Journalists Charity

Pickering House Care Home/ Ribblesdale & Harmsworth Domiciliary Care Agency

Inspection report

Pickering House
Ridgeway Road
Dorking
Surrey
RH4 3AY

Tel: 01306888077
Website: www.journalistscharity.org.uk

Date of inspection visit:
23 January 2017

Date of publication:
10 February 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?	Good

Summary of findings

Overall summary

The Journalists' Charity provides a service to people who either worked in journalism or have been connected to journalism in the past. Pickering House is a home providing accommodation for up to 20 persons who require nursing or personal care, some of whom may have dementia. At the time of our inspection 15 people lived here.

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

People told us they were happy living here. One person said, "The staff and manager are very good. I can have conversations with them about current affairs. All the staff have a very good grasp of English." Another person said, "I feel that I am well cared for here." Staff were happy in their work and proud of the job they do.

Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment, such as eligibility to work in the UK and criminal records checks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

People were safe at Pickering House because there were sufficient numbers of staff who were appropriately deployed and trained to meet the needs of people.

Risks of harm to people had been identified and clear plans and guidelines for staff to follow were in place to minimise these risks. In the event of an emergency people were protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

Staff received a comprehensive induction and on-going training, tailored to the needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

Staff managed people's medicines in a safe way and were trained in the safe administration of medicines. People received their medicines when they needed them.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the

person's rights were protected.

People had enough to eat and drink to maintain good health, and received support from staff where a need had been identified. People's individual dietary requirements where met.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical needs. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

People had access to a wide range of activities that met their needs. Activities were available seven days a week to stimulate people and enable them to follow hobbies and interests.

People knew how to make a complaint. No complaints had been received in the last 12 months. Feedback from people was listened to and used to make positive changes to the service they received. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

People benefitted from living in a home with good leadership and a stable and dedicated staff team, so they knew the people who looked after them. Staff were very focused on ensuring that people received person centred care.

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 felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work with people. staff understood their responsibilities with regards to keeping people safe from abuse and avoidable harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet the needs of the people.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff

that showed respect and care.

Staff knew the people they cared for as individuals. People were supported to follow their spiritual or religious faiths.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities that matched their interests, and physical and mental health needs.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well-led.

Quality assurance records were up to date and used to drive improvement throughout the home.

Staff felt supported and able to discuss any issues with the manager.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey and regular meetings.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Pickering House Care Home/ Ribblesdale & Harmsworth Domiciliary Care Agency

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 23 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We had not requested for the provider to complete 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.

To find out about people's experience of living at the home we spoke with five people one relative and one visitor. We sat with people and engaged with them. We observed how staff cared for people, and worked together as a team. We also spoke with four staff which included the registered manager. We reviewed care and other records within the home. These included four care plans and associated records, four medicine

administration records, four staff recruitment files, and the records of quality assurance checks carried out by the staff.

Good

Is the service safe?

Our findings

People were safe living at Pickering House. They felt safe because they were well cared for by kind staff. One person said, "'I feel absolutely safe here, there is 24 hour care, and staff come quickly if I need them." Another person said, "'I feel safe because of the quality of the staff that are employed."

There were sufficient staffing levels deployed to keep people safe and support their health and welfare needs. One person said, "I think there are enough staff here, I think it works out something like one staff for every three residents." During the inspection passing staff would drop in to people's bedrooms to say hello and ask if they needed anything. People told us that all staff did this regularly. People told us that they did not experience long waits before help arrived. People in their rooms had call bells available and the call bells were answered quickly (less than two minutes) on the day of our inspection.

Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here. Staff on duty for the day of our inspection matched with those on the rota.

People were protected from the risk of abuse. Staff had received safeguarding training and could tell us about the various forms of abuse and what they would do if they suspected or saw that it was taking place, such as reporting it to the person in charge or contacting the local Adult Services Safeguarding Team or police. Staff were aware of their role in reporting suspected abuse and were aware of the provider's whistleblowing policy.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed. Actions taken included purchasing specialist equipment such as sensor mats, for people at risk of falls, to alert staff if people moved out of bed. This would alert them that the person may need assistance.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things because it was too 'risky'. One person said, "They let me be independent here. I can do most things for myself and they do respect that." People with limited mobility, were not prevented from moving around and were actively supported by carers who ensured their safety and who respected their decisions. Throughout the day people were able to move freely around the home. Staff encouraged people to maintain their mobility by only offering support if the person was struggling or was at risk from falling. Where support was offered it was discrete and followed good moving and handling practice.

Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures such as specialist equipment to help people mobilise around the home had been put in place to reduce these risks. For example rooms had ceiling hoists so people could be moved from

their bed into their en-suite wet rooms with the minimum of transfers, therefore reducing the chance of falls. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were cared for in a clean and safe environment. People told us that their rooms were cleaned regularly and that they were pleased with the standard of cleaning. People told us they were very pleased that their clothes were freshly laundered and returned to them the same day. We observed care staff limited the possible spread of infection by hand washing, using gels and wearing protective clothing. Staff washed their hands before preparing drinks or serving food, and put on gloves and aprons before delivering personal care. Hand sanitising gels were placed at strategic points throughout the home and washing stations were well stocked. People who needed hoisting had individual slings which is essential to limit the spread of cross infection.

The home was well maintained. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. The registered manager had regularly reviewed the needs of people to ensure the environment met those needs.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider also ensured nurses were correctly registered with the Nursing and Midwifery Council, and that all staff were eligible to work in the UK.

People received their medicines in a safe way, and when they needed them. One person said, "I have a lot of meds to take. I know what they are for. Staff make sure I always have a drink to take them with." Staff that administered medicines to people received appropriate training, which was regularly updated. There competency was also reviewed on an annual basis by the registered manager. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. Care staff who did not give medicines (as this was done by the nurses) still had an understanding of medicines and areas of risk they needed to watch out for. For example during lunch, before people were served alcohol with their meal, care staff checked with the nurse to ensure no one was on antibiotics, or other medicine that could be affected by the alcohol.

For 'as required' medicine, such as pain relief or medicine used to help people relax, there were guidelines in place which told nursing staff the dose, frequency and maximum dose over a 24 hour period. Medicine documentation recorded that these guidelines had been followed. Homely remedies, such as cold and flu medicines which can be 'bought over the counter' the GP had drawn up a clear protocol for each medicine with dosage and interval between repeats.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff

would know they were safe to use.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. One staff member said, "The induction covered everything. I had time to read the policies and procedures before working with people. I was able to shadow experienced staff and go through peoples individual support needs with them."

The nursing staff received on-going training to ensure they were kept up to date with current best practice. The registered nurses also told us the provider was supportive of them in preparation for revalidation with the nursing and midwifery professional body (NMC).

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member said, "I get regular supervision and it is an opportunity for me to talk about my progression, like training, or if there are any areas I need to improve on." Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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.

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. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. For example they ensured that relatives had lasting power of attorney for care before they were involved in decision about the persons care and support. Best interests decisions made for people who lacked capacity included the choice to live in the home.

Staff had a good understanding of the Mental Capacity Act (2005) and were seen to work within the legal framework of the act when supporting people. One person said, "Staff always ask my permission, such as saying 'do you mind if…' things like that." Staff were heard to offer choice to peoples and explanations of what they were about to do, before they carried out tasks. One staff member demonstrated their understanding of the act by saying, "We have to assume they have capacity with decision making unless there has been an assessment that says they aren't able to make specific decisions." They went on to explain that peoples capacity could fluctuate due to a number of reasons, such as time of day, or medicine, and this must be taken into account and perhaps postpone the decision until the persons condition has improved.

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). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. One person said, "The food is pretty good, I find I have balanced diet, and we have plenty of choice." A visitor said, "This is a good place, they cater for a lot of peoples individual food tastes." Lunch was observed to be a positive and dignified event for people. Tables were covered with cloths and set with napkins and cutlery. Flowers were placed on the tables. People had a choice of where they sat and who they sat with. People were given choices about meals options, portion size, and choice of drinks. Little things, such as gravy's and sauces being served in separate pots, enabled each person to have as much or little on their plate as they wanted. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were and choices met. The catering team had a good understanding of the dietary requirements and likes and dislikes of people due to the effective systems that were in place. The chef gave clear guidance to care staff when they served each plate of food, confirming who it was for, and if there was any particular dietary need, such as changes made on the plate due to a diabetic diet. Menus were discussed in house meetings. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Where people had a pureed lunch each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Weight charts showed that people's weight had remained stable, or if it was in decline there was a clear medical reason for this, such as the person being on end of life care. To support people with poor appetite appropriate specialist food supplements were in use, such as fortified drinks.

