The Orders Of St. John Care Trust

OSJCT Spencer Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Overall summary

This inspection took place on 17 September 2015. It was an unannounced inspection. The service had met all of the outcomes we inspected against at our last inspection on 29 July 2014.

Spencer Court is a care home without nursing in Woodstock, Oxfordshire. The home cares for up to 46 people who are physically or mentally frail. The home is run by the Orders of St. John Care Trust. On the day of our inspection 45 people were living at the home.

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.

The registered manager lead by example and had empowered staff with lead roles. Their vision that the service should be the best was echoed by staff.

People told us they enjoyed living at the home and felt well cared for. Comments included: Care is excellent, almost over care if you know what I mean", "Excellent

Summary of findings

care, absolutely wonderful. Anything I need doing then they are there on the spot" and "Care is very good. They are very good at caring for you here". The atmosphere in the home was calm, peaceful and homely.

People told us staff knew how to support them. One person said "They take time to get to know you here. This is the best home". Staff were supported through supervision, appraisal and training to enable them to provide the high level of care we observed during our visit.

Staff understood the needs of people, particularly those living with dementia, and provided care with kindness and compassion. People spoke positively about the home and the care they received. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services.

Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People received their medicines safely as prescribed. Staff assessed risks associated with people's care and took action to reduce risks.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was regularly assessed.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

All staff spoke positively about the support they received from the registered manager. Staff told us they were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Good

Is the service effective?
The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Good

Is the service caring?
The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Good

Is the service responsive?
The service was responsive. People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences. Community links were maintained and people frequently visited the local area.

Complaints were dealt with appropriately in a compassionate and timely fashion.

Good

Is the service well-led?
The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first. The registered manager fostered this culture and lead by example.

Outstanding

OSJCT Spencer 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 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 the 17 September 2015. It was an unannounced inspection. This inspection was carried out by an inspector, a specialist advisor (nurse) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with12 people, seven relatives, seven care staff, two house keepers, the chef, the activities coordinator and the registered manager. We looked at seven people's care records, and medicine administration records. We also looked at a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it. We carried out a Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law.

In addition, we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I always feel safe here because of the people who come here to look after us", "I feel very safe. They get me what I need here" and "I am very happy here because people don't leave you on your own. There is always someone to look out for you and that's much safer than I was in my home on my own. I am quite happy to be with people".

Relative's comments included; "My mother is safe. She was at risk of falling but this home is really good with that" and "Mum is very safe here she is supported in everything she does. I have no worries. People take good care to make sure that she is as safe as she can be".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd report anything straight away to the manager. I know I can also call the operations manager or the CQC (Care Quality Commission)" and "I'd go straight to the manager with any concerns". All staff had been trained in safeguarding protocols.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person had been identified as being at risk of falls. The person had been assessed by the Care Home Support Service (CHSS) and guidance was being followed. This included a sensor mat being placed by the person's bed. We visited this person's room and saw the sensor mat in place.

One person had difficulty mobilising and required the support of two staff to enable them to have a bath. Guidance to staff on how to reduce the risk was clear and included details of hoisting and use of the sling. For example, using the correct sized sling. Staff were aware of and followed this guidance. Other risk assessments included the environment, fire evacuation and skin care. All risk assessments had been regularly reviewed.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". A dependency tool was used to assess each person's support needs.

During the day we observed staff were not rushed in their duties and had time to chat with people and engage them in activities. People were assisted promptly when they called for help using the call bell.

People told us there was enough staff deployed to support them. Comments included; "When I need help people are around and if I use my call bell staff arrive quickly" and "Always have a call bell handy and they work pretty well. People get to me quickly".

Staff told us there were sufficient staff to meet people's needs. Comments included; "We have been short in the past but it's fine now", "We could always do with more staff, because we could always do more, and it's difficult when staff go off sick. It's not bad here though, and we have recruited a lot of new staff recently. I think we have a home where people are cared for well", and "I think there are enough staff during the week but we could probably do with more at weekends. I have mentioned it, so they are aware of it and they are trying to sort something out." Staff rotas show planned staffing levels were consistently maintained.

People were given their medicines as prescribed. Medicines were stored and administered safely. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why. Systems were in place to ensure people did not run out of medicines. One person had Type one diabetes. The district nurse visited twice daily to give the person their insulin. Care support notes and a flow chart gave a detailed description of diabetes and the complications of hypoglycaemia to advise staff how to safely support this person. Staff were aware of the guidance.

