The Hawthorns Lodge Limited

Abbotts Court

Inspection report

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Tel: 01429820866

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on 27 September 2017.

This was the first inspection of Abbotts Court since it was re- registered with the Care Quality Commission in April 2016.

Abbotts Court is registered to provide personal and nursing care to a maximum of 47 older people, including people who live with dementia or a dementia related condition. Nursing care is not provided. At the time of inspection 41 people were using the service.

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

Due to their health conditions and complex needs not all people were able to share their views about the service they received. Those that could speak with us told us that care was provided with kindness and staff were approachable. We observed that people's privacy and dignity were respected. Staff knew the people they were supporting well and records reflected the care provided by staff.

People and their relatives told us the home kept them safe. They trusted the workers who supported them. There were sufficient staff to provide safe and individual care to people. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. People's medicines were managed safely. Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary.

Communication was effective to ensure any changes in people's care and support needs were met. People's health needs were identified and staff worked with other professionals to ensure these were addressed. People's preferences in relation to their end of life care had been discussed and the service aimed to provide people with a home for the rest of their lives.

Appropriate training was provided and staff were supervised and supported. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

A complaints procedure was available and people we spoke with said they knew how to complain, although most people said they had not needed to. Where a complaint had been received it had been satisfactorily resolved.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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 were protected from possible abuse as systems were in place to protect people. Staff said they would be able to identify any instances of possible abuse and would report any that occurred.

People received their medicines in a safe and timely manner.

Staffing levels were sufficient to meet people's needs safely. Appropriate checks were carried out before new staff began working with people.

Is the service effective?

Good

The service was effective.

A programme of refurbishment was taking place around the home.

Staff received supervision and training to support them to carry out their role effectively.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

People received a varied and balanced diet. Support was provided for people with specialist nutritional needs.

Is the service caring?

Good

The service was caring.

People were encouraged and supported to be involved in daily decision making.

Staff were caring and respectful. People and their relatives said the staff team were kind and patient.

Staff were aware of people's backgrounds and personalities. This helped staff provide individualised care to the person. Good relationships existed and staff were aware of people's needs and met these in a sensitive way that respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and people's abilities and preferences were clearly recorded.

People were provided with activities and the programme was developed to stimulate people and to help keep them engaged.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Is the service well-led?

Good

The service was well-led.

Staff told us the registered manager and management team were supportive and could be approached at any time for advice.

Staff said they were aware of their rights and their responsibility to share any concerns about the care provided by the service.

The registered manager monitored the quality of the service provided and introduced any improvements to ensure that people received safe and individual care that met their needs.

Abbotts Court

Detailed findings

Background to this inspection

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

This inspection took place on 27 September 2017 and was unannounced. The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service for older people including people who live with dementia.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with seven people who lived at Abbotts Court, eight relatives, the registered manager, the provider, six support workers including one senior support worker, the activities co-ordinator, two members of catering staff, the maintenance person and two visiting health care professionals. We reviewed a range of records about people's care and how the home was managed. We looked at care records for four people, recruitment, training and induction records for five staff, four people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits which the registered manager had completed.

Good

Is the service safe?

Our findings

People who used the service and relatives expressed the view that they and their relatives were safe at the home. One person told us, "I feel quite safe here, I'm well looked after." Another person commented, "I feel totally safe, there are always staff around to help you even during the night." A third person said, "I do feel safe, the staff are really nice, everything is alright." One relative told us, "[Name] wouldn't be here, if it wasn't safe." Another relative commented, "I breathe a sigh of relief, I can't speak highly enough of this home. It's the attentiveness of the staff." A third relative said, "I can relax as I know [Name] is definitely safe."

