Care Quality Commission

Care UK Community Partnerships Ltd

Whitefarm Lodge

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

Overall summary

This was an unannounced inspection that took place on 10 and 11 November 2015.

Whitefarm Lodge is a nursing home up to 60 older people. Accommodation is provided over three floors with one floor offering nursing care for people with dementia and two floors providing residential care. The home is operated by Care UK who have two other similar services in the Richmond area.

The home had a registered manager. 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 and associated Regulations about how the service is run.

In July 2013, our inspection found that the home met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People and their relatives said the home provided a good service and they enjoyed living there. The staff team were caring, considerate, attentive and provided the care and support people needed in a kind and friendly way. This gave Whitefarm Lodge a homely, relaxed atmosphere.

The records we looked at were comprehensive, kept up to date and contained clearly recorded, fully completed and regularly reviewed information. This enabled staff to perform their duties well. People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, as required. They were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People and their relatives were positive about the choice and quality of food available.

The home was well maintained, furnished, clean and provided a safe environment for people to live and work in.

The staff we spoke with were knowledgeable about the people they worked with and care field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. Staff said they had access to good support and career advancement.

People and their relatives said the management team, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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.

People said they were safe. Staff followed effective safeguarding and assessment of risk to people procedures. The home had appropriate numbers of skilled staff, who were appropriately recruited.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Good

Is the service effective?
The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and balanced diets were provided. The home's was decorated and laid out to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Staff received training and people underwent mental capacity assessments and 'Best interests' meetings were arranged as required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's backgrounds, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way that went beyond their job descriptions and maintained people's dignity. They were patient and gave continuous encouragement when supporting people.

Good

Is the service responsive?
The service was responsive.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided. People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Good

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

Good

Summary of findings

There was a positive culture within the home that was focussed on people as individuals. People were enabled to make decisions by encouraging an inclusive atmosphere. People were familiar with who the manager and staff were.

The manager and management team provided good support to staff and advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Whitefarm Lodge

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.

This was an unannounced inspection and took place on 10 and 11 November 2015.

This inspection was carried out by an inspector, expert by experience and specialist clinician, who was a nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

There were 51 people living at the home during the inspection. We spoke with 15 people, nine relatives and visitors, 12 care workers and the deputy and manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for ten people living at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and their relatives said they thought the service was safe. One person told us, "My son says he can now sleep at night and really relax." Another person said, "The response to the call bell is very quick." When asked about medication a further person told us, "They're very good with that." A relative said about his wife, "She's getting very good treatment, under the circumstances they (staff) do very well but they have some very difficult people here."

Some people and their relatives told us they thought there was enough staff to meet their needs, whilst others thought the home could do with more staff. One person said, "The carers are booked, especially at night time, and in the morning they are looking after others who need help and I'm left with little care. I need care at night." She said she liked to go to bed at 9 pm and would like a care worker to help her take off her support stockings at about 9.30 pm, but "If I ring my bell I get told off or someone comes and turns off the alarm and goes away, and sometimes I have to wait until 10.15 and once until 10.45 pm. I think I'm too soft. Here they are so short of staff that there is no-one spare especially if they have to go with someone to a hospital appointment. I've asked 2 days running for someone to take off my nail varnish but no-one's done it."

Another person said, "They could do with more staff. It's a bit misleading, the brochure says breakfast is 7.00-10.00, but it actually means it could be anytime between 7.00 and 10.00." A visitor said, "I think they will need more staff as people are getting more needy. The staff don't have time to do the niceties e.g. talk, be with them and part of the activity." They were referring to new residents who tended to have more needs, e.g. help with going to the toilet, and they might have to wait 5-10 minutes for assistance. She said it was important to make sure that people remained independent for as long as possible, they needed to be encouraged to do things for themselves and that takes time. It is sometimes quicker to do it for them; so that is why more staff would be required in the future.

During the inspection we saw there were sufficient numbers of staff to meet people's needs and the numbers of staff on shifts matched those on the staff rota. During lunch, on the dementia unit staff had enough time to have meaningful conversations with people, explain and repeat to people what they were eating and support them to enjoy the mealtime experience in an unhurried way. This meant people's needs were met in a safe, unrushed way that they enjoyed and was reflected in their positive body language. One person went with us from the lounge to his room to talk in private. Within a few minutes a care worker came looking to see where he was as she was concerned that he had disappeared from the lounge. Our observations on the dementia unit, during lunch showed that staff met people's needs in a timely way and no one was kept waiting to for their lunch. The manager told us that the staff rota was flexible to meet people's needs. Extra staffing was supplied as required and there was access to extra staff should they be needed. Relief staff cover was provided from within the organisation.

Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. Safeguarding information was provided in the staff handbook and a safeguarding pathway with local authority contact numbers was available to staff. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from abuse and harm. Staff were trained in them and we saw them being followed during our visit. We asked staff to explain their understanding of what abuse was and the action they would take if they were confronted by it. Their response met the provider's policies and procedures. They said protecting people from harm and abuse was part of their induction and refresher training. This was confirmed by the sample of training records we looked at.

People's care plans contained assessments of risk that enabled them to take acceptable risks and enjoy their lives safely. Staff evaluated and compared risks with and for people against the benefits they would gain from activities. There were risk assessments for relevant aspects of people's lives that included health, social activities and interactions. The risks were regularly reviewed and updated when people's needs and interests changed. Evidence from care records showed that as well as risk assessments there were also risk management plans for the risks identified. The risks were assessed and managed according to individual people's needs and were up to date. The risk assessments recorded included; fall risk assessment, Water low risk assessment, nutritional risk

Good

Is the service safe?

assessment and moving and handling. Where a risk was identified measures were in place to prevent its occurrence. An example was people who were at risk of developing pressure ulcers being nursed in an alternating air mattress.

There were general risk assessments for the home and equipment used that were reviewed and updated. These included fire risks. The home and grounds were well maintained and equipment used was regularly checked and serviced. The staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be comfortable using. The care plans contained action plans to help prevent accidents such as falls from happening again.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of the client group they would be working with. References were taken up prior to starting in post. There was also a six month probationary period, at the start of which new staff shadowed experienced staff. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. All staff had completed security checks to keep people safe.

The staff who administered medicine were appropriately qualified, trained and this was refreshed annually. They also had access to updated guidance. The medicine records for people using the service were checked and fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. Medicines were safely stored for example; creams were stored separately to ensure safe use and fridge medicines stored securely in the fridge at the right temperature. All loose medicines, eye drops and bottles were dated on opening to record the date opened. We observed good practices regarding the disposal, storage, administration and stock balance systems.

We checked people's care records across the units. In the case of those who were assessed as being at high risk of developing pressure ulcers, measures were in place to prevent this happening, by providing alternating pressure relieving air mattresses with good functioning profiling beds. There were accurate records of repositioning charts during the day and night kept for all people at high risk of developing pressure ulcers. Records were also kept to monitor the effectiveness of the air mattresses and if they were set properly. We checked four air mattresses and found they were correctly set according to each person's weight.

Staff we spoke to had good knowledge of the management and prevention of pressure ulcers, including the importance of using barrier cream on pressure areas, as well as how to set the air mattresses. They also demonstrated good understanding of wound management and prevention. They were also aware of how to recognize any change in people's skin and take action to prevent deterioration. Across the units, there was only one person with a grade 4 pressure ulcer that was acquired from the hospital prior to admission. The records demonstrated that the wound was being managed properly, in accordance with the home's wound management policy and staff had taken appropriate steps by referring the wound promptly to the GP and Tissue Viability Nurse. Each time dressings were changed, it was recorded in the wound assessment chart as instructed by the Tissue Viability Nurse. Wound pictures were taken as evidence to monitor any changes and to manage them promptly. The wound was reassessed weekly to monitor wound healing progress.

The home looked very clean and well-maintained with no unpleasant odours evident. One carpet was having new floor carpet laid and the workmen were very aware of risks to people who use the service and staff. There was also the necessary equipment in place to manage people's needs. For example, people who used the service that required hoisting had access to individual slings and hoists that were in good working order. There was also a good stock of gloves and aprons for giving personal care.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and what they wanted to do. Staff were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed. People said they made their own decisions about their care and support and that their relatives were also able to be involved. They said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked. One person told us, "It's been marvellous so far, they really are very good." Another person said, "This place is so good. It's a good home." This person added that the problem now was that more and more of the people using the service had dementia so she had few people to socialise with in the home. A relative told us, "I love it. It's a really good place. She is happy here. I would like to come here. This place makes you feel so much better about everything."

Staff were fully trained and received induction and annual mandatory training. New day staff spent two weeks shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. Night staff were required to work day shifts for three months, before starting night shift duties to familiarise themselves with the home and its working practices. New staff received a staff handbook, that contained information of what the home's expectations of them and their conduct was and what they could expect from the home. They were also required to successfully complete a competency book, as part of their probationary period. The communication skills of the staff we observed demonstrated that people were able to understand them and this enabled staff to meet people's needs more efficiently.

There was a training matrix that identified when mandatory training was due. Training included infection control, behaviour that may be challenging, medication, food hygiene, equality and diversity and person centred care. There was also access to specialist service specific training such as dementia awareness and end of life care. Bi-monthly staff and team meetings, supervision sessions and annual appraisals were partly used to identify any gaps in group and individual training needs. There were staff training and development plans in place.