One person had their medicine administered covertly. The GP had authorised this person's medicine to be administered in food. Guidance had been provided to staff to ensure the medicine was administered as prescribed. A mental capacity assessment had been completed and the person's best interests considered and documented. The person, their family and the GP had been involved in the process.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We saw that equipment checks, water testing, fire equipment testing,

Good

Is the service safe?

hoist/lift servicing, electrical and gas certification were monitored by the maintenance staff and carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Induction training included fire, moving and handling, infection control and dementia care. One relative said "I do think they have the knowledge and skills they need. They seem very well trained". One person said "They take time to get to know you here. This is the best home". Further training was also available to staff. We saw several staff had achieved a level two qualification in health and social care.

Staff told us they had effective support. Staff received regular supervision and appraisals. Supervisions, one to one meetings with their line manager, were conducted twice a year as were appraisals Staff had input into these meetings and could raise issues or concerns. For example, one member of staff raised an issue relating to falls and the registered manager had taken prevention measures. Another member of staff had requested further dementia training during a supervision and we saw this had been booked. One member of staff said ""It is unbelievable here. The managers always said her door is open. I have never had this much care and support".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide. People's decisions were respected. Staff spoke with us about the MCA. Comments included; "I always assume capacity and give people a choice. If they have dementia we may need to help them and guide them with that choice. They may wish to put on two jumpers that morning and we would need to suggest one", "Everybody should be treated as though they have capacity. You help them make choices by showing pictures, writing things down, signing or asking simple questions" and "We must assume everybody has some capacity and we are here to support even if it's a poor decision".

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offering people choices, giving them time to make a preference and respecting their choice. One person said "They always ask me before giving me any help and they listen to me".

At the time of our visit one person was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body as being required to protect the person from harm in the least restrictive way. The person had suffered from repeated falls and the GP and CHSS suggested a recliner chair would reduce this risk. As this could be viewed as a restriction of their liberty a DoLS application was made. The person's best interests were considered and the person was involved in the process. The application had been authorised by the relevant local authority supervisory body

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, CHSS, Speech and Language Therapist (SALT), district nurse and physiotherapist. We spoke with a healthcare professional who said "I visit regularly and I would say it is quite a good service". Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Where people were at risk of weight loss or pressure damage referrals to healthcare professionals had been made and guidance was being followed.

People told us they liked the food. Comments included; "Excellent food, very tasty and always a good choice", "The food is very good. Nice puddings and always a choice of lunches", "I had meat pie today it was very nice and tasty. I really enjoy the food here" and "The Chef will get you something else like a salad, omelette or a sandwich if you don't want anything on the menu". The Kitchen has been awarded a Level 5 hygiene certificate.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring, offering choices and providing support in a discreet and personal manner Picture menus were provided weekly and

Good

Is the service effective?

staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided.

Hot meals were brought up to them on a heated trolley by staff who served the meal and then remained to support people. Snacks and hot and cold drinks were provided at regular intervals throughout the day and people told us that if they want a snack or a hot drink then staff will get them what they ask for. Cold drink dispensers were situated around the home and contained a variety of fruit juices.

One person had been identified as having a poor appetite. Whilst they were not at risk of malnutrition they were carefully monitored. Staff were advised the person liked small meals and needed lots of encouragement and prompting to eat. We saw staff supporting this person to eat and they were following the guidance. The person was weighed monthly and we saw they were slowly gaining weight. Food and fluid charts were completed and up to date.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. Comments included; "People ask me about care. Here I can have anything I like. They are very good", "I admire the carers here. Care is excellent, almost over care if you know what I mean", "Excellent care, absolutely wonderful. Anything I need doing then they are there on the spot" and "Care is very good. They are very good at caring for you here". A relative said "Just the most amazing place. During the time my father was here he had exceptional care from wonderful people. Here they treat people as people". A senior member of staff said "To show you what the carers are like here. Yesterday we had a trip and two carers, on their day off, came with us to support people".

One member of staff was working with a person who had recently moved to the home. The member of staff was taking the person to show them the baths with the aim of giving them the confidence to take a bath in the near future. The member of staff spoke very reassuringly to the person. The encouragement given to the person to walk to the bathroom was respectful, dignified and very positive. The person responded to this support with smiles and an eagerness to get to the bathroom. Once there, the member of staff demonstrated the equipment available to support the person and showed them how to use it safely.

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. Staff also supported people to maintain hobbies, interests and religious beliefs. For example, one person was supported to attend religious services. The daily notes in their care plan evidenced the person was regularly supported to attend services. Another person enjoyed bingo. Staff were aware of this interest and we saw them supporting the person to the lounge so they could engage in a bingo session. A relative told us about a situation that they had witnessed recently. The relative said "A lady was getting rather distressed and a carer came over to her, gave her a great big hug and a bag of jelly babies. This calmed the lady. The carer knew that this resident loved jelly babies".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. For example, one person preferred to eat their meals in the lounge. A member of staff sat next to them throughout their meal and chatted with them so they would not be eating alone. Another person was sat in the garden. A member of staff came out to check on them every 10 minutes to chat and ask if they wanted anything.

