

Carpenters Company

Rustington Convalescent Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 2 and 8 June 2016 and was unannounced.

Rustington Convalescent Home is a Grade II listed building located on the Sussex coast. It is registered to provide accommodation, nursing care and support for up to 30 people. The home primarily provides short term convalescence following an operation, accident or illness, although short term respite care is also provided. In the Provider Information Return (PIR), the registered manager stated that, 'The homes vision is to support people who stay with us so they are able to regain their independence and this is achieved with their involvement so we are all working towards the same goal.' The home has 26 single rooms and two twin rooms, which are usually reserved for married couples. Many of the bedrooms have sea views. At the time of our visit there were 23 people staying at the home.

We found that Rustington Convalescent home had some elements of outstanding that could be expanded upon to give a rating of outstanding. We recommend that the provider refers to the guidance and characteristics of outstanding on our website.

Rustington Convalescent Home has well-furnished lounges, a large conservatory, dining room, television room and activity room. The home has extensive landscaped grounds, with a summerhouse and terrace, which are accessible to people staying at the home. The home offers a combination of nineteenth century Grade II listed building with modern facilities, including Wi-Fi.

The home had a registered manager in place. 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.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

People said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. The focus of the home was rehabilitation and to provide people with the skills they needed to return home. Staff completed a comprehensive discharge summary, a copy of which was sent to people's GPs or hospital consultants. This included specific details of any community follow up that may be required, for example a referral to a district nurse to monitor any surgical wounds.

People were encouraged to safely self-administer their medicines. People had enough to eat and drink throughout the day and night. The mealtime was an inclusive experience. After people had finished their meal many remained in the dining room chatting and drinking tea and coffee.

There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the on-going development of the home. The atmosphere in the home was happy and calm. People were engaged and occupied; they were interacting with each other and chatting. Every person we spoke to, without exception was extremely complimentary about the caring nature of the management and staff.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. The registered manager and the staff team took an obvious pride in their work, but were not complacent, and were looking for ways to improve the service. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and were confident appropriate action would be taken.

The premises and gardens were well maintained. All maintenance and servicing checks were carried out, keeping people safe. People were empowered to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the care they had received during their stay.

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

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff to provide care and meet people's individual needs in an unhurried manner.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

People were assisted and educated to administer their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

All the people at the home had capacity to make their own decisions; the home did not cater for people who lacked capacity.

People were supported to have enough to eat and drink and high importance was placed on ensuring people had a pleasant mealtime experience. People enjoyed their meals and each other's company.

People health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were committed to providing high quality care. Staff were quick to help and support people.

People were encouraged to be as independent as possible, relearn skills and make their own decisions. They were treated with kindness and respect; their dignity and privacy were upheld.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care was delivered in a highly person centred way by staff who understood them. People were given the information they needed and were encouraged to make choices. There was a clear focus on rehabilitation.

People were occupied and stimulated during their stay at the home.

People were encouraged to raise any concerns and give feedback regarding their stay. Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided strong, clear leadership and ensured an enabling and person-centred culture was firmly embedded in the service.

Staff told us they were well managed, were treated with respect and were listened to. Morale was high and staff took great pride in their work.

Systems were in place to effectively monitor the quality and safety of the service. There was a clear commitment from all staff to the continuous improvement of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Rustington Convalescent Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 8 June 2016 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at care records for four people, medication administration records (MAR), a number of policies and procedures, five staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care, spoke with five people staying at the home, the registered manager, the administrator, the trained nurse and two care staff on duty, one domestic, the cook and two dining staff.

Rustington Convalescent Home was last inspected in September 2014 where there were no concerns.

Is the service safe?

Our findings

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the home. We were told that, "Where could be any better?" People told us that they liked the staff. Comments included, "Nothing is too much trouble."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. The service followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were carefully assessed on admission to the home. General environmental and specific risk assessments were completed. More specific risk assessments were carried out, when triggered by the main assessment, for example people were weighed daily following cardiac surgery. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. The premises and gardens were well maintained and well presented. Environmental risk assessments had been completed, which assessed the overall safety of the home, including slip and trip hazards. All maintenance and servicing checks were carried out, keeping people safe.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait for long periods of time when they required assistance. People said when they rang their call bells staff were very quick to respond and assist them. Staff and people staying at the home told us they were happy with the staffing levels. We were told, "Even the fussiest couldn't find fault. It's absolutely first rate."

