

# Barchester Healthcare Homes Limited

# The Manor

## 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?

Good



## Overall summary

This inspection took place on 24 and 26 February 2015 and was an unannounced inspection.

At the last inspection carried out on 2 January 2014 we did not identify any concerns with the care provided to people.

The Manor is situated in the village of Bishops Hull which is not far from the town of Taunton. The Manor is a purpose built home which benefits from spacious and airy accommodation. The home can accommodate up to 86 people and is divided into three units. The ground floor provides nursing care to older/frail people. One of

the units on the first floor provides nursing care to younger people with complex needs the other provides nursing care to people who have a physical disability and/or mental health needs. The home is staffed 24 hours a day and registered nurses are on duty at all times.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Staff talked with pride and enthusiasm about the home and its ethos of care and support for the people who lived there. Staff told us how each person was supported to achieve their full potential and people always came first. Staff told us the home was well run and they could always approach the registered manager and/or the deputy manager and know they would be listened to if they had any concerns

The majority of the people who lived at the home were very frail or had very complex health care needs and required staff assistance with all aspects of their life. Some people were nursed in bed. Staff were professional, kind and caring when interacting with people. They knew about people's needs and preferences and had received the necessary training to meet people's needs.

People were complimentary about the care they received and of the staff who supported them. One person said "I need help with just about everything. All the staff from the bottom up are fantastic. They certainly know what they are doing." Another person said "The staff are confident and very professional in every way. I feel very well cared for." A visitor told us "I am aware the staff here get lots of training. I would say they are very competent."

There were sufficient numbers of staff to meet the needs of the people who lived there. People were provided with opportunities for social stimulation and trips out. Designated activity staff were available seven days a week and activities were tailored to meet the needs and preferences of the people who lived at the home.

People could see their doctor or other health care professionals when they needed to. People were also supported to attend hospital appointments. The care plans we read showed that staff followed any

recommendations made by health care professionals. One person told us "They are very good. They don't hesitate in calling the doctor if you are unwell." Another person said "I have to go to the hospital for regular appointments. The staff let me know and someone always comes with me. It's a first class service."

People were treated with dignity and respect and they were supported to make choices about how they spent their day. A visitor told us "The staff are always kind, caring and respectful. I have only heard them talk to people in a very compassionate and respectful manner. They seem to know everybody really well." Another said "They are my angels. They never force my [relative] to do anything. They know what is important to my [relative]. They take care to make sure my [relative] is smart and co-ordinated. That shows they care."

People's dietary needs were catered for and their nutritional needs were met. People were very positive about the quality and choice of the meals and drinks available to them. One person said "The food is what you would get in a five star hotel but even better as you can have anything you want. You always have a choice and if there is something you don't like they will always do something different for you."

Staff knew how to recognise and report abuse. They said they would not hesitate in reporting any signs or allegations of abuse to make sure people were safe. People's rights were protected because staff had the knowledge on action to take if someone lacked capacity to consent to their care and treatment.

People could see their visitors whenever they wished. This was confirmed by people who lived at the home and visitors. One person told us "My family are important to me so it is comforting to know they can visit at any time." A visitor said "They couldn't be more welcoming or accommodating when we visit."

# 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. There were sufficient numbers of suitably experienced and trained to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good



### Is the service effective?

The service was effective. People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs.

Each person had their nutritional needs assessed to make sure they received an adequate diet which met their assessed needs and preferences.

Good



### Is the service caring?

The service was caring. Staff were compassionate and caring in their interactions with people and their visitors.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Good



### Is the service responsive?

The service was responsive. People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed.

Good



### Is the service well-led?

The service was well led. People and their visitors were positive about how the home was managed.

There were systems in place to monitor the skills and competency of all staff employed at the home. Staff felt well supported and morale was good.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

Good



# The Manor

## 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 24 and 26 February 2015 and was unannounced. It was carried out by two inspectors on the first day and one inspector on the second day.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 67 people living at the home. During the inspection we spoke with 20 people, 19 members of staff and the registered manager. We also spoke with three visitors.

The home was divided into three units over two floors. We spent time in each unit so that we could observe how staff interacted with the people who lived there. We also met with people who were being nursed in bed or had chosen to remain in their bedrooms.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included three staff personnel files and the care records of 11 people. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

# Is the service safe?

## Our findings

There were sufficient staff available to meet people's needs. Staff responded quickly to any requests for assistance and call bells were answered promptly.

