Edgemont View Limited

Edgemont View Nursing Home

Inspection report

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Oldland Common
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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 inspection took place on 21 and 25 September 2017 and was unannounced. Edgemont View Nursing Home is registered to accommodate up to 21 people. At the time of our visit there were 19 people living at the service.

A newly appointed manager had been in post for four weeks at the time of our inspection. They had submitted an application to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in August 2016 we rated the service overall as Requires Improvement. This was because we found breaches in Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not protected from the risks associated with cross infection, the service was not always well led and improvements were required. Provider visits needed to be more robust in order to support people who used the services. Auditing of the service and facilities was not effective or sufficient. In addition the service was not meeting a condition of their registration where there must be a manager registered with the CQC.

Following the inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of that regulation. At this inspection we saw the provider had taken action as identified in their action plan and improvements had been made. In addition they had sustained previous good practice. As a result of this inspection the service has an overall rating of Good.

Why the service is rated Good.

Even though the manager had only been in post for four weeks their appointment had already significantly helped improve the previous lack of management of the service. Their previous experience as a registered manager had equipped them with the skills and knowledge required for their roles and responsibilities. It was evident they were confident and committed to embrace the new challenges and to improve the service. An increase in the provider's oversight meant that a significant number of improvements had been made to help ensure that people were safe and received quality care.

Improvements had been made to help ensure people were protected from the risk of cross infection. This was because appropriate guidance had been followed. People were now cared for in a clean, hygienic environment.

The manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, plans were in place about how to manage,

monitor and review these.

People were supported by the service's recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

Staff had the knowledge and skills they needed to carry out their roles effectively. They felt supported by the provider and the manager at all times. The manager and nurses had a good understanding of the Mental Capacity Act 2005 (MCA). The care staff understood it's principles and the importance of supporting people to make decisions and protect their rights.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and responded very positively to people's requests. Staff demonstrated a genuine passion and commitment for the roles they performed and their individual responsibilities. It was important to them those living at the service felt 'valued and happy'.

People benefitted from a service that was well led. People who used the service felt able to make requests and express their opinions and views. Staff were embracing new initiatives with the support of the manager and provider. They continued to look at the needs of people who used the service and ways to improve these so that people felt able to make positive changes.

The provider and manager had implemented a programme of improvement that was being well managed. The manager and provider demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

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 had improved to Good.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

Appropriate action was taken to ensure there were enough staff to support people.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

People were protected from the risk of cross infection because appropriate guidance was followed. The home was clean and odour free.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service had improved to Good.

The appointment of a manager had helped improve consistent leadership of the service.

Effective quality monitoring systems had improved. Audits were being completed to regularly assess the quality and safety of the services provided.

People and staff acknowledged the improvements in the home following the appointment of the manager and increased presence of the provider.

People, their relatives and staff were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

The service notified CQC of events as required by law.

Edgemont View Nursing Home

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 service was previously inspected in August 2016. At that time we found there were breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was conducted on 21 and 25 September 2017 by one adult social care inspector.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we met everyone living in the home and spoke with four people individually. We spent time with the provider, manager, and all staff on duty. We also spoke with one relative who provided us with their views of the service. We looked at four people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

The service had improved to Good. At the last inspection in August 2016 we found people were not protected from the risks associated with cross infection because appropriate guidance had not been followed. The home was not clean in all areas. It was evident some areas had not had a deep clean for some time. Some things were in poor repair and cleaning would be compromised, there was a risk that these areas could harbour germs. There were not enough hours deployed for domestic duties.

Some people required the use of a hoist to be able to transfer safely. A sling fits to the hoisting equipment to allow the person to be moved safely and comfortably. Although we were told slings were for individual use we could not be satisfied that this was happening because they were not labelled with people's names. We found slings draped in bathrooms and on hoists but we couldn't identify who they belonged to and who has used them.

