Mr John Kelly

Briar Dene Retirement Home

Inspection report

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Date of inspection visit: 11 November 2014
Date of publication: 24/02/2015

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

The inspection took place on 11 November 2014 and was unannounced.

We last inspected Briar Dene Retirement Home on 7 August 2013. At that inspection we found the home was meeting the regulations that were assessed.

Briar Dene Retirement Home provides care and accommodation for 27 older people. It is a large, detached property and is located in a residential area in Scarborough close to the North Bay and Peasholm Park. Accommodation is provided in one twin room and twenty five single rooms. All rooms are equipped with en-suite facilities. There is a passenger lift. The home is set in its own gardens and car parking is provided for several vehicles.

Mr John Kelly is the registered provider / manager and has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was also a care manager in post who supervised the care function and a general manager who oversees catering, housekeeping and the other functions of the home.

Summary of findings

People spoke positively about the care they received at Briar Dene Retirement Home and they said they felt safe. The home had policies on safeguarding and whistleblowing and people living in the home and staff knew who to speak to if they had any concerns.

People told us that staff met their needs. There was an established staff team who knew people well and provided consistent care. Staff were recruited safely and had received training to fulfil their roles and responsibilities appropriately. Staff understood the importance of managing medicines safely and managers were aware of current research and practice in relation to managing medicines in care home.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Policies to manage risk were in place and staff applied these consistently to make sure that people remained safe without being unduly restrictive.

People's nutritional needs were met. Meals were cooked using fresh produce that was locally sourced and people spoke highly about the quality of the food provided.

People received the health care support they required and had access to a range of healthcare professionals such as doctors, chiropodists, dentist and community nurses.

People were satisfied with the care that they received and said they were treated with kindness and respect. We saw that people were consulted to make sure the care they received met their individual needs and preferences. People were provided with a range of activities and they were supported to follow their own interests and pursuits inside and outside the home.

People were encouraged to discuss any issues so that these could be resolved quickly. People told us that staff always listened to them and acted on what they said. Good professional relationships appeared to exist between the general manager and the care manager which meant that things ran well. Everyone knew the managers and spoke highly of them.

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?

Good

The service was safe. People who used the service told us that they felt safe. People who used the service were protected against risks by an established management team who listened to people and acted on what they said.

People were cared for by an established, experienced staff team. Good recruitment practices were followed to make sure only suitable people were employed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Is the service effective?

Good

The service was effective. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

People who lacked capacity were protected under the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus offered variety and choice and provided a nutritious, well-balanced diet for people living in the home.

People were supported to maintain good health and access health and social care professionals, chiropodists and opticians.

Is the service caring?

Good

The service was caring. People spoke positively about the care they received and said they were treated with kindness and compassion.

Feedback from families was positive. Staff listened to people's views and acted on them.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Is the service well-led?

Good

The service was well led. Managers provided a visible, daily presence in the home. There was an established experienced staff team who were able to provide people with consistent care.

Quality assurance questionnaires gave people an opportunity to share their views about the service.

Audits were carried out to check the quality of the service and identify any shortfalls. Audits covered complaints, staffing, medicines, health and safety and infection control.

Briar Dene Retirement 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 11 November 2014 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the information we held about the service, such as notifications we had received from the registered provider. We planned the inspection using this information.

We contacted the local authority contracts and compliance team and health watch to ask for their view on the quality of the service provided by the home.

On the day of the inspection we spoke with four people in detail and with six others in general conversation walking around and during observations. We spoke with three members of care staff, the cook, the care manager and the general manager

During our visit we looked round the home. We spent time observing the interaction between people who lived at the home and staff. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at care plans and medicine administration records (MAR) for three people and observed a medicines round. We spoke with a member of the community nurse team.

Good

Is the service safe?

Our findings

People told us they felt safe. When we asked about safety one person said, “I feel completely and utterly safe in every way."

Policies and procedures on abuse, whistleblowing and anti-discrimination were in place. The general manager told us that they fostered an environment that encouraged people using the service and staff members to raise any concerns that they may have. The local authority confirmed that they had not received any safeguarding concerns. Staff were aware of how to make a safeguarding alert and had received training in safeguarding. They were able to tell us what constituted abuse. They said they would raise any concerns with the provider or the general manager so any issues could be dealt with. They also knew how to raise any concerns outside the home if that was needed. This showed us that systems were in place to protect people and that staff knew what to do if they had any concerns.