Throughout our visit we observed people being cared for in a calm unhurried and professional manner. People told us there were sufficient staff to meet their care needs. One person said "The staff are very prompt at answering my call bell whatever time of day or night it is." Another person said "The staff always have time to talk to you and make sure they do everything you need. They do not appear to be in a hurry to leave my room to go to the next person."

The registered manager told us they were currently recruiting staff to fill vacancies. They told us current staff shortages were covered from within the care teams wherever possible to ensure continuity of care. The home had an arrangement with a local agency to supply staff who were known to people at the home. This helped to mitigate the risk of people being cared for by staff who were unfamiliar to them.

The staff we spoke with did not raise any concerns with us regarding staffing levels or their ability to meet the needs of the people at the home. Staff were aware of the current vacancies and told us they were happy to work extra shifts. One staff member said "I know the manager and deputy manager are doing everything they can to ensure we have sufficient staff to meet people's care and support needs and they always achieve this." Another staff member said "We care for people who are very dependent and who need all their care needs to be undertaken by staff. I know I can always call on the team leader or the deputy manager if I had any concerns about staffing issues." Another said "The staffing is well organised. There are always enough staff so we are never rushing around. It is very relaxed which is nice; especially for our residents."

A visitor told us "I visit every day and I cannot fault anything. It's perfect. Knowing my [relative] is safe and being well cared for means the world to me." Another told us "It is always so relaxed and welcoming when we visit and there always seem to be plenty of staff about."

The provider's staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant's employment history and qualifications. Each staff file contained two

written references one of which had been provided by the applicant's previous employer. We saw applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People said they felt safe and staff knew how to minimise risks to help people stay safe. One person told us "This is my home and I certainly feel very safe here. In my opinion, they couldn't do anything better." Another person said "I have great confidence in all of the staff here and yes, I feel very safe indeed."

Some people were very frail and were nursed in bed. A plan of care had been developed to minimise the risk of people developing sores to their skin and these were followed by staff. For example, some people required staff to assist them to regularly change position. Records in people's rooms showed that staff had assisted them at regular intervals. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

Care plans had information about how people were supported to take risks and maintain their independence. For example, one person told us they went out into the local village and town independently. They said "I tell the staff when I am going out and when I will be back. They don't mind me going out. They just want me to be safe. I have a mobile phone with the number of the home programmed in. If I needed them, I would just phone." They also told us "The staff make sure my wheelchair and mobile phone are fully charged so I don't get into a difficult situation." This person's care plan detailed the potential risks to the individual and how risks could be minimised. Information corresponded to what the individual had told us.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff. Fire grab bags were situated at each fire exit. These contained a fire risk assessment, evacuation plan, list of people using the service and detailed arrangements with a nearby school to accommodate people in the event of an emergency.

## Is the service safe?

People received their medicines when they needed them. One person said “I always get my tablets when they are due, even when an agency nurse is on.” Another person told us “Sometimes I get a bit of pain so the doctor prescribed me some tablets to help. I don’t need them all the time, but the nurses always ask me if I have any pain. If I say yes, they bring me my tablets straight away.” There were procedures for the safe management and administration of people’s medicines. We observed a registered nurse safely administering medicines to people. People’s medicines were stored securely and they were administered by registered nurses who had received appropriate training. Annual competency training was in place to ensure staff were able to administer medicines safely. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. People told us they would raise concerns if they had any.

Procedures were in place to protect people from the risk of infection and these were understood and followed by staff. The home smelt fresh and the standard of cleanliness was very good. There were designated domestic and housekeeping staff and staff had access to a good supply of protective clothing. We observed staff disposed of gloves and aprons after attending to an individual. Appropriate hand washing facilities and sanitising gels were available in en-suite bathrooms and communal bathrooms and toilets. Procedures and staff practice was regularly monitored by infection control audits. Staff had received training in the control and prevention of infection.

# Is the service effective?

## Our findings

People and their visitors spoke very highly of the staff team. They told us staff had the skills and knowledge to meet people's needs. One person said "I need help with just about everything. All the staff from the bottom up are fantastic. They certainly know what they are doing." Another person said "The staff are confident and very professional in every way. I feel very well cared for." A visitor told us "I am aware the staff here get lots of training. I would say they are very competent."

