Quinton House Limited

Quinton Gardens

Inspection report

Quinton House
Lower Quinton
Stratford upon Avon
Warwickshire
CV37 8RY

Tel: 01789720247

Date of inspection visit:
27 September 2017

Date of publication:
13 November 2017

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Quinton Gardens on 27 September 2017 and this inspection was unannounced. At the last inspection on 1 September 2015 the service was rated Good. At this inspection, the service continues to be rated Good, however we rated well led as requires improvement. This was because there was no registered manager in post, a rating poster was not displayed and people's privacy was comprised by the use of CCTV because people and their relatives, had not been consulted with.

Quinton Gardens is divided into three separate floors and provides personal and nursing care for up to 35 people, including people living with dementia and physical disabilities. There were 35 people living at the home when we inspected the service.

A requirement of the service's registration is that they have 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 the associated Regulations about how the service is run. At the time of our inspection visit there was no registered manager in post. The registered manager had left the service on 15 September 2017. The provider had decided to take this role on themselves, and had applied to become the registered manager at the home.

Care and nursing staff received training in safeguarding adults and understood the correct procedure to follow if they had concerns. They were confident if they raised concerns with the managers and provider, these would be investigated.

People had been consulted about their end of life wishes. People's care plans showed people's wishes about who they wanted to be with them at this time and the medical interventions they had agreed to.

People received their medicines safely from care and nursing staff who were trained and assessed as competent. Medicines were stored safely and administered as prescribed, however, further support from pharmacists was needed when people's medicines were given to them covertly.

People were supported to access healthcare from a range of professionals to help maintain their health and welfare.

The provider and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The management team had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA requirements. Decisions were made in people's 'best interests' where they could not make specific decisions for themselves. However during our inspection visit we found the provider used CCTV to monitor people and visitors within communal areas of the home. There was no consultation with people regardless of their capacity, and we

were told it was installed to limit the opportunity for some people to leave the home unnoticed. Following our inspection visit, the provider told us the system would not be used, until other areas had been explored and if then required, people would be consulted with and risk assessments put in place.
There were enough staff to care for people safely and effectively. All necessary employment checks had been completed before new staff started work at the home to make sure, as far as was possible, they were safe to work with the people who lived there.

People were supported by a consistent staff team that knew them well. Staff received training and had their practice observed to ensure they had the necessary skills to support people. Staff treated people with respect and dignity when providing their care and support. Staff promoted people to be as independent as possible.

People were supported to take part in social activities and pursue their interests and hobbies. People made choices about who visited them at the home, which helped people maintain personal relationships with people that were important to them.

Complaints received were investigated and analysed so that the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run and action was taken in response.

Systems of audits and checks required further improvement to ensure the provider met their regulatory responsibilities. For example, a ratings poster was not displayed within the home and we found completed medicines audits had not identified the issue we found regarding covert medicines. Following this inspection visit, the provider confirmed the rating poster was now displayed and action had been taken to ensure covert medicines were given safely and as directed.

The management team worked well together and were committed to providing a high quality service to people. The provider had a clear vision for the development of the service and demonstrated a commitment to implement best practice and improved technology to drive improvements. The provider and staff were passionate about delivering a good service and were working towards providing an outstanding service within this and the providers other home, located next door.

Before they left the service, the registered manager had submitted a Provider Information return (PIR) to us and they and the provider understood their legal responsibility to notify of us of important and serious incidents.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service was not always well led. There was no registered manager in post and the provider had not displayed their rating which is their legal duty to do. The provider used CCTV inside the home but had not consulted with people and relatives to get their views on what they felt about this. Audit processes identified areas for improvement, but some improvements had not been identified fully, such as safe procedures for covert medicine administration.	**Requires Improvement**

Quinton Gardens

Detailed findings

Background to this inspection

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

This inspection took place on 27 September 2017 and was unannounced. This inspection was conducted by two inspectors, an expert-by-experience and a specialist advisor. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care.

Before our inspection visit, we looked at and reviewed the Provider's 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 found the PIR reflected the service provided.

We reviewed the information we held about the service. We looked at information received from the service statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home. We also received feedback from a visiting health professional.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who lived at the home and one visitor of a person using the service. We gathered feedback from two nurses, an activity co-ordinator, a director's assistant and four staff members, including the provider who had applied to be registered with CQC as the registered manager.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records, wound records and nutrition and fluid charts that showed what drinks people had consumed. This was to assess whether the care people needed was being provided.