People received support to keep them healthy. People have access to a range of medical professionals including, a chiropodist, doctors, an optician and tissue viability nurses. The home also had their own physiotherapist who could assist with a number of issues such as mobility and falls management. Advice surrounding palliative care was available from specialist nurses working in a local Hospice. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done.

Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the care they had been given by staff. One person said, "The other Sunday I was ill, I had a temperature and I was vomiting. They called in the out of hours GP the same day, and staff supported me to get well." At the time of our visit no one had any pressure sores. The nursing staff understood the risks and ensured that people had equipment such as pressure relieving mattresses, and provided appropriate and effective personal care to keep any areas of poor skin condition under review, to ensure they did not deteriorate.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "The staff are very friendly." Another person said, "I feel that I am well cared for by the staff." A relative said, "I am very happy with the service they give. Staff are caring, the premises are bright and clean. I'd come and stay here myself if I could." Staff were focused on supporting people in a caring and friendly way. A staff member said, "This is the best place I have worked. The manager focuses on getting things right for the people who live here. I feel I am a compassionate person and I get the time to chat and talk with people, it's a big thing for them (the people), and me."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People told us that they were pleased with the standard of care at Pickering House because staff were kind, popped in to see them, listened to what they wanted and responded quickly to their wishes.

Staff were very caring and attentive with people. One person said, "The staff are of the highest quality here, the manager is very particular about who she will employ, to make sure they have the right attitude and values." Another person said, "Staff are friendly and efficient." Staff supported people living with Dementia safely and appropriately. For example, on one occasion staff attended to a person who was confused and slightly distressed about why their nose was bleeding. Kind words and unobtrusive support helped maintain the person's dignity and provided reassuring support. Other observations of kindness included a member of staff holding a person's hand while they supported them to eat. The staff member talked about the meal as they person ate, to ensure they knew what they were eating. This was something that we could see comforted the person.

People were supported by staff that knew them as individuals. Pickering House had a stable staff team who were supported by regular agency staff. People said that they were pleased that they see the same staff and have got to know them. Relatives said that the carers knew people well and knew how they liked to be cared for. Throughout our inspection staff had positive, warm and professional interactions with people.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. Staff took time to introduce us to each person in the home, and explained to them why we were there. Later in the day someone was heard to ask the registered manager who we were (we had already been introduced to them earlier in the day). The registered manager took the time to explain again and asked the person, "Would you like me to print you off some information about the CQC for you?" The person said they would appreciate this, and the registered manager did this immediately. Other examples of respecting people and their dignity such as asking people for permission before they were moved in their chairs were seen throughout the inspection from all staff. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. When talking about a person who had recently passed away the registered manager remained professional, but their compassion and sadness was evident, showing they really cared about the people who lived here.

People were protected from social isolation. One person said, "The staff come in and chat to me if they have

time but they always pop their heads in if they are passing. The activities person also does a lot of one to one working with people in their rooms."

Staff were knowledgeable about people and their past histories, such as past jobs (such as the newspapers they worked at, and any important stories they had worked on), hobbies, and their family life. The care plans had been compiled in conjunction with people and their families and contained information staff could use to help build relationships. Throughout the inspection it was evident the staff knew the people they supported well, by the way they spoke with them, and the conversations they had.

People were given information about their care and support in a manner they could understand. One person said, "There are quite a few staff whose first language may not be English. They never talk in their own language around us, and I find it easy to talk with them." Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Staff took time to explain things to people. A carer, supporting a person to eat, explained the different parts of the meal to the person before they offered the food to them. People told us that they were asked about their care and that staff did listen to them.

Family members were able to keep in regular contact and visit whenever they liked. People could have a telephone in their bedrooms, so that relatives could contact them directly if they wished. Communication technology such as computers gave access to the internet, so people could keep abreast of issues happening around the world, and contact friends and relatives via video conferencing software if they wished. One person said, "The charity (the provider) bought me a signal booster box, to make access to the internet easier for me in my room. I'm not tech savvy, but the staff really help."

People's needs with respect to their religion or cultural beliefs were met, there was an onsite chapel, and people were able to attend services in the local community if they wished. Staff understood those needs and people had access to services so they could practice their faith.