Staff were competent and confident when assisting people with certain tasks. An example included assisting people to transfer using a hoist. Staff communicated with people in a very kind and respectful manner and offered constant reassurance. The registered manager responded very quickly when one person with communication difficulties wanted to talk to us. They provided them with a pen and paper as this reduced their anxiety at not being able to express themselves. Some people at the home had very complex health needs and required constant interventions and monitoring by staff. Staff were very knowledgeable about these people's needs and were competent when assisting them. People's care records showed they received the care they needed.

Staff told us training opportunities were very good. One member of staff said "The training is never ending. It's not just the mandatory training, we get other training so that we can meet the more complex needs of the residents we have." Examples included the management of tracheostomies, ventilator care and sensory deprivation awareness.

A registered nurse told us they were supported to maintain their personal development plan to retain their nursing registration. Staff told us they were supported by their team leaders, deputy manager and the registered manager to develop in their roles. One staff member said "I have been able to complete my Level 2 and Level 3 vocational qualifications and I am now undertaking a vocational qualification in leadership which will really help me as a team leader." This meant people were cared for by staff who had up to date knowledge and skills to meet their needs.

Effective systems were in place to monitor the skills and competency of all staff employed by the home. Staff

received regular supervision sessions and observations of their practice. A registered nurse told us "There is so much training and the support is excellent. They are really good at updating us and that keeps us up to date with current best practice." Another staff member said "Supervisions are an opportunity to talk about any extra training you need or want to do. For example, I am really interested in palliative care. I mentioned this in my supervision and I got the training."

A recently appointed member of staff told us "When I started I had an induction programme which was brilliant. I did all my mandatory training and had loads of shadow shifts with an experienced member of staff. I didn't work on my own until I felt really confident." The deputy manager told us it was essential that staff were competent and confident to undertake their roles at the home. They said "We will not allow staff to work if they have not met their mandatory training requirements as this is an unacceptable risk to people at the home."

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person told us "They are very good. They don't hesitate in calling the doctor if you are unwell." Another person said "I have to go to the hospital for regular appointments. The staff let me know and someone always comes with me. It's a first class service."

People were supported to have enough to eat and drink. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. The cook told us there was a four week rolling menu which took into account the seasonality of local produce. People on special diets were catered for and the chef told us "We ensure that we provide people with the food they require to meet their nutritional needs. We have people who require a range of diets for example, a vegetarian diet or a diabetic diet and people who have swallowing difficulties so we provide pureed diets." People whose nutritional status was at risk were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. We noted that one person's weight had increased and the person was now classified as being overweight. The person's care plan showed they were being encouraged to eat a more healthy diet and had been advised by the practice nurse and GP to have lower



## Is the service effective?

calorie snacks and desserts. The person told us “I have to be careful of not eating too many sweet things so I don’t put on too much weight. I am also a diabetic so I know the cook does me special puddings I can eat”.

Comments about the choice and quality of the meals provided were positive. One person said “The food is what you would get in a five star hotel but even better as you can have anything you want. You always have a choice and if there is something you don’t like they will always do something different for you. Today I am having pate as I did not like the choice of starters. I only had to say to the housekeeping staff what I would like instead and it was sorted out straight away.” Another person said “The food and choices you get here are quite amazing. You could never be hungry here.”

The lunchtime experience was very relaxed. Some people chose to eat in the very spacious dining room whilst others had their meals served in their bedrooms. People did not have to wait long before they received their meal. Those requiring assistance to eat and drink were supported by staff in an unhurried and dignified manner. People were able to express a view on the meals provided. Views were encouraged at regular meetings for people and their relative and catering staff were invited to people’s review of their plan of care.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people’s legal rights were protected.

The manager told us nobody living at the home was currently subject to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager knew about how and when to make an application. The registered manager knew about the recent changes to this legislation which may require further applications to be made. We saw assessments about people’s capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to give their consent.