We reviewed examples of records of the checks the deputy manager and the provider made to assure themselves people received a quality service. We also reviewed other records including complaints, medicines records and people's care records.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

The provider had safeguarding procedures in place to protect people from the risk of abuse and safeguard them from harm. Staff told us they had training in how to safeguard people at the home. Staff were confident if they raised any concerns about people's safety with their manager or the provider, these would be investigated to keep people safe. One staff member said, "If I noticed poor practice I would let the manager know straight away."

People and their relatives told us they felt safe at Quinton Gardens. Potential risks relating to each person who used the service and care plans, had been written to instruct staff how to manage and reduce identified risks. Each person's care file had a number of risk assessments completed which related to their health conditions and the care they received. Risk assessments were detailed, and clearly described to staff how they should support people to minimise the risk. For example, one person had a diagnosis of epilepsy. Their care plan informed staff of the signs and triggers of seizures, when they should intervene and when to provide the person with medicine or to seek further medical support. We found the instances of the person having seizures had reduced since they came to live at the home.

The provider minimised the impact of some unexpected events happening at the home. For example, emergencies such as fire and flood were planned for, so that any disruption to people's care and support was reduced. There were clear instructions for staff to follow in the event of an emergency. The provider carried out regular checks on the maintenance of the premises and equipment used at the home. For example, records confirmed yearly checks were undertaken on gas appliances, electrical equipment and water, to ensure they remained safe.

People were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. The provider also checked the registration of nurses with their regulatory body to ensure they maintained their professional registration.
People and relatives told us there were enough staff to care for them safely. Staff said there were enough staff at the home, one staff member said, "There are enough staff, we all work as a team." The provider told us staffing levels were determined by the number of people at the home, their needs and their dependency level. We saw each person had a completed dependency tool in their care records. This assessed how much care and support they required. The manager used this information to determine the numbers of staff that were needed to care for people on each shift and each floor. If people's needs increased, we were told staffing levels would be reviewed and increased if necessary.

Medicines were stored safely and securely. Medicines were kept in a secure locked location, and were

monitored to ensure they were stored at the correct temperatures, so that medicines remained effective. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed. MARs contained a photograph of the person so staff could ensure the right person received their medicines. This was important as the home could use agency staff to administer medicines who might not know the people who lived there. The MARs we checked confirmed people received their medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were protocols (plans) for the administration of these medicines to make sure safe dosages were not exceeded and people received their medicine consistently. Daily and monthly MAR checks ensured people received their prescribed medicine when they should.

Good

Is the service effective?

Our findings

People were supported by a trained and knowledgeable staff team. Relatives said they were more than happy with the home and the care and attention from all staff, and could not fault it. One relative said they, "Were very happy here. There are no problems with staff interacting, and staff move around so they don't get stuck in a rut."

We saw staff used their training and skills effectively to support people at Quinton Gardens. For example, some people required assistance to move around the home safely. Staff used their skills to assist people with the correct equipment when assisting them to move around the home. Staff made sure peoples feet were appropriately placed on chairs and wheelchairs, so that they were protected from injury. We saw a notice on the wall; 'Pimp my Zimmer' which was an initiative aimed at personalising people's walking frames to encourage more confident use. On two walking frames, we saw metal frames with foam tubes (used to insulate pipes) and wrapped with coloured tape. Both people used their frames with no sign of anxiety and the foam coverings would help prevent bruised legs and help them to retain skin integrity.

The provider maintained a record of the training attended to identify when staff needed to refresh their skills. Staff developed their professional skills when they joined the team at Quinton Gardens. They received an induction when they started work which included working alongside experienced members of staff. Induction courses were tailored to meet the needs of people who lived at the home, and the different roles each member of staff performed. The standard induction training all care staff attended was based on the 'Care Certificate' that sets the standard for the fundamental skills and knowledge expected from staff working in a care environment. Staff told us their induction and training provided by Quinton Gardens was good, and met the needs of people at the home. Staff told us the management encouraged them to keep their training and skills up to date. One staff member said the training was given in person by trainers rather than on-line which they preferred. In particular, this staff member told us about the training they had received in applying the 'Respect' hold (restraint and restrictive practice training) to be used as a last resort when managing challenging behaviour. The staff member demonstrated the hold on one of the inspection team members, which although restrictive, allowed some freedom of movement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 deputy manager described the principles of MCA and DoLS which showed they had a good understanding of the legislation and how it should be applied to protect people's rights. Staff understood the basic principles of the MCA and knew they should assume people had the capacity to make their own decisions. Staff asked people for their consent and respected people's decisions to refuse care where they

had the capacity to do so. Where people could not make all their own decisions, a mental capacity assessment had been undertaken. The capacity assessments we reviewed related to specific decisions, according to which decisions needed to be made in their 'best interests'. More complex decisions were made in people's 'best interests' in consultation with health professionals and people's representatives. One staff member said, "People all have different levels of capacity. All have capacity to choose what they have to drink or what they want to wear. Some people don't have capacity to make more complex decisions such as with their finances."