Full nutritional and fluids assessments were done, updated regularly and evidence from the care records checked showed that nutritional and fluid intake needs of people who use the service were met. All people using the service were weighed monthly with records kept. From the care plans viewed, there were no people with significant weight loss. There was evidence recorded in the fluid and food charts that people who required assistance with eating or drinking during meal times were supported and encouraged to eat and drink by staff and required food and fluids intake was provided. There was information regarding the type of support people required at meal times People who had difficulty eating properly were referred to a GP who prescribed appropriate food supplements. The nurses and care team leader on duty demonstrated good knowledge and skills of managing weight loss and knew what to do if a person was losing weight. Care staff entered the unit offices, during our visit, to record people's fluid and food intake as soon as they had finished supporting them during mealtimes. Nutritional advice and guidance was provided by staff. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

People told us they enjoyed the meals provided. A person using the service said, "The food is excellent, you can't fault it, there's plenty of it and they offer you more." Another person told us, "The food has been fantastic so far." During our visit people chose the meals they wanted, there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. The lunch we saw was well presented, nutritious and hot. Meals were monitored to ensure they were provided at the correct temperature. The care workers on duty reminded people of what they had ordered to eat and offered them alternatives in case they wanted to change their mind. During lunch, on the dementia unit, staff provided people's meals quickly so they would be hot when they received them. They also took time to support people to enjoy the mealtime experience in an unhurried way. There was jovial conversation and good stimulation with the dining area being a lively and happy place.

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

Good

Is the service effective?

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, some applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually and consistently checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The home had de-escalation rather than a restraint policy that staff had received training in. They were aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance available. There were no instances of restraint recorded.

People's consent to treatment was regularly monitored by the home and recorded in the care plans. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

Good

Is the service caring?

Our findings

People told us that the staff at the home treated them with respect, dignity and compassion. The staff made an effort to make sure people's needs were met and this was reflected in the care practices we saw. They enjoyed living at the home and were supported to do what they wanted to. Staff listened to what people said, their opinions were valued and we were told staff were friendly and helpful. One person we spoke to told us, "The carers are very, very kind." Another person said, "The care is wonderful, my son says they go beyond duty. They are my friends now too". A further person said, "The staff are nice. They are busy but they always find time to say hello." A relative told us, "They are all very, very caring. Its wonderful hearing them, encouraging and talking to him. I love the way they speak to them, the respect." Another relative said, "In my opinion the staff do a good and responsible job. There's cheeriness and a sense of engagement, hearty involvement, and a positive feeling of well-being. The staff look happy."

The manager and staff were kind and welcoming to us and everyone else who visited the home. They were very skilled, patient and knew people and their needs and preferences very well. They made an effort, as a team and individually to ensure people led happy and rewarding lives. People were treated equally and as equals with staff not talking down to them. People were listened to and their views and opinions valued. They were treated with kindness and understanding. Care workers answered the call bells promptly and knocked on doors and awaited a response before entering people's rooms. One person said, "Staff always knock before coming in." The care workers attended to people's needs in a gentle and caring manner. They were focused on people's individual needs rather than being task oriented and rushing around. Staff were interactive, polite and communicated with people in a respectful but friendly way. They also communicated well with one another passing on relevant information to each other regarding the care they were providing.

The caring staff approach was supported by the life history information contained in care plans that people, their relatives and staff contributed to and regularly updated. People's personal information including race, religion, disability and beliefs was also clearly identified in their care plans. This information enabled staff to respect them, their wishes and meet their needs. The care plans clearly stated the end of life wishes for people who use the service. There was relevant information displayed on the notice board of each unit that clearly showed people that were nearing the end of their lives, those who had DoLs orders in place and those who had diabetes. This information was colour coded and only specified staff were made aware of the meaning of the colour codings.

There was an advocacy service available through the local authority.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook. There was a policy regarding people's privacy, dignity and right to respect that we saw staff following throughout our visit. They were very courteous, discreet and respectful even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People told us that they were asked for their views, opinions and choices by staff and the home both formally and informally. This also took place during our visit. Staff enabled people to make decisions for themselves, listened to them and took action if required. Staff took time to make themselves available to people to talk about any problems or concerns people and their relatives might have. Needs were met and support provided appropriately. One person told us his family had come to visit him and his wife and they were watching the rugby world cup final in his room. When it was time to go to supper, he said that he did not want to go as they all wanted to watch the match. The home had been very kind, responsive and, "They (the staff) turned up with a tray of sandwiches, nice cakes and a pot of tea for all of us, including our visitors." Another person told us,"The activities ladies are both very good but they're busy and spend a lot of time upstairs (on the second floor)." A relative told us, "The activities co-ordinator is wonderful and she tries to encourage him (person using the service). They do wonderful anniversaries for us." Another relative said that the home organises for animals to be brought to the home in the summer and that her husband really liked that. A resident also mentioned how she liked it when Miller's Ark Farm brought their animals to the home. A visitor told us, "There are loads of activities."