We saw in the PIR that risk assessments were used to find ways to mitigate risks while maintaining an environment that supported people’s wishes and independence. For example, the care manager told us that people could go out alone unescorted if that was what they wished. However, they could arrange independent support if people needed additional assistance to maintain their safety whilst they were outside. During our visit we saw staff checked with people going out to make sure they did not need additional help. This showed us that people could come and go as they pleased but that they would be offered additional support where needed to help keep them safe.

Environmental risk assessments and maintenance checks were carried out. Examples of the checks we saw included lift and hoist inspections, fire safety equipment and water temperature testing. All of these were up to date. This meant that action was taken to identify and minimise potential risks.

There was a recruitment and selection policy in place to recruit suitable people to work with vulnerable adults. The acting manager told us that completed application forms and CVs were used to structure individual interviews around the role being applied for. They said that the information gained at interview in terms of the individual's experience, background and their manner to help form a view of an applicant’s attributes. We discussed updating the application forms in use to follow best recruitment practice and ensure questions were anti discriminatory. However, the general manager was confident that their recruitment practice was fair and was able to give us examples that demonstrated this. Disclosure and Barring Service (DBS) checks had been obtained and references had also been received. This provided evidence that only people considered to be suitable to work with vulnerable people had been employed.

We saw in the PIR that staffing levels for each shift were adequate for the effective and safe running of the home. Asked if there are enough staff one person said, “Mostly yes, sometimes at weekends they might be a bit pushed.” Other comments we received included, "There seems to be enough staff, they work very hard but everything seems to get done,” and, "Occasionally they might be a bit short but I've never been let down.”

Dedicated housekeeping staff were employed which staff said allowed them time to focus on people’s care needs. People living at the home thought this system worked very well and they lived in a clean, hygienic environment. One person said to us, “My room is kept very nicely and the bathroom is cleaned every day." Another person said, "It's impeccable, the room is kept clean and I've just had clean curtains put up this morning.”

Policies and procedures were in place for the safe storage, administration and recording of medicines. People told us that they received their medicines at regular periods throughout the day as they needed them. The home used a monitored dosage system prepared by the dispensing pharmacist and we observed staff administering medicines safely. The pharmacy provided a copy of the prescriptions to the home so that these could be checked against people’s current records before they were dispensed. This made sure that any changes in people’s prescribed medicines were taken into account and reduced the potential for error. We noted that staff checked medicines on arrival at the home and two members of staff checked any medicines sent back for disposal, which is good practice.

We saw in the PIR that managers were aware of the National Institute for Health and Clinical Excellence (NICE) guidance on managing medicines in care homes. Staff had received training on the safe administration of medicines. Staff told us that they had a copy of the Care Quality

Good

Is the service safe?

Commission (CQC) guidance on the administration of medicines and we observed them following safe procedures in practice. We looked at a sample of controlled drugs (CDs) and the CD book, which were all up to date although on occasion the signature of the person administering a controlled drug had not been witnessed by a second person in line with best practice guidance. Medicines audits were not regularly being carried out. MAR charts had photograph and clear instructions on how each tablet should be given. When any as required (PRN) medicines were given there was a supplementary sheet where these had been recorded. Boxed medicines were counted and recorded. This showed us that arrangements were in place to make sure that medicines were administered safely.

Good

Is the service effective?

Our findings

Everyone told us they felt that the staff knew what they were doing when looking after them and were able to meet their needs. The general manager had responsibility for staff recruitment, training and staff appraisals. They told us that appraisals helped to determine future training and development for staff.

We saw that staff had access to a web based learning tool and we saw from the PIR that two members of staff were completing a level 3 national vocational qualification (NVQ) in care. Each member of staff had an individual training record completed and we saw that staff had completed a range of training. Examples included fire safety awareness, first aid, manual handling, medication, infection control, end of life training and person centred care. Staff had read policies and procedures and then signed to say that they understood them. Staff received an induction which consisted of orientation, getting to know people, thinking about company values and mandatory training. They then went on to shadow more experienced staff before being allowed to work alone.

The care manager completed staff supervisions and said these are informal and not recorded. We discussed recording them so discussions can be evidenced. The care manager told us that they were looking at relevant management training to develop their leadership skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests.

People's care plans included an assessment of need, which the local authority had completed. The care manager was aware of MCA and DoLS and could explain what it meant to work in someone's best interest. They knew how to make an application for DoLS. We saw one person's file contained a mental capacity assessment and best interest decision about where to live and who had responsibility for handling their money. A checklist had been completed to see if a DoLS application was necessary.