# Is the service caring?

## Our findings

Without exception, everyone we met commented on the kindness of the staff. Staff were compassionate and caring in their interactions with people and their visitors. One person said “The staff always greet me with a smile. I can laugh and joke with all of them.” Another said “The staff couldn’t be more caring if they tried. I feel privileged to be here.” A visitor told us “I cannot speak highly enough of the staff. They are wonderful. I visit most days and although this is a big home, you feel like part of a big family.” Another visitor explained they had been offered a meal, refreshments and an overnight stay so they could be with their poorly relative.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes. A visitor told us “The staff are so caring. They are my angels. They never force my [relative] to do anything. They know what is important to my [relative]. They take care to make sure my [relative] is smart and co-ordinated. That shows they care.” Another visitor told us “The staff are always kind, caring and respectful. I have only heard them talk to people in a very compassionate and respectful manner. They seem to know everybody really well.” We met with a person who was nearing the end of their life. This person looked clean and comfortable and, although being nursed in bed, was

wearing a smart shirt. The staff member supporting them told us “[the person] always like to look smart. That shouldn’t change just because they are poorly. It was very important to them to look smart.”

The registered manager told us how they supported one person with very complex health care needs to attend a sporting event which they had been passionate about before moving to the home. This required a great deal of planning and the individual was supported by a registered nurse and two care staff to manage and monitor their complex needs. The registered manager said “We will do everything we can for people whatever their disability.”

People could see their visitors whenever they wished. This was confirmed by people who lived at the home and visitors. One person told us “My family are important to me so it is comforting to know they can visit at any time. I like to see my family in my room. Staff will get extra chairs and my visitors are always offered a drink.” A visitor said “They couldn’t be more welcoming or accommodating when we visit. Sometimes we sit in my [relative’s] bedroom and sometimes we sit in the lounge. The staff always offer us something to drink and we can have a meal if we want.”

Care plans were in place to ensure people’s wishes and preferences during their final days and following death were respected. A member of staff told us “Information about what residents want for the end of their life is recorded in their care plans. This information is important. If there are any changes or new residents, their wishes are discussed during our handovers.” A visitor told us “My [relative] is very clear about what they want to happen. We made sure the staff had a copy of my [relative’s] living will so they would know what they wanted.” The registered manager told us people’s loved one’s would be welcome to stay at the home so they could be with them. They told us one relative had stayed at the home for a week so they could be with their loved one when they passed away. We heard the registered manager informing staff about the funeral arrangements for two people who had recently passed away and asking for the names of staff and people who lived at the home who would like to attend.

# Is the service responsive?

## Our findings

People were consulted about the care they received and, where ever possible, were involved in the planning and review of their plan of care. One person told us “I have a key worker. They come and have a chat with me every week just to check I am happy with everything. They also ask if I need anything. If I do, they will go and buy it for me.” Another person said “Oh yes; I have a care plan. It tells the staff all about the support I need and how I like things done. I must say; it seems to be working well.” A visitor told us “I am fully involved in all aspects of my [relative’s] care. The staff will telephone me if there are any concerns or changes. I can’t fault them at all.”

One person told us they were receiving respite care and hoped to be going home soon. The person said “I have had meetings with my key worker and the whole care team to plan for my discharge. I know that I need more support than I was having at home and which is why I needed to have respite care. I am now much better and the home is working with me to ensure I get the extra support I need so I will not need to have respite care again”.

Before people moved to the home a member of the care team visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. A member of staff told us “To ensure we fully assess each person’s care and support needs when they arrive at the home, we complete an initial care plan. Their full assessments are then undertaken as we get to know them over the coming weeks which are then formulated into their care plan. This is done in partnership with the person and their family where ever it is possible to do so.”

Care plans contained clear information about people’s assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Information about people’s life history and people who were important to them had also been recorded. A member of staff told us “This information is kept in each resident’s bedroom. It is important for us to know about our residents’ lives, what they did and what they were interested in. You really get to know the person and it helps you to have really good conversations with them.” Care plans had been regularly reviewed to ensure they reflected people’s current needs.

Staff were responsive to any changes in the health or well-being of the people who lived at the home. For example, staff carried out hourly checks on an individual who could no longer use their call bell. Another example related to an individual who was being treated for a wound to their skin. Care records contained clear information about the size and status of the wound, prescribed treatment and frequency of the treatment. Staff had regularly reviewed the effectiveness of the treatment and had contacted the person’s GP as soon as they noticed the wound was not improving. Staff had implemented changes to the prescribed treatment which had resulted in improvements.

A health care professional told us “They are very good at managing people with very complex health needs. They follow any recommendations I make and when I have recommended certain equipment to assist someone, they access this straight away.”