People and their relatives were provided with written information about the home and what care they could expect before moving in and fully consulted and involved in the decision-making process. They were able to visit as many times as they wished and talk to people already living at the home, before deciding if they wanted to move in. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual.

People were referred by local authorities, hospitals and privately. The home also provided respite care and some people had moved in on a fulltime basis having previously experienced respite care at the home. Assessment information was provided by local authorities, hospitals and sought for private placements if available. Information was also requested from previous placements. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives.

Throughout our visit people were consulted by staff about what they wanted to do and when. They were reminded of and encouraged to join in activities and staff made sure people were not left out. People were also encouraged to interact with each other rather than just staff. There were daily activity and two activities co-ordinators, who worked 7 days per week between them. The activities provided included indoor bowls, school visiting concerts, choir practice, poetry club, sensory sessions and coffee afternoons. There was also a hairdressing salon available. The activities co-ordinators said that they made sure that they allocated time for people who were confined to bed, in their rooms.

During our visit there was a commemoration of the people that died in the two world wars and this was appropriately observed. People also had access to a multi faith room.

The home's pre-admission assessment formed the initial basis for care plans. The care plans were comprehensive and contained sections for all aspects of health, social interaction and wellbeing. They included consent to care and treatment, medical history, mobility, dementia, personal care, recreation and activities and end of life wishes. They were focussed on the individual and contained people's 'Social and life histories'. Evidence from care plans showed that peoples' choices and preferences were clearly stated. Their care plans were person centred reflecting their individual assessed needs. The care plans were live documents that were added to by people using the service and staff when new information became available. People were encouraged to take ownership of the care plans and contribute to them as much or little as they wished. One relative told us that her husband's care plan was updated 2-3 times a year.

Peoples' needs were re-assessed their care plans reviewed monthly or when there was a significant change. Daily notes were in place that evidenced if people had attended their chosen activities or record significant events. All the care records viewed were up to date. A nurse told us that they always discussed the care plan with people and their relatives before implementing any change to the care plan.

Good

Is the service responsive?

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

People and their relatives were invited and encouraged to attend regular meetings to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify that any required changes were made.

Good

Is the service well-led?

Our findings

During our visit people were actively encouraged to make suggestions about the home and any improvements that could be made to it. There were regular minuted meetings for people who use the service and relatives that enabled everyone to voice their opinions. Relatives told us there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One person told us, "The management are very good. They come round every so often and ask if everything is OK." Another person said, "We have a good captain in (manager's name)." A relative said, "The manager is very nice and the deputy manager seems nice." A visitor told us, "The management come and chat. The manager has an ability to be engaged. He's a caring individual. In my opinion it's well run."

The organisation's vision and values were clearly set out. Staff said they understood them and that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the organisation's vision and values as they went about their duties.

There were clear lines of communication within the organisation, home and specific areas of responsibility and culpability. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Staff told us the support they received from the manager was excellent, couldn't be better and they felt happy and motivated. This was reflected in their happy, calm and relaxed approach to their jobs with no sign of pressure or tension. They thought that the suggestions they made to improve the service were listened to, given serious consideration and that they really enjoyed working at the home. They felt safe and were happy in their jobs especially with the cordial relationship that existed between them and the home manager. One staff member said, "I feel safe and happy because we have a good team spirit and very supportive manager. I have been here for fourteen years." Another staff member acknowledged the manager's skill in dealing with staffing issues, with an open door policy where staff could walk in and discuss things with them. This staff member also said that the approachable nature of the manager made her feel safe, happy and willing to work more years in addition to the ten already worked. A staff member said, "The manager is great and we get the support we need." Another member of staff told us, "I wouldn't want to work anywhere else."

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where information was provided and staff accompanied people using the service. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also shift handovers that included information about each person. Support managers from within the organisation did monthly audit checks, the regional director frequently visited and risk rating audits and annual care reviews also took place by the local authority. There were also annual satisfaction questionnaires sent to people who use the service and their relatives that were sent direct to the organisation and were then shared with the home.

The home maintained strong community links with regular visits from local schools and religious organisations. The day prior to our visit, a local school string quartet entertained people at the home and there were also visits from the Whitton Choral Society.

The home demonstrated strong partnership working and there was a clear system of practice for staff to actively seek the advice and knowledge of other health care professionals. These included; physiotherapists, a chiropodist, opticians, district nurses, community psychiatric nurses and the local GPs.