Infection control audits had not identified the issues we found and needed to be reviewed. The provider and manager were not following the Department of Health, Code of Practice on the prevention and control of infections, or other relevant guidance. These were breaches of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of August 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. We found at this inspection significant improvements had been made.

Improved audits of the environment had helped to identify any action that was required around infection control and cleanliness. The home had been de-cluttered which meant that cleaning was more effective. Domestic hours had been increased to cover seven days a week and facilitate deep cleans throughout the home on a monthly basis. New equipment had been purchased and included two vacuum cleaners, a steam cleaner, improved hand washing dispensers and alcohol gel. On the spot checks were conducted by the manager. During these checks the importance of staff following correct infection control measures were reinforced, this included, wearing aprons and gloves and following the homes uniform policy and hand washing techniques. Equipment and some furniture and flooring had been replaced including vanity units so that cleaning was effective. Slings were allocated for individual use and not stored in communal areas. An update training session on infection control had been arranged for October 2017.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected, witnessed or alleged. The safeguarding policy and procedure had been updated and had been communicated to staff at a recent meeting. Staff refreshed their knowledge on what to do should they suspect that abuse had taken place. Staff knew about 'whistle blowing' and the importance of alerting management to poor practice. Other policies were being introduced to staff to educate them around the risks of social media and breaking confidentiality.

People were kept safe by staff who understood their role and responsibility to protect people. Staff had a

good knowledge of risk assessments and measures to be taken to keep people safe. Assessments were undertaken to assess any risks to people, this included environmental risks and any risks due to the health and support needs of the person. Risk assessments provided a helpful guide about the action to be taken to minimise the chance of harm occurring. Examples included the risk of choking, weight loss, falls and prevention of skin breakdown. Following the appointment of the manager they had considered and introduced other potential risk assessments for people for example, depression and social isolation. Although there were bed rail risk assessments in place the manager was looking at alternative options where these would not need to be used, including low profiling nursing beds.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained information about the lead up to events, what had happened and what action had been taken. The manager was in the process of reviewing the forms so that staff had enough space to provide accurate robust accounts. Any injuries sustained were recorded on body maps and monitored for healing. Monthly audits helped learning from incidents that took place so that appropriate changes were implemented and measures could be taken to prevent possible reoccurrence.

Staffing levels had been reviewed and improved by the manager. In addition they had considered how each shift was led and looked at a suitable skill mix over each twenty-four hour period. Following the review the use of agency staff had ceased. In addition a system had been introduced where staff worked a rotation of day and night shifts. Although staff had been apprehensive about this change, we received positive feedback. Staff felt better supported and safer particularly at night where the staffing levels had increased, they felt the consistency of care had improved and, they had a 'more global view' of individuals and how they wished to be cared for and supported. Comments included, "I was apprehensive before but now I can see the benefits of getting to know people better", "It's been very helpful and I have liked working with staff on nights, we seem more of a team now" and, "Working days and nights was a good move and makes my job more interesting".

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

The manager had completed a recent medication audit. In general they were pleased with the policies, procedures, records and practices. These demonstrated medicines were managed safely and competently. Stock management measures had been reviewed and improved in addition to an updated PRN (as required medicine) protocol. The audit had identified that a dedicated room was required for medicines, the medicine trolley and nursing equipment/supplies. This had been actioned and meant that medicine procedures were safer because nurses had an allocated room to manage medicines without disruption, previously they had to do this in the homes office.

Policy and procedures to be followed in the event of an emergency were known and understood by people who lived in the home and staff. Staff had received training in fire safety and knew what to do in the event of an emergency. The manager had reviewed personal emergency evacuation plans (PEEP) for each person who lived at the home detailing the support they required to keep them safe in the event of a fire. In house required health and safety checks were completed on emergency lights, fire control panel, fire extinguishers and smoke detectors. A fulltime maintenance person had been employed to ensure regular upkeep of the home, and improved monitoring of health and safety checks.

Good

Is the service effective?