Monthly activity reviews were undertaken with each person and people had been encouraged to undertake new interests and activities since entering the home. For example, painting and singing. One person said “I am not a great one for joining in all the activities but I am always given a choice and I really enjoy the art classes and the trips out”. The therapy lead told us activities were based around each person’s care support and emotional needs to enable people to live as full and active a life as possible. We were told a number of people had 1-1 sessions particularly if they required additional help and support. The therapy lead told us there was a wide range of activities that were supported by the activities team seven days a week. On the day of our visit a meditation and relaxation session, an armchair travel activity and word game were taking place. People told us how much they enjoyed trips in the home’s minibus which included shopping trips, local church services and visits to places of interest.

The deputy manager told us about one person who was benefitting from regular one to one sessions with activity staff to manage their anxiety. We asked the individual about this. They said “I really look forward to the sessions as it is time for me and it had really helped me to settle into the home and get on better with other people”. This had been clearly documented in the person’s care plan which showed progress the person had made since their admission to the home.

## Is the service responsive?

People and their visitors knew how to make a complaint. They told us they would feel comfortable raising concerns if they had any. They told us they felt confident that any concerns would be taken seriously and investigated. One person said “I am very happy with everything. If I wasn’t I

could talk to any of the staff or the manager; I know that.” A visitor told us “I’ve never had cause to make a formal complaint. If there have been any little niggles I have told one of the staff and it’s sorted out straight away.”

# Is the service well-led?

## Our findings

There was a clear management and staffing structure in the home. This meant staff received good support and they knew about their individual roles and responsibilities. The registered manager was supported by a deputy manager and administrative staff. There were heads of departments for catering, housekeeping, activities, maintenance and administration. Nursing care was overseen by a unit manager who was a senior, experienced nurse. Registered nurses were supported by a team of senior carers and care staff.

Staff were well organised and there was a calm atmosphere on the days we visited. Staff were very positive about the support they received. One told us “The support and team work here is brilliant.” Another member of staff said “You can go to any member of staff whether a senior, nurse or unit manager. We have a great team and we all work together.”

Staff talked with pride and enthusiasm about the home and its ethos of care and support for the people who lived there. Staff told us how each person was supported to achieve their full potential and people always came first. Staff told us the home was well run and they could always approach the registered manager and/or the deputy manager and know they would be listened to if they had any concerns. Staff told us about the excellent training and support they received and how they were supported to develop their potential. We saw evidence of team meetings and staff talked about the ‘open door’ policy of the registered manager.

The manager met with nursing staff and the head of each department every morning. We were able to sit in on one of these meetings. Staff shared information and updates which provided all present with important information about all aspects of the home and the people who lived there. For example; what activities were planned, the days menu, planned maintenance, bed changes, hospital appointments and updates on the health and well-being of the people who lived at the home. The registered manager discussed forthcoming training and requested feedback on training which had taken place. Staff were very positive about these meetings. One told us “The daily meetings are really good. You’re kept up to date on what is going on in the whole home, not just the unit you are working on.”

The views of people who lived at the home and their representatives were sought through regular meetings and satisfaction surveys. Meetings also provided an opportunity to inform people of any changes or events which had been planned. The minutes of a recent meeting showed a variety of topics had been discussed. These included staff changes and planned refurbishment work. People had been asked for suggestions to take to a meeting with the property services and interior design team. The registered manager told us they were looking at changing the structure of these meetings as they were not always well attended. Suggested changes included introducing a theme such as a cream tea afternoon or cheese and wine evening. They told us they wanted to empower people so were consulting with people about the meetings being chaired by themselves.

The registered manager responded to comments/suggestions made by people who lived at the home and their representatives. They had written to people and their representatives detailing the action taken to address points raised in a recent satisfaction survey. Following comments made about people wanting more access to the registered manager and senior staff, the manager had introduced a weekly “open surgery”. They told us this would be protected time for the people who lived at the home and their representatives.

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. An example included the purchase of new sluice machines and clinical dressing trolleys following an infection control audit. The registered manager carried out unannounced out of hours visits to the home to monitor the quality of the service provided during the night. A report showed they had also looked at care records, cleanliness and health and safety requirements.

The registered provider also monitored how the home was managed and the quality of the service provided. On the first day of our visit, an operations manager from the company was reviewing the action points raised at a previous audit. They told us they visited the home each month. A regional director of the company carried out

## Is the service well-led?

bi-monthly visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led. We read the report of a recent visit which showed outcomes were positive.