We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. All of the people at Quinton Gardens had been determined as requiring a DoLS and applications to the local authority had been made.

People were free to choose where they wanted to spend mealtimes, whether in communal dining areas or in their own room. The dining tables were laid with napkins and cutlery to enhance people's mealtime experience and make it a social event. Dining rooms were supported by sufficient staff to assist people who needed help to eat their meal. Where people needed assistance, staff supported people at their own pace and waited for people to finish before offering them more food.

People told us, and we saw, they enjoyed the food on offer at the home, and could make choices each day about what they wanted to eat. A daily menu of the food was displayed on the dining room tables so people could make their choice. People were able to choose from a range of options and staff asked people for their food choices before their meal was prepared.

Where people were unable to make decisions themselves, staff made choices based on the individual's likes and dislikes. These were recorded in the care records we reviewed. We spoke to a member of the staff team who helped serve people their meal, who told us, "We prepare food as ordered; however, people can ask for an alternative if they wish. We would always try and encourage them to make their own choice." One care staff member said, "It's all about their choices, if they don't want the meal they have chosen when it arrives, we will ask them what they do want and tell the kitchen. They will prepare it".

People enjoyed the meals and the choices on offer and were offered food and drinks that met their dietary needs. Kitchen staff knew people's dietary needs and ensured they were given meals which met those. For example, some people were on a soft food diet or were diabetic. Information on people's dietary needs was kept up to date in each kitchen, and included people's likes and dislikes. Snacks and drinks were available throughout the day to encourage people to eat and drink as much as they liked. People were offered a choice between cold or hot drinks with their meals or snacks.

Staff told us the provider worked in partnership with other health and social care professionals to support people's needs. Care records included when people were seen or attended visits with healthcare professionals so that any advice given was clearly recorded for staff to follow. Records confirmed people had been seen by their GP, a speech and language therapist, mental health practitioner, dietician and dentist where required. The provider told us the doctor and other health professionals visited the home each week. One health professional who visited the service told us, "I have been to see one person who has challenging behaviours… the staff have been good with (person) and they have been patient."

Advice given from health professionals was followed and transferred to care documents so a picture of the person's health conditions could be monitored more effectively. One person had been diagnosed with an ingrowing toenail. Records showed they had been seen by their doctor who prescribed medicine for the

condition, and were seen regularly by their chiropodist.

Good

Is the service caring?

Our findings

At this inspection, we found people continued to have their care and support provided by a consistent and caring staff team. The rating continues to be Good.

People and relatives told us staff were kind and caring to them and their relations. One relative told us about their own positive experiences and how staff at Quinton Gardens had made such a difference to their family member's health and welfare. This relative said, "[Person] has been in the best place here, when my [relative] was in the last place, they really deteriorated. When they came here, I got my [relation] back. They were in a poor state when they came – within a month I could see a difference in them. I can't believe the change that I saw ….. they got [name] out of bed, dressed, joining in activities and joking around with the girls (staff)." They also said, "It made a difference to the whole family…I can't fault this place."

Another relative explained to us how the caring and kind approach from staff made them and their family member feel relaxed and at home. They said staff's approach was, "Nothing is too much trouble." They explained, "My [relative] has improved so much since coming here from another home. Within three months [relative] was a different person, happier and had put on weight." They told us they were very pleased with the quality of care, but also the impact had on them, knowing staff were able to care for their relative. They told us, "It has meant I don't have to be here for hours on end as I know my [relative] will be looked after when I'm not here."

Our own observations showed staff were kind, considerate of people's needs and were patient. For example, we saw one person was displaying signs of aggression with staff members. The staff member acted immediately to remove themselves from the person's reach, they then got another member of staff to support the person and reassure them. This calmed the person and reduced their anxiety, preventing them and others becoming more distressed.