Staff were knowledgeable about the people living at the home and showed good understanding of the concept of best interests. Staff told us they had received training in MCA and DoLS and staff files confirmed this. They told us they had a handover at every shift and this gave staff the opportunity to be able to discuss any issues. If it related to a person who was living at Briar Dene Retirement Home then the appropriate professional would be asked for advice. Staff said that everything was done in the best interests of the person who used the service. This showed us suitable arrangements were in place for acting in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

As part of the inspection we looked at the arrangements for mealtimes. Most people we spoke with said they preferred to take their breakfast in their rooms at their own pace and all said they enjoyed the freedom to get up when they wish. The general manager told us that meals were freshly prepared on the premises each day using locally sourced fresh meat, poultry and fish. One person said to us, "The food is very, very good and I'm a good eater."

There is a unique arrangement of individual dining tables all facing the windows in the dining room. However, observation at lunch time showed that people sat next to whoever they wished to and there was a happy buzz of chatter going on throughout the meal. The general manager was asked if tables could be put together if people wished to share a table and they confirmed that this is done on request, citing two people who were friends and when they come in they have two tables put together facing each other. People taking lunch all said that they liked the arrangement of the dining tables. We saw that table were all attractively set with for example, tablecloths, condiments and individual hand knitted tea cosies for teatime.

Meals smelled and looked very appetising with good quality ingredients. There was a set menu for lunchtimes but if someone did not like what was on offer the cook said people could ask for an alternative. People told us if they did not want what was on the menu for any given day then they are always offered something they like. At teatime the cook said that they had more chance to cook anything that people wanted as the cooks were able to decide on menu choices. This was a lighter meal and the cook said she baked every day so that people had fresh cakes available.

Staff were confident about individual food preferences and care needs relating to specific health care needs such as diabetes. One member of staff was able to describe what it

Good

Is the service effective?

meant for a diabetic to have a high or low blood sugar and any consequences they were able to tell us about hypo and hyperglycaemia and what should happen if those states occurred.

In the PIR the provider told us that there was an established staff team, which meant that the care staff knew people living in the home well and were well placed to meet their needs. People had access to their GP and other health and social care professionals such as community psychiatrist nurses, chiropodists, dentists and opticians.

On walking round with the general manager one person complained of very sore feet and said that it was giving difficulty in getting around. The general manager confirmed to the inspector that he did not know whether this was a problem which they knew about but would look into it. On discussing with the care supervisor on duty, a GP appointment had already been made and no further action was required. The general manager told us they were confident that the team caring for people know them extremely well and would raise any new health problem and involve the person's GP. Later we spoke with a member of staff who confirmed that the person had asked to see their doctor and an appointment had been arranged for them. One person said, "If I've said I need the doctor they ring and organise it." Another person said, "The staff will get me an appointment when I ask them." This showed us that appropriate arrangements were in place to make sure people's health care needs were met.

Staff said that the general manager always provided any particular equipment that was identified to meet people care needs or improve their comfort. There were ramps at the entrances of the home for wheelchair users and also a passenger lift so people could access the first floor. There were aids in the dining room for those who had difficulty with cutlery or crockery. We saw that there were hoists in the bathrooms but there were no wet rooms or showers, which would facilitate residents' independence. Staff told us people were assisted to have a bath. All rooms had a phone point and some people had large number telephones. Chair raisers were in place to heighten chairs for people.

One member of staff told us they had brought a relative to live at Briar Dene Retirement Home. They said, "Nowhere matches these high standards. I love it." We spoke with a healthcare professional who confirmed "We work well with all the staff, I have no issues." Comments in surveys completed by healthcare professional were positive. Comments included for example, 'staff always on hand – very helpful'.

Good

Is the service caring?

Our findings

There was a very happy and comfortable atmosphere in the home and everyone knew the general manager and the other staff by name. There was very friendly interaction between all staff and residents. People were positive about the home and the care they received. Comments included, “All the staff are very kind to everyone, they are very respectful,” and, "Everyone is very kind and respectful, I've never had a wrong word with anyone.”

People said that the staff were helpful and were always on hand if needed. We asked people if they waited long when they rang their call bell. One person said, “No, I don’t ring. They came to see if my bell was broken because they thought I should have been ringing.” Another person said, “No, they are very quick as I seldom ring and they know it must be important if I do.”

People told us that their visitors were always welcome, the local vicar visited and several people said they routinely attended services in the home or went to Church.