Good

Is the service responsive?

Our findings

People and relatives were involved in their care and support planning. One person said, "I have a care plan and go through it with staff. I can make suggestions and changes to it." People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people.

People received support that matched with the preferences record in their care file. People said staff always asked if they were happy with their care and said that when they made a suggestion the staff responded to their ideas. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly so they reflected the person's current support needs.

People had access to a wide range of activities many of which focussed and promoted peoples well-being, physical and mental health. One person said, "I have a lot to do, I am never bored here." Another person said, "I'm happy with the amount and type of activities here." One person described the activities person as, "Effervescent, positive and helpful, and although she has a structure for activities, this is flexible so we can do what we want."

Activities were fully inclusive and programmes had been introduced to ensure that people in bed or who preferred not to take part in group activities were enabled to participate. People told us how much they enjoyed participating in the full programme of activities, visits and events. Activities were available seven days a week and were a mix of group and individual work. They were focussed on the needs and interests of the people that lived here, and took into account that there was broad spectrum of people, for people who needed little personal care support to those with end stage dementia. Regular trips out were arranged so people could get out of the home if they wished. Other activities specific to the people who live here included reviews of the Sunday newspapers to discuss the stories and the journalistic content.

People were supported by staff that listened to and responded to complaints or comments. People told us that they had no real concerns. They went on to say that when they had mentioned something then it was sorted quickly by staff. One person said, "I would be happy to make a complaint to the manager. Yes I feel you would deal with my complaint." There was a complaints policy in place. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been no formal complaints received at the home in the last 12 months. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service. Where comments were made, that were an opportunity to improve people's experience living at the home these were actioned. One person described how a comment they had made had been well managed. They explained they had feedback to the registered manager that they felt staff could keep them better updated on what was happening in the home, for example when people passed away, as they were all like a big family there. They said, "The manager now comes and tells us, I really appreciate that."

Good

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived here, the staff and the manager. The atmosphere was very welcoming and open. People felt secure and were very happy to share thoughts about their life at Pickering House with us. Staff were seen to provide a positive experience for people living here.

The home was well managed to ensure people received a good quality of care and support. People and relatives described the registered manager as being available, visible and somebody who would help if necessary. One person said, "It is very well managed here. The manager has made a real difference in all areas; she is hands on; always available and receptive to our suggestion; and has a good relationship with us and the staff." Another person said, "The manager leads the service well. She has been extremely good at choosing staff that share her ideals, and who have the experience to care for the people who live here."

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the registered manager had an open door policy and they could approach the manager at any time. One staff member said, "The manager is really good to work with. I'm supported by her, and if I tell her anything I know she will listen and help." Another member of staff said, "The manager is good, she really promotes team work. This makes all the different staff teams (nurses, carers, kitchen staff for example) work well together as a team." Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. In addition the registered manager also carried out audits at night to see that people received a good standard of care at all times. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

The provider carried out checks to seek feedback from people and staff. This ensured they had a good understanding of the standard of care being provided and that the home was being well managed. A staff member said, "We have two managers from the provider visit us regularly. They talk with us (staff) and the resident's to make sure we are all happy."

People and relatives were included in how the service was managed. There were regular resident and relative meetings. These gave feedback to people on what was happening around the home, and the results of any surveys that had taken place. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to

address them. For example one person had commented about the cleanliness of the windows, and how it was important for people to have a clear view of the gardens. A window cleaner had been sourced and regularly attended as a result of this feedback.

Staff were involved in how the service was run and improving it. One staff member said, "We had a questionnaire to complete a few weeks ago to see if we were happy here, and if we felt we were given satisfaction to the residents. They (management) checked the results and came back to us if we wanted them to." The registered manager had introduced a number of meetings to share information to ensure staff were up to date on people's needs. A daily meeting was held each day to ensure the home was running smoothly, and if any departments required help. Nursing staff had clinical governance meetings. These reviewed the nursing care that was being provided to people to ensure it was effective, and people's health was improving. These meetings were used as a tool to learn from and correct mistakes. An example was were a person on a diabetic diet had been offered cheesecake (which was not suitable for that diet). This was discussed at a team meeting and a clear plan of action was put into place. The suggested actions were seen to be well embedded into staff practice during our inspection. The communication between care and catering staff over the lunch period confirmed the dietary requirement of each person was met.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the home's high standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.