. One person said, "I'm picky but they know that." One person was supported with their meal in the lounge by a staff member who sat next to them and assisted in a dignified manner and at a pace that suited them. Staff monitored people's appetites discretely and prompted when necessary.

People's weights were regularly monitored and documented in their care plan. The registered manager said, "The cook and staff talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." Staff understood people's dietary requirements.

People were supported to maintain good health and received on-going healthcare support. They said that they could see the GP when they wanted which was a great reassurance and were supported in attending hospital appointments. One person was receiving support from the district nurses for wound care and leg dressings. Records and discussion with staff confirmed they liaised effectively with a wide variety of health care professionals who were accessed regularly. Feedback from the district nurses told us, "The staff are always friendly, they listen and ask questions if they are unsure."

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received. One person said, "Such lovely staff and I feel comfortable." A visitor said, "Very kind, friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "We have fun." Other people were not able to tell us their views they were comfortable with staff and approached them confidently. Staff were patient kind and friendly but professional.

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interests meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support.

People told us they felt listened to. One person told us they wanted to be as independent as possible and was able to make choices. The registered manager told us, "We support people to do what they want, if it's not possible, we look at alternatives." We saw staff ask and involve people in their everyday choices, this included offering beverages, activities, seating arrangements and meals.

People's individual preferences and differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms that held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. The registered manager told us they involved people in the décor changes and in the running of the home as much as possible.

Staff told us how they assisted people to remain independent, they said, "We encourage people to be independent and mobile." We saw staff encouraging people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw staff ensure that people's modesty was protected when assisting them in personal care in communal areas. This was done with great care and the staff members talked to them quietly, telling them what was happening. Staff made sure that their dignity was maintained at all times. All staff had received training in promoting dignity and there are plans to develop roles for a dignity champion.

People received care in a kind and caring manner. Staff spent time with people who had decided to spend

their time in their room. There was always a member of staff in the lounge and dining areas. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty. Throughout the inspection staff sat with people in the lounge areas and encouraged them to chat and to do a meaningful activity.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Visitors confirmed that they were involved in discussions about care plans and changes to the care delivery. One visitor said, "So caring not just to my wife but to me as well." Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded."

Care records were stored securely in a lockable trolley where it was easy for staff to access them. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this. The registered manager told us, "There are no restrictions on visitors." Visitors told us, "We can visit any time, no problems."

Is the service responsive?

Our findings

People received care that was person-centred and responsive to their needs because staff knew and understood them well. They told us they received the care they needed and chose. One person said, "I feel incredibly lucky to be here they treat you as people not things." Another person told us, "They really listen and help you if they can and if they can't they find someone who can." People were supported to spend their day as they wished. Most people spent their day in the lounge but others stayed in their bedrooms. They were supported to access all areas of the home as they wished. People told us they were able to get up and go to bed when they wished. We were told, "They (staff) know I like to lie in so no one disturbs me early." Staff knew people well and understood their likes and dislikes and individualities. One person who was very independent wanted to still walk as much as possible so staff had ensured that this was made possible by encouraging whilst making sure a staff member was nearby with a wheel chair for one they got tired. There were a range of activities taking place and people were able to join in if they wished. Visitors told us they were regularly updated about their relative's health and care needs. One visitor told us they were, "Confident that any changes or updates would be discussed as they occurred."

Before people moved into the home people had been assessed to ensure their needs, choices and preferences could be met. Where possible people were offered the opportunity to visit the home and meet other people. People, and where appropriate, their representatives, were involved in the assessment and development of the care plans. Care plans contained detailed and relevant information about their needs in relation to personal care, mobility, skin integrity, nutrition, health and personal preferences. People's care plans included information about their preferences, for example what they liked to eat and drink and what was important to them in relation to personal hygiene. There was guidance for staff about how to support people with their mobility, this included the use of a mobility aid or the support of staff. Throughout the inspection we saw people received the support they required and chose. Staff gave/told us detailed information about people's choices and this information was clearly recorded. Reviews of care took place regularly.

The registered manager had identified that activities were not always meaningful or developed to suit each individual. She had plans to work with staff, develop their understanding and identify more opportunities for this to happen on a day to day basis.

A range of activities was available to people who wished to take part. This varied from day to day and included outside entertainers, visiting pets, which people really enjoyed and opportunities for reminiscence, knitting sessions, discussions and quiz sessions with the staff. Staff also had a selection of floor games such as skittles. There was information in people's care plans about their hobbies and interests and what they liked to do. Where people enjoyed watching television there was information about what programmes they liked to watch. Some people were less able to participate in activities but enjoyed one to one time with staff. During the inspection we saw staff sit with people and either read with them, draw and knit. We also saw a group activity of floor skittles. The activities seen were meaningful to each person and we saw that people enjoyed them.

There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People told us they would make a complaint if they needed to. We saw people's concerns had been recorded and responded to appropriately. This prevented concerns becoming formal complaints. People's views were sought and listened to through day to day discussions, feedback surveys and meetings. There were regular resident meetings and minutes of these were available for us to read. People were asked about their view of the food and any other issues that were important to them. Visitors told us they attended meetings and issues raised were addressed. One visitor told us that they had raised a concern about laundry as clothing had been mislaid and since then there had been no problems.

Is the service well-led?

Our findings

At our last inspection in November 2015 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were put at risk because systems for monitoring quality were not always effective and records were not accurate.

The Provider submitted an action plan detailing how they would meet their legal requirements by November 2016. At this inspection Regulation 17 was met.

Visitors told us that they thought the home was well run. One visitor said, "approachable, clean and the care is good. Staff told us, "It is a good place to work, we have learnt from past mistakes, and continue to learn." They also said, "The manager has been here years, a lot of staff including the cook have been here for 15 plus years, lots of knowledge."

From discussion with the provider and information gathered from the PIR we saw there were plans to develop and improve the service. The provider was committed to driving improvement and was working with the registered manager to help promote and develop the service. This included on-going re-decoration of the home and the implementation of a more robust quality assurance system.

There was a quality assurance system to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were on-going such as care documentation and cleaning. The manager said these were areas that they wanted to continuously improve. All care plans were up to date and reflective of people's needs. The cleaning however still needed attention and this was known by the registered manager and she had approached the provider for a second cleaner as the building is large for one cleaner working five hours a day. This was being discussed. Medicine audits were undertaken and practices had improved.

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of menus.

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue about the kitchen and serving lunch. They said; "I felt listened to, and valued."

The staff said "Our aim is to provide good care to our residents."

Staff told us they were well supported at the service. They told us the provider was always available and they felt supported by each other. They were asked for their feedback and regularly updated about changes at the home. There were handovers at the start of each shift to ensure staff were updated about any changes in people's care and support needs. All staff were committed to making improvements to enhance the lives of people at Barchester Towers.