We considered there were sufficient staff on duty to meet people's needs. One person told us, "There always seem to be plenty of staff around." Another person commented, "I think there are enough staff, I don't have to wait." A third person said, "There is always someone to look after me." A relative told us, "During the two to three hours that I'm here there always seems to be lots of staff about." There were 41people living at the home at the time of inspection. Staffing rosters and observations showed there were six support staff including two senior support staff to support people. Overnight staffing levels included four support workers including one senior support worker. These numbers did not include the registered manager who was also available during the day and an on call system operated overnight if urgent advice and support was needed.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the manager. One staff member told us, "I'd report any concerns to the senior straight away." Staff were able to describe various types of abuse. They could tell us how they would respond to any allegations or incidents of abuse and knew the lines of reporting within the organisation. Records showed and staff confirmed they had completed safeguarding training. We saw the registered manager made alerts to the local authority and investigated all concerns.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from falls or the risk of choking.

Staff were aware of the reporting process for any accidents or incidents that occurred. Where an accident or incident did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

People were supported with their medicines safely. One person told us, "Staff give it to me [medicine] and make sure I take it there and then." One relative commented, "[Name] is on tablets and staff bring them and make sure they take them." We observed part of a medicines round. We saw staff who were responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine.

Staff who administered the medicines explained to people what medicine they were taking and why. People

were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines records. Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Medicines were stored securely within the medicines trollies and treatment rooms. Medicines which required cool storage were kept in a fridge within the locked treatment room. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

Records showed if there were any concerns about a change in a person's behaviour a referral would be made to the department of psychiatry of old age and the positive behaviour support team. Staff told us they followed the instructions and guidance of the behavioural team for example, to complete behavioural charts if a person displayed distressed behaviour. This specialist advice, combined with the staff's knowledge of the person, helped reduce the anxiety and distress of the person because the cause of distress was then known.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. The plan was reviewed monthly to ensure it was up to date. These were used if the building needed to be evacuated in an emergency.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Routine safety checks and repairs were carried out, such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with. We also saw records to show that equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

Good

Is the service effective?

Our findings

People made positive remarks about the staff team and their ability to do their job effectively. People we spoke with and their relatives praised the staff team. One relative told us, "Staff have exactly the right skills to do the job. I have found them to be very attentive towards everyone." Another relative commented, "When [Name] had a bad fit, they stopped breathing, staff performed, cardiopulmonary resuscitation (CPR) and saved her." Another relative said, "I praise staff to everyone, they are fantastic."

Staff had opportunities for training to understand people's care and support needs and they were supported in their role. One staff member told us, "We have face to face and group training." The staff training records showed and staff told us they received training to meet peoples' needs and training in safe working practices. There was an on-going training programme in place to make sure all staff had the skills and knowledge to support people and this included a range of courses such as dementia awareness, nutrition and hydration, end of life care, equality and diversity, distressed behaviour, dysphagia (difficulties with swallowing), person centred care planning and mental capacity.

Staff told us when they began working at the service they had completed an induction programme and had an opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. New staff undertook the Skills for Care 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was designed to provide a standardised approach to training for new staff working in health and social care.

Support staff commented they received regular supervision from one of the home's management team every two or three months. One staff member told us, "I have supervision with the deputy manager or a senior staff member." The registered manager told us annual appraisals took place with staff to evaluate their work performance and to jointly identify any personal development and training needs.

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so staff were aware of the current state of health and well-being of people. There was also a handover record that provided information about people, as well as the daily care entries in people's individual records. One staff member told us, "We have handover morning and night. If you've been off you're updated from when you were off."

We checked to see how people's nutritional needs were met. We looked around the kitchen and saw it was well stocked with fresh, frozen and tinned produce. We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. They told us people's dietary requirements such as if they were vegetarian or required a culturally specific diet were checked before admission to ensure they were catered for appropriately. They told us they received information from senior staff members when people required a specialised diet.

We observed food was well presented and looked appetising. Portion sizes were generous and people had the opportunity for more. People were offered a choice of main meal at each meal. People and relatives

were positive about the food saying there was plenty to eat. One person told us, "I think the food is very good." Another person commented, "I've enjoyed my lunch." A relative said, "The food is excellent, I've had Sunday lunch here, it's the best. [Name] is a great chef." Another relative told us, "I had Christmas lunch here, it was lovely, very well-presented 10 out of 10 in fact 11 out of 10." Other people's comments included, "The soup was very good, it was hot enough", I've had plenty to eat, I do enjoy my food" and "I had fritters and I enjoyed them."