Our findings

The service remains effective. Throughout our visits staff were confidently and competently assisting and supporting people. The manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff continued to have the knowledge and skills they needed to carry out their roles effectively. The manager had audited training and would be exploring additional training resources and subjects over the next year.

The manager spoke with us about how they had plans to support the nurses to update their skills and knowledge for the roles they performed. This included wound care management, palliative care, resuscitation and syringe driver updates. Syringe drivers were used to administer medicines continuously through a needle just under the skin. The manager and nurses continued to keep up to date with current best practice and guidance. They made provision to support each other with their duties and responsibilities to the Nursing and Midwifery Council (NMC) and revalidation. Revalidation exists to improve public protection by ensuring nurses continued to remain fit to practice in line with the requirements of professional registration, throughout their career.

A programme of supervision was now in place and regular appraisals will be established over the coming year. All staff had received one supervision since the manager had been appointed so that they could get to know one another and discuss future supervision requirements. The manager wanted to tailor supervision based on personal preferences of staff and professional experience so that they were meaningful and effective. Staff told us they felt supported by the manager, nurses and other colleagues and that they were a good team.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and, how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals. The manager told us they intended to re-visit the principles of the MCA during staff meetings and supervisions and, that they were going to have topic of the month where information would be available in their staff room.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff and visitors.

They chose to spend time in the lounge, their own rooms or going out in the local community. All staff we spoke with recognised the importance of promoting choice. One staff member told us, "One thing I have noticed since working here is that people always decide what they want to do, staff are very respectful about people's choices".

The meals prepared and served to people were well received. People told us they liked the food and they made choices about what they had to eat. Comments included, "Oh I love the food, it's always very tasty", "The food is fine, there is always something I like", "I'm always asked if I have enjoyed my meal and I haven't had a bad one yet" and, "My favourites are the delicious roast dinners and fish and chips". In addition to morning coffee and afternoon tea and cakes, beverages and snacks were available to people throughout the day. Mealtimes were flexible wherever possible and people were supported if they wished to receive meals in their rooms. The manager and cook had met to discuss future plans and improvements around menu planning. The cook spent time with people and knew them well.

Staff continued to support to maintain a healthy weight and a balanced healthy diet whilst supporting peoples likes and dislikes. If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and, GP's and dieticians when there were concerns regarding people's food intake and body weights.

The manager recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. They had recently met and introduced themselves to various health and social care professionals that visit the home to build up effective working relationships. This included GP's, a speech and language therapist, a continuing healthcare coordinator and a community psychiatric nurse. Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's, dentists and opticians of their own choice.

Following an environmental audit of the premises, the manager had instigated some immediate changes. This included changing rooms that had been previously used as doubles to single occupancy. These rooms were in the process of refurbishments when we visited. This was a positive move and would provide prospective new admissions with privacy and a sanctuary of their own. A redecoration programme was underway and the bathroom and toilet facilities were to be refurbished over the next year.

Good

Is the service caring?

Our findings

People continued to receive support from a caring service. One person living in the home told us, "Staff are happy and kind, they are my motivation every single day". Staff were thoughtful, kind and caring. They wanted people to be happy and receive support that was focused on them as individuals. One new member of staff member told us, "It's the things staff do and the way they do it, I have worked in care a long time and I can see they are a dedicated team who care very much about the people they support". Another staff member told us, "I am impressed with the person centred approach staff have, they are all very caring and I am enjoying working alongside them".

In the PIR the manager stated, "An empathetic and caring manner is required of all staff. The manager and other senior staff lead by example and expect high standards of care and provide appropriate role models in the work they undertake. There is a good rapport between staff and residents. Staff interact with residents on an individual basis. Each resident is known individually by the staff and everyone is treated with respect and addressed using their preferred terms of address. Staff take time to engage with individual residents on a daily basis". We read written comments and thanks from relatives that the staff had received. Comments included, "Thank you so much for all the loving care you gave my mum, she used to tell us how wonderful you all were", and, "Thank you for all your patience and kindness, the quality of care she received to us was exemplary".