We asked people if they liked living at Briar Dene Retirement Home and would recommend it. One person said, "It's lovely, I've settled here like a duck to water. I'd got to the stage where I needed looking after and was glad to get in. My doctor said you'll be alright there - it's the best on the books. You never hear anyone grumbling about Briar Dene, I'd recommend it to anyone.”

Other comments we received included, “It’s my choice I’m here. I doubt there's a better place in Scarborough. I'd recommend it happily,” and “As long as it is necessary for me to be in a home this is the home I want to be in. I am very happy here and get along with the staff; they make me laugh and I make them laugh.” Another person said, "It's fun, great fun. It's excellent in every way. I couldn't be happier. As long as I have to be in a "home" this is the place I want to be.”

The general manager told us that they asked referees to comment on applicants kindness and compassion when recruiting staff. These comments were then used as part of the recruitment process to make sure only staff with the right attributes joined the staff team. It was evident as we looked round that the general manager knew everyone and had a good rapport with people. They spoke respectfully and listened politely to people throughout our visit. Feedback from the surveys we reviewed were also positive. One person wrote, “You have taken my mother into your community and are truly caring for her.”

People said they were sure that staff listened to them and described the staff as ‘wonderful’. No one could say they were involved in planning their own care however one person said, "I don't think it's necessary, I don't need much.” Another person said, "I can't remember ever being asked but that’s because my daughter will tell the staff if she thinks there's anything to discuss.” During our visit we observed staff checked people’s preferences out with them constantly and were respectful of their wishes. People said that staff asked permission before carrying out or helping with personal care.

We observed people were clearly used to voicing their opinions freely and spoke openly to each other, to the staff and to the general manager. "They know if I don't like something because I tell them and they'll bring something else.” Another person said, "They do activities in the lounge in the afternoon but lots of us aren't keen on some of it and we won't join in if we don't want to."

Staff spoke to people respectfully and allowed people autonomy only providing support where it was needed or wanted. One person for example, said they had decided to take a day off and have a rest. The staff member said that was fine if they wanted to have a day in bed. This showed us that staff were sensitive to people wishes and acted on them.

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Good

Is the service responsive?

Our findings

People living at the home were relatively independent and able. Very few people spoke in terms of 'care'. They all said they received help as and when they needed it. We saw that assessments, care plans and risk assessments were in place. We saw in the PIR that the home aimed to provide person centred care and staff had received training to promote this approach.

We saw that the general manager carried out pre admission assessments in hospital. Because they were reliant on information provided by other professionals this had led in one case to a person being inappropriately placed. This was quickly sorted out but meant that a person had to move twice. We discussed pre admission assessments with the care manager who agreed it would be positive if they could be involved in some of the pre admission assessment visits. Where people had been able to visit the home before their admission they could remember meeting the care manager and said they were asked about their care needs.

People said that staff asked them what help they needed and they were satisfied with their care. We saw care plans were in place and covered areas of mobility, hygiene and dressing, eating and drinking, continence, sleeping, hobbies and spiritual care, communication and memory impairment. Care plans had been evaluated every two months to make sure they remained relevant to the person's changing needs. For one person a 'This is Me document' enabled staff to know more about their previous life before the onset of their medical condition.

Staff were knowledgeable about people living at the home and people had signed their care plans to say they agreed with content. Staff told us that they read the care plans and attended handovers at each shift change so they were kept up to date with any changes to people's care needs.

People told us that they followed their own regime and we saw the routines of the home were flexible to support people's preferred routines. We met one person for example, who told us they were going to the GP for their annual "MOT." Another person told us they had spent most of the day travelling and visiting friends. In each case we saw staff supported people with their transport arrangements as needed and offered refreshments on people's return.

During our visit we saw people coming and going out of the home independently. The care manager said that when people needed additional support to go out this could be arranged through an independent company that provided escort care. The general manager told us that they encouraged people to maintain established links wherever possible. Some people for example, still visited their own hairdresser and people who were using mobile hairdresser services could arrange for them to visit them at the home. When we visited there were three hairdressers and three chiropodists providing an individual service to people in the home.

People could join in with the activities provided most afternoons. A vicar from the nearby church visited to provide people with communion if they wished and people said they enjoyed the services held in the home. The local library provided a 'drop-in' service to provide people with a book exchange. One person said, "I'm a great reader and I appreciate the library coming. I play Scrabble and it's good to be able to play with others who live here. I enjoy singing." Other comments included, "They do arts and crafts in the lounge. I enjoy painting now and do that about 3 times a week," and, "I like the entertainment. I like music and often someone plays in the afternoon, or sings."