People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Referrals were also made to relevant health care professionals, such as dieticians and speech and language therapists for advice and guidance to help identify the cause. Records were up to date and showed people with reduced appetites were routinely assessed monthly against the risk of poor nutrition using a recognised nutritional screening tool. Care plans were in place that recorded people's food likes and dislikes and any support required to help them to eat.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Seven DoLS applications had been authorised by the relevant local authority and seven applications were being considered. There was evidence of mental capacity assessments and best interest decisions in people's care plans. One relative told us, "I speak to the staff about [Name]'s care needs and we decide together about what's best for her."

The registered manager was aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity. One person told us, "My sister has power of attorney, so she deals with everything. Another person said, "My son looks after the finances and that, I'm not up for that anymore." A relative commented, "I deal with paying the money."

People were supported to maintain their healthcare needs. One person told us, "I went to the dentist last week with one of the staff and I had a tooth out." One relative commented, "The doctor comes to the home to see [Name] if needed and they've just had their eyes tested recently." People's care records showed they had regular input from a range of health professionals such as, General Practitioners (GPs), psychiatrists, dieticians and a speech and language team (SALT). Records were kept of visits. Care plans reflected the advice and guidance provided by external professionals. Two district nurses who visited during the inspection were positive about the care provided by staff. They told us staff followed their advice and guidance.

A programme of refurbishment was taking place around the home. Additional bedrooms had been created. Corridor walls and lounges in the ground floor living area were decorated to ensure the environment was stimulating and therapeutic for the benefit of people who lived there. There was visual and sensory

stimulation to help maintain the involvement and orientation of people with dementia. There were displays and themed areas to help people recollect and remind people of memories as they sat or walked around.

Good

Is the service caring?

Our findings

People and relatives were appreciative and spoke well of the care provided by staff. They told us they were delighted with the care provided. They spoke highly of the caring nature of staff. One person told us, "The staff are very caring, they are really nice and I feel very well looked after." One relative told us, "Staff have been brilliant with [Name]." Another relative commented, "I couldn't fault this place." A third relative said, "The staff are out of this world, I have no worries because I know [Name] is well looked after. Everything staff do is always caring." Other comments included, "It's the quality of staff, they are great", "The staff are very, very good and I can't speak highly enough of them" and, "Staff are 100% supportive."

During the inspection there was a relaxed and pleasant atmosphere in the home. At lunchtime in the dining rooms the atmosphere was calm and tranquil as people ate or were supported to eat their meal. Staff interacted well with people. They were kind and caring and they spent time engaging with people and not only supervising them. One relative said, "The staff are a good bunch, they always have a good 'crack' with [Name] and are very caring with them." As staff passed people on corridors they acknowledged them as they passed by.

We observed the lunch time meal in the different dining rooms and dining areas of the home. The atmosphere was relaxed and staff tried to ensure people received a pleasurable dining experience. People sat at tables that were set with tablecloths and napkins. Tables were set for three or four and staff remained in the dining areas to provide encouragement and support or full assistance to people. People were offered juice and tea and coffee during their meal.

Throughout the inspection people were supported by staff who were warm, kind, caring and respectful. They appeared comfortable with the staff who supported them. Good relationships were apparent and people were very relaxed. Staff modified their tone and volume to meet the needs of individuals. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging. Staff asked the person's permission before they carried out any intervention. For example, as they offered people drinks or assisted them to move from their chairs to the dining tables. Staff explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. One person told us, "I don't need any help at mealtimes but if you did, staff help people."