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past two weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. There was a registered nurse on duty at all times and there were two care staff during the day and one at night. We were told that an additional registered nurse was on duty if there was a high level of booked admissions. In addition to this there were ancillary staff for specific tasks, for example laundry, dining and domestic staff. We were told that carers were dedicated to care and that housekeeping staff made the beds.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were

made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service.

People were encouraged to self-administer their medicines following an appropriate risk assessment. At the time of our visit all people at the home self-administered their medicines. In the Provider Information Return (PIR), the registered manager stated that, 'We have a very high number of residents who control their own medication and this is encouraged, as nearly all residents return to their own homes once they leave the care home.' We observed that all medicines were kept securely. People's medicines were stored securely in their rooms. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. The temperatures of the fridge and the medicines storage room were monitored and recorded. The medicines storage room was used for any medicines that were administered by the home and a small amount of stock items.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

Is the service effective?

Our findings

Staff were well trained to make sure they have the skills and knowledge to effectively support people. People spoke positively about staff and told us they were skilled to meet their needs. They had confidence in their skills and knowledge. We were told, "My mother in law was here after a hip replacement and thoroughly recommended it." And, "I feel so much better now, I'm ok to go home."

To ensure that staff were able to effectively support people they received training according to their job. Staff received regular training in topics including, moving and handling, fire safety, infection control, medicines, safeguarding adults and equality and diversity. Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The registered manager had analysed training requirements for individual staff and we saw that training had been booked in advance to meet the identified needs. The training programme was set out a year in advance and a copy was given to all staff every December. This enabled staff to plan their attendance. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. Registered nurses told us that they had opportunities for training which enabled them to keep their clinical skills up to date, for example training had been given regarding post-operative anticoagulants, medicine given to prevent blood clots.

New staff were supported to understand their role through a period of induction. The registered manager told us that new staff were supernumerary to the rota for as long as it was necessary, and did not commence unsupervised work until they had been assessed as competent to do so. They undertook a period of shadowing when they worked alongside an experienced staff member. Their progress was reviewed informally on a frequent basis by the registered manager and their contract of employment was confirmed when they had achieved a satisfactory level and were confident in their role. New staff continued on to undertake the Care Certificate when their in-house induction was completed. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

People were supported by staff who had regular supervisions (one to one meetings) with the registered manager. All staff we spoke with told us they felt supported by the registered manager, and the other staff. They said there was opportunity to discuss any issues they may have, any observations and ways in which staff practice could be improved.

Staff told us there was sufficient time within the working day to speak with the registered manager or senior staff on duty. During our visit we saw good communication between all grades of staff. Staff told us that they could discuss any issues or concerns at any time and that their input during the shift handover was encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform

their duties.

The home provided short term care and rehabilitation. All the people at the home had capacity to make their own decisions. The registered manager told us that the home did not cater for people who lacked capacity. In the Provider Information Return (PIR), the registered manager stated that, 'In the last year we have amended our referral form to ensure we have more accurate and detailed information.' We saw that confirming people's capacity formed part of the admission process and was clearly documented. Despite the home only providing care for people with capacity, staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit one. Staff had a good working knowledge on DoLS and mental capacity and had received appropriate training.

During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of drinks throughout the day. In addition to this we saw that tea and coffee making facilities were available for people and a selection of cold drinks were readily accessible. We observed the lunchtime meal experience. Tables were nicely set with condiments, glasses and serviettes. Lunch was usually taken in the dining room, however people were able to eat in elsewhere if they preferred. The meal was served by dedicated dining staff. People were engaged in conversation and appeared to enjoy their meal. The food had an appetising smell and looked attractive. People were able to request a choice of food and they were able to decide on portion size. We saw that omelettes were cooked to order to ensure that they were served hot. People described the quality of the food and choice as exceptional. Comments included, "The food is marvellous." The menu was on a three week rota, this meant that, during the average two week stay at the home, the menu was not repeated. We observed many positive interactions between people and staff. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere. We saw that after people had finished their meal many remained in the dining room chatting and drinking tea and coffee.

People's care plans contained information about their dietary needs and malnutrition risk assessments. People's weight was recorded, on admission to and discharge from the home, to monitor whether people had maintained a healthy weight during their stay. This information was included in people's discharge summary, a copy of which was sent to people's GPs or hospital consultants. Referrals were made to dieticians for community follow up if people had experienced weight loss during their stay. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

People had a high level of health care monitoring with a high involvement from GPs and hospital

consultants. This was specifically with regards to their individual rehabilitation plan which included management of any surgical wounds and removal of any sutures. People were seen by a variety of professionals according to their specific needs. For example a physiotherapist visited the home three times a week and the GP visited twice per week. The home had established links with district nurses. We were told that, "We get confirmation from district nurses that they are ready to support people when they are discharged."