Other people however told us they preferred to follow their own interests and pursuits and one person said, "I have lots of interests but I enjoy them in my room. I have recordings of The Proms which I love to listen to and I enjoy watching cricket matches I've recorded."

The general manager said they spoke with people every day and acted on any suggestions and ideas people might have. They said they had recently supported one person for example, who had organised a party to mark 100 years since the start of World War One. On the day of our visit it was Armistice Day and people joined in a minute's silence. This later generated discussion amongst people in the lounge.

The provider / manager talked with people and their families on an informal basis to make sure they were satisfied with the service provided. This allowed managers to identify and resolve any issues at an early stage. The general manager told us that more formal complaints would be handled in line with the home's complaints policy.

Good

Is the service responsive?

People were confident their complaints would be acted on. One person said they knew they would because had complained about something in the past and the general manager had acted immediately. Another person said, “There's a complaints book in reception. But I know the senior staff well enough if I needed to see them about anything, but I don't.” People said if their complaints were not resolved they would speak to their doctors or family members but they were confident that the home would be able to resolve matters for them One person said "I'd go and complain to (the general manager) and it would be resolved. I have no complaints.”

Good

Is the service well-led?

Our findings

People told us they were very happy with their choice of home. There was a clear management structure that both people using the service and staff understood. People told us that the general manager and the care manager were approachable and they could raise any issues with them at any time.

The home's statement of purpose stated 'Our aim is to provide a caring home for ladies and gentlemen, where independence, privacy and dignity are maintained. The Home believes in providing the highest quality of service for all its residents in a relaxed and comfortable atmosphere'.

The provider / manager and their family provided a visible presence on site. We saw in the PIR that management attended the home seven days a week to ensure standards were maintained. This meant there was always an accountable person who was available on site and a senior presence outside office hours. We heard that the general manager also varied their working hours so as to work some evenings, early mornings and weekends, thereby working with all members of staff, observing how their work was conducted and talking to them.

The general manager completed quality control checks such as those in relation to the cooks and housekeeping staff. The structure allowed the care manager to focus purely on the people living in the home, their care needs and team of care staff. They completed a monthly audit and discussed any issues with the general manager about the running of the service. These meetings were recorded. The care manager said that they undertook competency checks with staff. Their role was to order and check in medications, check the premises daily to ensure cleanliness and record their checks. This formed part of a weekly audit. They checked equipment and were "hands on" in caring for people.

The general manager told us that quality assurance was maintained through a combination of audits and checks. These included regular resident and family questionnaires and analysis, letters of thanks and weekly and monthly audits, which the care manager completed. Audits covered complaints, staffing, medicines, health and safety and infection control. The home did not have formal meetings for people living at the home or their families. However, management confirmed they spoke with people on a daily basis and encouraged people to speak with them if they had any worries or concerns. Our observations confirmed people found the general manager approachable and people were at ease with the staff team.

The results of a survey carried out in April 2014 contained wholly positive comments in relation to the care people received. Comments included 'I'm very happy with all aspects of the care and thank you and your staff for doing a wonderful job' and 'very positive and (name) always gives great feedback. A big thank you to you and your team for creating this environment'.

Our discussions with the general manager and the care manager consistently reflected the ethos of the home to create an open and positive culture. The home had an established staff group with a low staff turnover, which meant people received consistent care. Staff told us they liked working in the home and felt that they received sufficient training to develop their skills and knowledge and were encouraged to undertake new training. For example, the care manager told us they were considering undertaking an NVQ level 5 leadership course in health and social care. We saw in the PIR that staff were encouraged to share any issues so that mistakes could be quickly rectified. This showed that the home was continuing to strive for open communication and a culture in which the service could improve.

We saw in the PIR how managers updated their knowledge and kept abreast of best practice guidance. For example, they were members of the local Independent Care Group. This organisation represents care homes in the area and also provided a useful weekly update regarding changes to legislation and best practice. Good professional relationships were reported to be in place with the local authority and St Catherine's Hospice regarding end of life care. They were also able to discuss complex issues with staff from the local authority, GP surgeries and the pharmacy who could advise of changes to legislation and best practice

The home smelled fresh and had comfortable fittings and furnishings in keeping with the style of the home. There was an on-going programme of re-decoration and everywhere was clean.