People's privacy and dignity were respected. Staff knocked on people's doors before entering their rooms, including those who had open doors. One person told us, Staff are really good, they don't come in my room without knocking." Another person said, "If I want to be on my own for a while, it's respected." A relative commented, "When [Name] needs personal care staff treat them with the greatest respect. They close [Name]'s door." We observed that people looked clean, tidy and well presented. One relative told us, "Staff do [Name]'s hair every morning and they're always well-dressed. Staff received training to remind them about aspects of dignity in care and a dignity champion was also appointed from the staff team to promote dignity within the home.

People told us they were able to decide for example, when to get up and go to bed, what they ate and what they might like to do. One person told us, "I can go to bed when I want and get up when I want. There's no problem but I'm up early usually."

Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as showing two items of clothing or two plates of food. This encouraged the person to maintain some involvement and control in their care. Staff also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain.

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes. Most people had relative involvement. One person told us, "I've got my niece she sees to all my affairs, I've got no worries."

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people.

Good

Is the service responsive?

Our findings

People and relatives confirmed activities were available. One person told us, "I get my hair done and I play bingo and join in everything." The home had a mini bus and people had the opportunity to go out on trips. One person told us, "We go out on day trips on the mini bus." Another person said, "I've been to the sing along at the coast in Crimdon last week in the mini bus, it was great." A relative told us, "[Name] goes out on the mini bus and Whitby is their favourite place." Another relative commented, "They [people] go to garden centres." A third relative said, "[Name] doesn't get involved in activities but staff go through their photograph album that's in [Name]'s room."

Entertainment and concerts also took place. One relative told us, "There are singers and all sorts going on." Pet sessions took place with visiting animals for therapy and stimulation. The hairdresser visited weekly and a local member of the clergy visited regularly. During the day we saw people were motivated and engaged as staff interacted with them on an individual or group basis. There was a lively atmosphere. A religious service took place in the morning and chair aerobics took place in the afternoon which many people seemed to enjoy taking part in. The atmosphere was lively and stimulating.

An activities organiser was employed and they were very enthusiastic about their role. A dedicated activities room was well equipped with recreational equipment and people had the opportunity to use the room as they wanted. It also contained sensory equipment for people who lived with more severe dementia. A seven day programme of activities was available and these included sing along, movies, bingo, hoop la, arts and crafts and pamper sessions. People were supported to follow their previous interests and hobbies. "One person commented, "I like gardening and I watch sport on television, especially the cricket when Durham is playing." A relative said, "[Name] likes to follow the horse racing and we still put bets on."

People were encouraged to be part of the local community and visitors and people told us there were good links. One person who came to the home for day care told us, "It's very friendly here, I really enjoy coming for the day." Another local person who was visiting said they visited 'for company and when entertainment was taking place." Some people went out independently. One person told us, "They [staff] do encourage me to go out on my own to the local shop or for a walk. Another person commented, "I go out of the home as well to speak to people, it's important." A third person told us, "The home brings the community in and we've just had a fayre and raised money. Another person said, "We are like one big family, we go into the local community regularly and people come into the home to entertain us."

Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. One person told us, "I've been asked what sort of help I need and I've told them [staff]." Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations were detailed and included information about peoples' progress and well-being.

People were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. Reviews of peoples' care and support needs took place with relevant people. A relative commented, "I'm always involved in planning [Name]'s care." Another relative said, "I try to get to the meetings to discuss [Name]'s care, I got to the last one." A third relative told us, "I take care of all [Name]'s paperwork with staff and I pop into the office to sort it."

Other information was available in people's care records to help staff provide care and support. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. Charts were also completed to record any staff intervention with a person. For example, turning charts, where it was identified a person was at risk of developing pressure areas, when personal hygiene was attended to and other interventions to ensure people's daily routines were met. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

People's care records and personal profiles were up to date and personal to the individual. They contained information about people's history, likes, dislikes and preferred routines. Staff knew the individual care and support needs of people, as they provided the day to day support. Care plans provided detailed guidance for staff about how the person's care needs were to be met. They were person centred and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They detailed what the person was able to do to take part in their care and to maintain some independence. One relative told us, "[Name]'s favourite care worker is always encouraging them to be independent."