We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example, at lunchtime we saw people's preferences of what to eat and drink were respected. One person told us how their preferences were respected. They said "I can go to bed anytime I choose and get up when I want to. It's great".

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate. Throughout the day we saw people were appropriately dressed, their hair brushed and were well cared for.

We asked staff how they respected and promoted people's dignity. Comments included; "Well obviously I always shut the doors and close curtains in personal care. I always knock on the door and wait for a reply. I always talk to them about what I am doing in their personal care and if they would like me to perform the task. We also make sure that they have the carer of their preference, for example, male or female. We never talk about changing pads publicly, we are very discreet in the way we approach the subject", and "We try to make this a home from home. We try to ensure that we keep people as independent as possible. We don't want carers taking away tasks that people can do themselves, like washing or combing their hair. We are here to support." A dignity notice board displayed the home mission statement relating to dignity. It stated 'to provide and ensure that resident's dignity is maintained at all times.

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person wanted to be cared for in the home without hospitalisation and had identified someone as having lasting power of attorney for their health and welfare

Good

Is the service caring?

decisions. They had stated their funeral and service preferences which included the church, music to be played and the vicar they wished to conduct the service. This plan was signed by the person. The plan gave guidance to staff stating 'always respect the person's religious and cultural preferences' and to record and report any changes. Staff were aware of this person's advanced plan.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person could sometimes become anxious. Guidance stated 'provide comfort through singing and poetry as this provides them with support and comfort. [The person] benefits from having a teddy bear to hold. It appears to soothe them'.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, food and fluid charts. These were fully completed and reviewed at the end of every day. Where people had cream charts to record the application of topical creams, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the care being carried out.

People received personalised care. One person was at risk of pressure sores. The district nurse had assessed the person and provided guidance to reduce the risk. Staff were following the guidance which included the use of pressure relieving equipment. The person was able to reposition themselves and had stated they wished to do so. This was respected. The person was regularly monitored using a Walsall Community Pressure Ulcer Risk Calculator and we visited their room and saw pressure relieving equipment in place. The person did not have a pressure sore.

Another person had difficulty communicating verbally. The care plan advised staff to 'speak slowly and clearly' when communicating and to use 'closed, simple questions in order not to confuse them'. We saw staff following this guidance when speaking to this person. The registered manager showed us some communication cards they intended to introduce. The cards were in picture form and would assist people who had difficulty communicating verbally. The registered manager said "These cards are quite comprehensive but simple and will enable our staff to communicate much easier. For example if someone is hungry or in pain".

People were offered a range of activities including games, quizzes, sing a longs, arts and crafts and gardening. Regular trips to the local town were organised along with trips to museums, Blenheim Palace, shopping in Oxford and a regular Tuesday tea dance. The home had a hair dressers who was available at least two days a week. People could invite their own hairdresser to the home to use the facilities. A portable shop visited the home once a week for people who could not, or did not wish to leave the home. One person had asked if they could make omelettes for themselves and others. The registered manager had purchased a small portable cooker to enable the person to do this in the dining area. The service was also planning to buy four mobility scooters to enable people to access local amenities comfortably.

We observed people were engaged and stimulated. One the day of our visit we observed a lively, well attended bingo session. People were laughing and smiling and this was clearly a popular and enjoyable event. Where people had engaged in arts and crafts their work was displayed in the corridors around the home. Photographs of people on trips or enjoying activities were also displayed.

People told us they enjoyed the activities. Comments included; "They took me out on a trip to Millets farm yesterday, very enjoyable to", "We go to the tea dance every Tuesday and we really enjoy it. When I was young I went to tea dances in The Oxford Town hall" and "There's usually something to do here if you want to join in".

The home maintained strong links with the local community including the library, town hall and church. They also had regular interaction with the local school. Two students were assisting staff with documenting people's life histories. Both students were embarking on careers in the health service. We also saw 18 people had been supported to attend the polling booth to vote in the last general election.

The home had a large, well maintained garden area for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs. Raised flower boxes were available for people who used wheelchairs so

Good

Is the service responsive?

they could participate in gardening activities. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed. The registered manager was in the process of creating a seaside patio area. A shed had been painted to depict a beach hut, deck chairs were available and a boat had been used as a flower bed. People spoke with us about the garden. Comments included; "The garden is lovely. I do go out there by myself but usually one of the staff walks with me" and "I get out and use the garden, just needs a couple of peacocks though. I love the grounds".