Is the service caring?

Our findings

The caring ethos of the home was evident. People received care and support from staff who knew them well. Staff were skilled in talking to people and establishing a rapport in a short space of time. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Every person we spoke to, without exception was extremely complimentary about the caring nature of the management and staff. People described them as, "Very helpful", "First class", and, "Lovely". Everyone we spoke with thought people were treated with respect and dignity. We saw letters written by people following their stay at the home, thanking staff for the care they had received.

Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a kind and caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff focused their attention on providing support to people. We observed people smiling, chatting and choosing to spend time with the other people staying at the home. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them and encourage them to do things for themselves. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff always made sure people were comfortable and had everything they needed before moving away.

People were involved in the planning of their care. Staff spent time with people on admission to the home to ensure that the plan of care met people's expectations. People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. The care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful and made them aware of people's personal preferences. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew, in detail, each person's individual needs. Relationships between people and staff were warm, friendly and sincere.

People gave examples of how the management and staff exceeded their expectations in relation to the care and support they received. One person told us that they were originally, "Booked-in for one week", to recover from their operation, but they, "Loved it so much" that they decided to stay for another week. They told us that it was, "A marvellous place to be." The registered nurse on duty told us that this was not unusual, and that, "Most people do not want to receive care, but once they have experienced it, they love being here. Often people come back again in the future. They might have one hip done and then several months later return to us after having the other one done."

Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people.

There was a strong caring culture at all levels. From management to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. One staff member said, "We are never too busy to do things for people." The overall impression was of a warm, friendly, safe and lively environment where people were happy.

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs. People received support that was individualised to their personal preferences and needs with the common goal of rehabilitation to enable people to return home. One person told us, "I never have to wait long for help when I need it". Another person explained how they were, "Getting stronger every day", and that the staff, "Are always giving me useful little reminders; walk slower, good leg first and that sort of thing. It's really helping me get better".

We were told that staff took time to educate and teach people how to care for themselves following their discharge. For example people receiving anticoagulant injections (medicines to prevent blood clots) were taught how to self-administer them. If this was not possible, a district nurse referral was made. A primary focus of the home was to provide the person and other professionals involved in their care with a detailed assessment of their needs and capabilities. This information was used to determine any long term support services the person would require after their stay at the home. Staff completed a comprehensive discharge summary, a copy of which was sent to people's GPs or hospital consultants. This included specific details of any community follow up that may be required, for example a referral to a district nurse to monitor any surgical wounds.

People had their needs assessed before they were admitted to the home. Information had been sought from the person, the hospital ward and professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. People's care needs were kept under review and any changes or increase in dependence was noted in the daily records and added to the care plans. Staff told us, "If anything changes, it [the care plan] is updated". This meant people received consistent and co-ordinated care that changed along with their needs.

People were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Each file contained information about the person's likes, dislikes and people important to them.

Staff maintained a daily record for each person that recorded the support they had received. Staff attended a verbal handover between each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care to meet their needs.

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that people were interacting with each other and chatting. Staff and people told us that they liked each other's company and people described their stay at the home as, "Sociable".

People had a range of activities they could be involved in. The home had a set activities plan, which included trips out, exercise classes twice a week, quizzes and a regular church service. We were told that the exercise classes were run by a visiting professional with experience of people's post-operative mobility needs. People told us they were happy with the activities provided. One person told us about an entertainer

who had visited the previous week, "The harp was simply lovely."

People were encouraged to spend the day in the communal areas of the home as this maintained the homes rehabilitation ethos. We were told that, "If you want to be quiet, there is so much room, you can. Look at that view; it's so good for the mind. It really makes you feel better just being here". People were supported to maintain relationships with people that mattered to them and avoid social isolation. Visitors were able to visit at any time and were able to stay for a meal if they wished. The home also had several rooms reserved for guests if people wished their visitor to stay over. People were encouraged to meet their visitors in the communal areas of the home and not in their bedrooms, as this further reinforced the rehabilitation ethos. All people we spoke with told us that they were happy with the level of social interaction and activities provided. People told us that the home was, "Like a hotel. You get your bed made and beautiful meals provided all in this amazing environment." and "The only difference between this and a five star hotel is that they give me a bit of help getting in and out of bed."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy at the home and had no cause to complain. One person said, "What possible reason could anyone have to complain? Look around you, it's incredible."