Throughout our visits staff supported people with kindness and compassion. Their approach to people was respectful and patient. Mealtimes were a good example where staff promoted this. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported at their own pace.

It was evident that over time staff had fostered positive relationships with people that were based on trust and individuality. They provided us with a good level of detail about people's lives prior to moving in. This included family support and existing relationships. Every effort was made to enhance this knowledge so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways.

The manager told us they were in the process of commencing a named nurse and key worker system so that staff, residents and relatives had a, ''Go to staff member who will know in-depth information about the resident and be best suited to answer any questions". These roles were encouraged to enhance a personalised approach. The keyworker role provides a link between the service, the person and their family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. The manager explained how it was essential to match the right member of staff with the right person to ensure the keyworker role was meaningful. They considered personal preferences and interests, age, personalities and experience and partnering will be reviewed to ensure they remained effective.

We spent time in various parts of the home, including communal areas and individual bedrooms so that we

could observe the direct care, attention and support that staff provided people. We saw some lovely interaction between staff and people living in the home. People told us staff were 'polite, friendly and respectful' and they were 'treated with dignity'. People were smartly dressed and looked well cared for.

The manager told us how they were encouraging staff to take lead roles to help further enhance the care people received. These roles also help ensure the service is up to date with current best practice and legislation. Leads attend events, additional training and network with other agencies to increase their knowledge and understanding. This will help them to develop improved systems in the home, further enhance person centred care and become champions. One of these lead roles would be an end of life champion. The nurses and staff were proud of the care and attention they gave to people and their families when approaching end of life care. The PIR stated, "Great care is taken to support and care for residents as they approach the end of their lives. Discussions are held with all residents regarding their wishes for the future. As individuals progress towards the end of their lives further discussions are held with the people and their families. In consultation an end of life care plan is further developed. Every effort is made to support the individual to choose the care they wish to receive and the place in which they want to be cared for. When necessary other agencies including the palliative care team and hospice may be involved".

Good

Is the service responsive?

Our findings

The service provided people with individualised care that respected their choices and personal preferences. During our inspection we saw people being cared for and supported in accordance with their individual wishes. One lady we spoke with was still in bed late morning. They told us they had had a busy day the previous day so they were going have a quiet day in bed. Another person told us, "Everything is done just as I like it, the staff are angels".

At the time of the inspection the service was in the process of changing their care record documentation to a more 'robust person centred care planning system'. All staff were receiving training on how to implement and use this. The care documentation would also help visiting health and social care professionals so that they had clear, detailed information. Individual meetings were being set up with each person who lived at the service and they were fully involved in developing their care plans to reflect, their needs and how they wished to be supported. We looked at the care records that had been completed. They lent themselves to a holistic approach to care and had considered people's physical, psychological and emotional well-being. They provided staff with a good level of detail about peoples likes and dislikes and how they were to care for people. Staff were continuing to further develop these.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the nurse in charge. The nurses knew people well including their past and present medical history. They were competent to make referrals and book appointments with relevant health professionals. We saw examples where continuous daily evaluation helped identify deterioration in people's health, or where needs had changed and intervention was required.

Activity plans were under review. An activity co-ordinator had recently been employed and additional hours were also available for recruitment into another post. The manager confirmed that the activity co-ordinator would be joining a local forum arranged by South Gloucestershire local authority where they meet other co-ordinators. This group helps find new innovative ways of providing stimulation for people, by way of sharing ideas and accessing training with ALIVE. ALIVE is an independent organisation who promote meaningful activity for older people in care.

People were encouraged and supported to maintain their independence and make arrangements about how they wish to spend their day. People who were able went out independently and others were supported by family, friends and staff on a daily basis. In addition the service also arranged outings where groups of people were supported to attend. This had included garden centres, At Bristol and Weston-Super-Mare. People also enjoyed smaller trips to the local pub, restaurants and shops. One person regularly attended Bristol City Football Club home games. Although activity sessions were under review there were some activities that people really enjoyed and these would remain. This included board games, bingo, quizzes, exercise classes and reminiscence therapy. Staff also arranged movie days and beauty therapy sessions. Not everyone liked group sessions and this was respected. Staff particularly enjoyed one to one sessions with people and these were well received.