People could personalise their bedrooms. Personal furnishings, pictures and ornaments were seen in all the rooms we visited. One person had wallpapered the room in the style of their choosing. They said "It's what I had at home". Activity boards were displayed in corridors containing materials to help stimulate people's senses. For example, a 'fiddle' board had mounted locks and latches for people to touch. Around the home period artefacts and pictures were on display and people's doors had photographs and 'my favourite things' information displayed.

People knew how to raise concerns and were confident action would be taken. People spoke about an open culture and told us that they felt that the home was responsive to any concerns raised. People who had had minor complaints said that these had been resolved quickly. The complaints policy was displayed around the home and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly and compassionately in line with the policy. A suggestion box was located in the reception area and was emptied every second day. The registered manager told us this was "Very rarely, if ever used, people talk to me".

'Residents and relatives' meetings were held monthly and recorded. People could raise issues or concerns at these meetings. For example, one person had asked for a group email for relatives to be created to help maintain contact with the home and the group. The registered manager had raised this request with the provider's IT team to see if this was possible.

Outstanding ☆

Is the service well-led?

Our findings

People told us they knew who the registered manager was and found them friendly and approachable. One person said "The manager is always walking around to see if everything is ok. Always chats to people to see if there is a problem". Relatives comments included; "She is really nice and very supportive. You can talk to her", "A happy place due to the manager, who is exceptional" and "My dad was becoming very poorly and he wanted to visit a relative, it was important to him. The manager personally sorted him out and got him ready. It was so important to him. She is a wonderful person". A healthcare professional we spoke with said "The manager is open and honest and has improved this service". Throughout our visit we saw the registered manager around the home talking to people and staff in a relaxed and friendly manner. People responded to them with smiles and conversation.

Staff told us the registered manager was supportive and approachable. Comments included; "The manager is absolutely fantastic. Really very supportive and brilliant" and "She is really good and lovely. We work as a team."

During the day we observed the registered manager supporting a person to the lift and providing them with person centred care. They chatted warmly with the person who responded, smiling and laughing. Staff in the vicinity observed this interaction. The registered manager's example gave staff clear leadership and we saw this person centred approach repeated by staff throughout our visit.

The registered manager told us their vision was to provide the "Best care possible to the residents in the home". Staff we spoke with were aware of, and committed to the vision. One staff member said "The manager's vision is to be the best. We all know this and we work as a team to try to achieve this".

The registered manager had empowered staff by appointing lead roles. These staff became a point of contact for people and other staff in relation to their speciality. These included dementia, dignity, nutrition, falls, infection control and medicines. Staff were receiving extra training allowing them to be a point of reference for other staff and give them oversight of their area. One member of staff said "If I have a question or problem with a particular area I can go to the lead and get the advice I need. I find them really useful".

One person was working at the home as a volunteer. They had difficulty in making personal decisions and the registered manager had encouraged and supported them to be a volunteer. We asked this person what this meant to them. They said "It is lovely here. They look after me very well. Since I came here I have got my life back. I'm a volunteer now and they keep me busy. I've been putting leaflets in envelopes". This happened as a direct result of the homes culture of person centred care and support.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had fallen but was uninjured. Following the investigation the person was referred to the Care Home Support Service and the GP. The person was assessed and their medication was changed. The person has not fallen since these changes. Learning from accidents and incidents was shared at briefings and staff meetings. One member of staff said "We do share knowledge and information. At one meeting we were told a person fell through their sling at another home. We talked about the accident and the manager reminded us about the use of hoists and slings and to double check people were secure".

Regular audits were conducted to monitor the quality of service. Audits covered all aspects of care and results were sent to the provider where they were analysed and returned to the service with identified actions to complete. Action plans were regularly monitored and updated with the area operational manager. Changes were made to improve the service. For example, the home had recently changed their GP. The GP supported all people living in the home. . The registered manager said "This has made a big difference to us and means everyone sees the same GP". This gave people consistent access and GP support. A healthcare professional we spoke with said "The GP issues have been resolved and this has really helped them".

A staff newsletter was regularly published and circulated around the home. This contained policy update information, summaries of meetings and comments from the head of care and care leaders. The newsletter also published feedback from comments received on the Carehome.co.uk website. For example, One relative had posted 'staff so friendly and helpful. A really lovely home. Cannot rate this home highly enough'. Another had posted 'I have only visited a couple of times and it seems the home is extremely well run. All of the residents seem very happy'.

Outstanding ☆

Is the service well-led?

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Records showed the whistle blowing process was discussed at staff meetings.

The service worked in partnership with visiting agencies and had strong links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with said "It's a good home, one of my better services I visit. They work well with us and inform us of any issues".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.