Staff told us they enjoyed working at the home because of the interaction they had with people who lived there. We saw staff interacting with people at the home in a respectful and caring way using people's preferred names. We saw staff were sensitive to people's feelings. We saw a person was anxious because they felt they had 'done something wrong' but staff reassured them with a hug that "You haven't done something wrong – you could never do anything wrong." During our inspection visit, a person celebrated a birthday. We saw the person entered the communal lounge and was singing a variation of 'Happy Birthday' to themselves before other people and staff joined in. The person's birthday cake was shared with others.

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs. Staff communicated with people effectively using different techniques. Staff touched people lightly on their arms or hands to provide them with reassurance and comfort. Staff assisted people by talking to them at eye level and altering their tone of voice to help people understand them. People smiled at staff and we saw people enjoyed staff interactions.

The provider supported people to communicate with staff effectively. For example, one person was unable to speak English, although they understood it when spoken to them. The provider made sure there was a member of staff on duty, who spoke the person's preferred language to communicate with them each day, to avoid feelings of isolation.

Staff promoted people's independence and encouraged them to do things for themselves where possible. For example, we saw staff encouraging people to eat and drink independently. People were encouraged to use beakers, specialist cups and plate guards (devices that assist people to eat and drink unaided). We saw most people ate and drank at their own pace and staff checked on them frequently to ensure they did not require support. People's privacy was respected by staff. Staff knocked on people's doors and announced themselves before entering.

Some people at the home had been consulted about their wishes at the end of their life. We reviewed care records which documented their preferences. Staff told us this was to provide good quality care to people nearing the end of their life, and to respect their cultural or religious beliefs. Plans showed people's wishes about who they wanted to be with them at this time and the medical interventions they agreed to. The manager confirmed that people made these choices in consultation with health professionals, their relatives and staff, so that their wishes could be met.

Good

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The provider told us they completed the staff rota based on staff experience and the needs of the people they had in the home. During our visit we saw that one person recently arrived at the home, was presenting some challenges in their behaviour towards to staff and they did not speak English as their first language. The provider responded by increasing staff support to one to one and arranging the staff rota, so that a member of staff who spoke the persons preferred language was always on duty.

People took advantage of opportunities to join in different activities and events at the home. One person approached a member of staff in the afternoon of our visit, and asked if they could carry on with their 'art work' which they did, as they had enjoyed doing this in the morning. A list of planned activities was on display in the communal areas for people to refer to and posters advertised forthcoming special events. The home employed two members of staff to support people with activities, hobbies and interests. The deputy manager also expected care staff to spend time with people supporting them with interests and hobbies that might provide stimulation and enjoyment. Staff said activities could be switched based on people's moods and what they wanted to do, at that time. During the afternoon of our visit, there was musical entertainment provided in Quinton House, next door (provider's other home). For people who did not want to go, staff put a film on and played balloon games with some people.

Care plans were personalised and contained detailed life histories. Staff understood the value of knowing about people so they could respond effectively to any changes in their physical or emotional wellbeing. For example, we saw one person who became distressed and anxious during our inspection. The person shouted and raised their walking frame towards staff. The staff member responded quickly by giving the person space and talking to them calmly. Another staff member was approached to offer the person support instead of the first staff member and the person became less agitated. We later saw the person with other staff and a visiting health professional, without them becoming anxious. Staff said they benefitted from the attendance of the manager meeting called, 'Big Monday and Thursday handover'. They felt this showed support and a desire by the provider for them to be involved in the day to day running of the home. Staff felt the more in depth handovers were useful for agency staff so they had increased personal and important information about the people they were supporting.

The service used a 'resident of the day' system when there was a holistic overview of that person's care. Records confirmed people and those closest to them were involved in regular reviews of their care and family were informed of any changes in people's health or wellbeing.

The complaints process was displayed in the communal areas of the home and was included within the service user guide given to people when they moved into the home. Staff told us they would support people to pursue a complaint if they raised any concerns with them. No one we spoke with had raised a complaint but they understood what the process was and expected timescales.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the service was well led by a provider who was passionate and committed to providing a good quality service. The commitment from the provider and staff team continued to drive the service forward, however at this inspection, we found some improvements were needed.

Quinton Gardens should have a registered manager in post. At the time of this inspection there was no registered manager in post. The registered manager left Quinton Gardens on 15 September 2017, which we were not made aware of, until this inspection visit. The home had been managed temporarily by the provider who had decided to become the registered manager for Quinton Gardens and their other home next door, Quinton House. The provider was in the process of becoming registered with us.