Staff at the service responded to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in peoples' needs. For example, the district nurse was involved where a person required dressings for their legs and a speech and language therapist was asked for advice with regard to swallowing difficulties.

Regular meetings were held with people who used the service and their relatives organised by the activities person. Minutes were available from the meetings. One relative told us "I'm aware of the meetings but I don't go to them." Another relative said, "I know they hold them [meetings] and I'm planning to go to the next one." A third relative said, "My sister goes to the meetings."

People knew how to complain. Most people we spoke with said they had no complaints, where a complaint had been made it had been investigated and responded to. A relative told us, "I'd know who to speak to if I had any complaints." The complaints procedure was on display in the entrance to the home. A record of complaints was maintained and a complaints procedure was in place to ensure they were appropriately investigated. We saw compliments had been received from relatives of people who used the service thanking staff for the care they provided.

Good

Is the service well-led?

Our findings

The home had a registered manager who had become registered as manager for Abbotts Court in April 2016 when the home was re-registered. They were fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The management team were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The atmosphere in the home was warm, lively and friendly. Relatives said they were always made welcome. People and relatives were all positive about the home. One person told us, "Everything seems to run very smoothly, I've never had any problem." Another person commented, "It's just like a family, the home is very well run." Staff, people and relatives said they were well-supported. Staff were positive about the management of the home and had respect for them. One relative commented, "I've had no bad experience with the management, they are fantastic." Another relative told us, "The manager is great, they do a marvellous job."

All staff members told us the registered manager was approachable. One staff member told us, "The management team are very approachable." Staff, people and relatives told us they were listened to by the registered manager. One person commented, "I know the manager, they seem nice. [Name], the manager is a good listener." A relative said, "The manager is really friendly."

Staff were positive about other staff in the home and had respect for them. People and relatives all said they would recommend the home to other people. One relative commented, "The home seems to be really well run, staff are caring people. I'd definitely recommend it to anyone." Another relative told us, "What I can say 100% is I'm so happy that Social Services got [Name] a place here." A third relative told us, "It's a home from home."

Staff told us regular staff meetings took place and minutes of meetings were available for staff who were unable to attend. Meeting minutes showed topics discussed included, 'Care planning, communication, training and safeguarding.' Various staff meetings took place to ensure the home was well-led and communication was effective. A daily 'flash' meeting took place with the registered manager and heads of department to allocate work each day. Staff meetings kept staff updated with any changes in the service and to discuss any issues.

Auditing and governance processes were robust to check the quality of care provided and to keep people safe. A weekly risk monitoring report that included areas of care such as occupancy levels, people's weight loss, pressure area care, falls and serious changes in people's health status was completed by the registered manager and submitted to head office for analysis.

Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the home. The registered manager completed some daily audits such as a walk around the building to check the environment and check morale of staff and people who used the service. Monthly audits included checks on people's dining experience, medicines management, care documentation, training, kitchen audits, accidents and incidents, involvement and inclusion and nutrition. Three monthly audits were carried out for infection control, falls and health and safety. The registered manager told us monthly visits were carried out by a representative from head office who would speak to people and the staff regarding the standards in the home. They also audited and monitored the results of the audits carried out by the registered manager. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned.

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the running of the home. One staff member told us, "I definitely feel listened to." A variety of information with regard to the running of the home was displayed on noticeboards to keep people informed and aware and this included the complaints procedure, the fire procedure, safeguarding, information about the resident's committee, advocacy and forthcoming events.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the service and staff. One relative told us, "I've filled a survey form in." Results from a provider survey to people and relatives in April 2017 showed they were overwhelmingly positive. Comments from people and their relatives included, 'I think the staff do a fantastic job, they're kind, patient and understanding', 'The staff are by far the finest features of the home' and 'We feel the staff cope well with difficult circumstances that they can encounter.'