People told us that were confident that any issues raised would be addressed by the registered manager. One complaint had been received in the last year, which had been appropriately investigated and resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

The home had a positive culture that was person-centred, open, inclusive and empowering. There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the on-going development of the home. People appeared at ease with staff and staff told us they enjoyed working at the service. The registered manager had been in post since 2007. People knew who the registered manager was. There was mutual respect between the registered manager, senior and other staff, and a strong sense of teamwork. The home had a low staff turn-over and a core staff who had worked at the home for several years. One staff member told us that they had worked at the home for 21 years and, "Love it." People benefited from a committed and well established staff team. Staff told us that they felt extremely well supported by the management team and each other. They clearly demonstrated respect and pride in the home. The registered manager and the staff team took an obvious pride in their work, but were not complacent, and were looking for ways to improve the service. A staff member said, "We are asked what we think about things. It's not hierarchical, we are a team. I love it. We all work together to think of better ways of doing things."

The home's statement of purpose clearly referred to the purpose and aims of the home. It stated, 'Rustington Convalescent Home is a care home with nursing for 30 adults, who through accident, illness or surgery have a physical disability or limited physical mobility. Established in 1897, the Home offers comprehensive short-term nursing care for those who are recovering from illness, surgery or needing short-term respite support. Our aim is to encourage and enable service users to maintain their independence, to gain confidence and to progress their recovery in preparation for returning home.' From our observations at inspection, it was evident that this had been embedded into the way the home was managed and put people and their rehabilitation at the heart of the service. We spoke to staff about the home's aims and purpose. We were told that, "It's a valuable stepping stone between hospital and home." And, "Everything is focused on them [people staying at the home] and the improvement in their health." A person staying at the home said, "It's just what I needed between hospital and home."

The registered manager had embraced technology to promote communication between people staying at the home and those they cared about. The registered manager told us that Wi-Fi signal boosters were in place in the communal areas of the home to ensure that internet access was available to all people at the home. This showed that the registered manager was innovative in their approach to supporting people to keep in touch with people they cared about and to pursue their interests. The home had a computer available for people to use, however the majority of people had their own devices.

The registered manager was fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

In the Provider Information Return (PIR), the registered manager stated that, 'When I arrive at work I make

contact with all the departments on a walk through of the home. I am always available if needed.' This was confirmed by the staff we spoke with. She told us that she spent time with people in order to observe the care and to monitor how staff treated people. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or the registered manager.

During our visit we were told, and records confirmed, that one of the trustees visited every month and completed a compliance audit. This included looking at records, talking to staff and talking to people and any visitors. We were told that the committee meets three times per year and discuss any areas requiring action.

People were empowered to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the care they received during their stay. Feedback surveys were given out to all people as part of their admission. The registered manager collated the responses, wrote a report summarising people's comments and identified any areas for action. There were numerous examples of improvements made following people's comments and suggestions. These included, full length mirrors in the bedrooms, brighter bedside lights, hooks on bathroom doors and a bench outside the front door. People's comments were overwhelmingly positive. This was mirrored in the home's compliments file. This included comments such as, "The staff are wonderfully caring", "The food is excellent", and, "The staff gave me plenty of useful advice. Don't walk so fast. Drink plenty of water."

The registered manager told us that the home provided, "Good value for money," because, although, "60% of the cost of the care is covered by the Worshipful Company of Carpenters," people who do not have a connection to the Carpenters' Company can stay at the home. The registered manager told us that the number of people extending their stay at the home and booking in for a further stay was an indicator of the quality of the service provided. People told us, "I was originally booked in for one week, but it was so good, I stayed another." And, "I'm coming back here if I need my other hip done."

Quality was integral to the home's approach and there were robust systems in place to drive continuous improvement. Quality assurance systems monitored the quality of service being delivered and the running of the home, for example audits of infection control and the environment. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. This aspect of the service had an element of potentially 'outstanding' practice. We recommend the provider take steps to embed this aspect of the service over time to demonstrate the long-term impact and benefit to people using the service. Accident and Incident forms were completed. These were signed off by the registered manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly. The provider had achieved a level five rating at their last Food Standards Agency check.