It is a legal requirement for the provider to display a 'ratings poster'. The regulation says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. A ratings poster was not displayed as required by our regulations and we discussed this with the provider who agreed to display a rating poster, in line with their legal requirements. Following our visit, they told us it was now displayed. Prior to our inspection visit we checked the provider's website and found they displayed their rating and a link to the report on our CQC website. The rating poster was displayed in the provider's other home next door, and we were told for Quinton Gardens, this was an oversight.

Staff were respectful of people's privacy when providing personal care. However, during our inspection visit we saw CCTV was being used in communal areas of the home, such as lounges and corridors. Signs upon entering the home showed CCTV was in operation; however there were no records to support people and/or relatives had been involved and consulted with regarding its use. A staff member told us some people had absconded and this was used to limit this from happening. The provider confirmed the CCTV was fitted three or four years ago and had not considered people's views, or had reviewed whether CCTV was still appropriate. Following our inspection visit, the provider said, "This (CCTV) has now been switched off and if it should be considered in the future, full risk assessments will be carried out first along with consent sort from all those it effects. It will be implemented only in the event that all other resources have been tried and have failed."

The provider completed regular checks on the quality of the service they provided. This was to highlight any issues and to drive forward improvements. For example, the deputy manager completed regular checks on care records, medicine administration and infection control procedures. Where checks had highlighted any areas of improvement, action plans were drawn up to make changes. Action plans were monitored for their completion by the provider.

The provider used a service improvement plan which was reviewed and updated monthly. In their latest report, we saw one of the areas identified as requiring improvement was the management of covert medication in the home. However, we found improvements were needed when medicines needed to be given covertly (this is where some people may not be aware they received medicines, due to their capacity). Where people's medicines were given in this way, the doctor had signed to say this could be done, in their

best interests. When we checked a person's 'covert' medicine, we saw two of their medicines were being crushed, and should not have been. This reduced the effectiveness of the medicine and had potential to cause side effects. The nurse in charge was unable to show us whether they had investigated whether these medicines were safe to be crushed, before they were placed in the persons' food. The nursing staff and deputy manager believed doctors' advice was sufficient and were not aware of the need for pharmacists to be consulted, nor had this been highlighted as an issue in their own audits. Following our feedback and inspection visit, the provider confirmed pharmacist support had been arranged to look at covert medications, which would form part of their action plan for improvement. Other risks around safe medicine management were identified, for example MARS not being completed accurately, we saw the frequency of auditing had been increased to identify any issues promptly.

The provider recorded accidents and incidents to identify where there may be risks to people's health and safety. The management team carried out an analysis of the log to identify any patterns and trends and prevent future occurrences from happening.

The provider had a positive approach to examining and auditing processes to identify where improvements were required. They told us, "The more you look at the systems, the better the care will be." Prior to this inspection, the provider contacted us on a number of occasions to see when we were inspecting because they saw 'independent inspection' as a positive impact on their service. The provider carried out monthly checks of the home under our key lines of enquiries (KLOES).

People and relatives had the opportunity to voice and share feedback at the service they received. For example, the provider and previous manager organised regular meetings for 'residents' and relatives where people were asked for their views of the service. At each meeting the minutes and actions of the previous meeting were discussed, to ensure people were provided with responses to any concerns or suggestions they had raised. We saw future meetings were advertised around the home, and a senior manager attended to chair the meeting.

People's feedback was sought through completion of an annual customer satisfaction survey, and continuous feedback from a 'comments box' in the reception area. We saw the results of a recent customer satisfaction survey and found that a high percentage of people were happy with the quality of the service provided. Where people had made comments regarding the improvement of the service, these had been analysed by the provider to highlight any areas that may need action taking.

Staff enjoyed working at the home and felt valued and respected. One staff member said the provider was, "Brilliant." Other staff told us how they appreciated the provider funded a 'Christmas party, and the cards and chocolates on their birthdays'.

Staff told us they received regular support and advice from their immediate line managers and the nurses, which enabled them to do their work. There was an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. Staff told us their immediate line manager listened to their ideas and suggestions and they felt confident action would be taken where needed.

Regular team meetings and individual meetings between staff and their managers were held at Quinton Gardens. These gave staff an opportunity to discuss their performance and any training requirements. Staff team meetings gave staff an opportunity to provide feedback about the running of the home, and staff could be kept up to date with any changes or developments at the home.

The provider was embracing new technologies to aid and assist better involvement and communication

with families. They were introducing a new electronic care plan system. Training in this system was already planned for. Nurses would be trained as super users and were transferring all the care plans on to it. This system would include a 'touch screen' in each room. Families would be able to access records remotely and add photos and comments. People themselves, would be able to use the screens to have internet based conversations with friends and family.