People confirmed they knew how to raise concerns and were confident things would be addressed. One person told us, "I've never had to complain and if I ask for anything the staff are very helpful". The manager stated in their PIR, "We have an open door policy for residents, their families and staff to make suggestions, raise concerns and make comments. All complaints are acknowledged, investigated and analysed, and action taken from lessons learned. There is a complaints policy which is explained to residents and their families. All complaints are acknowledged, analysed and recorded. Actions plans are developed where required and explanations provided. Complaints are discussed at the regular meetings between the manager and the nominated individual. Any repetition or trend is identified and action taken to minimise the risk of any recurrence". The manager had also introduced a ''get it right'' leaflet where anyone who used the service could leave comments and suggestions to help them improve the services they provide.

Good

Is the service well-led?

Our findings

The service had improved to Good and now benefited from being a well led service. At the inspection in August 2016 the service was not meeting a condition of their registration where there must be a manager registered with the CQC. An application must be made to the CQC as soon as they are carrying on a regulated activity. Although the manager had been appointed CQC had not received an application. Since that inspection the manager had left and a new manager had been appointed..

Previously the service was not always well led and improvements were required. Although the service was monitored by completing audits, some were not detailed enough. Infection control and environmental audits were not completed and the manager and provider had not recognised the risks that we had identified during the inspection in August 2016.

The provider visited the home but did not complete a formal audit and they did not capture where improvements were required. Their visits needed to be more robust in order to support people who used the services. Auditing of the service and facilities was not effective or sufficient. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

After the inspection of August 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. We found at this inspection significant improvements had been made. A new manager had been appointed. They had been in post for four weeks and had submitted an application to CQC to be the registered manager.

Provider visits were more robust and effective. We looked at the written content of these and the level of detail had improved. They demonstrated that the visits had been useful. The registered manager confirmed the meetings with the provider had been positive and supportive and had enabled effective changes since the last inspection. The service considered the Key Lines of Enquiry (KLOE) which CQC inspect against and, how they will plan for the future to improve and further enhance current good practice they were achieving.

Since her appointment the manager had worked efficiently by auditing the service. This had enabled her to effect immediate positive change, in addition to providing her with an action plan for future plans and continued improvement. Immediate positive changes and the impact have been detailed throughout the report and included, an improved environment, smoother, streamlined business services and administration, increased staffing levels, improved continuity in care delivery and improved policy and procedures for example, medicine management and infection control.

People who used the service were positive about the home and their personal experiences. Comments for people who lived in the home included, "This is my home it doesn't feel like a nursing home", "My sister helped me find this home and I have to thank her for that" and, "I am very happy, I've made friends and I am settled, I cannot fault the care". One relative recently wrote to the home and said, "Thank you from the bottom of my heart and for the wonderful care and attention you gave to mum, to me and my family. I hope I end my days in an establishment as wonderful as this".

Although the manager had been in post for a month, they had previously managed another care service and had a vast amount of experience and knowledge. Throughout our inspection we found the manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, that staff felt well supported and managed and that the service was promoted in the best possible light. There was a strong emphasis on wanting to improve the services provided and to implement a programme of planned growth.

The staff team had been restructured and new staff members had joined the service. They had been introduced to significant changes in a very short time. These had been managed based on priority and in people's best interests. Although the changes had been challenging for staff most had fully embraced them and supported the manager in their rationale for change. Comments we received from staff included, "She is a very good manager, she likes things done properly, she is very fair and always helpful", " We had a lot to take on board and there were many changes, but they were good changes and for the best" and, "I like her for her leadership and organisational skills, she is a good listener and provides good direction to staff". There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained.

A host of meetings had taken place so that people who used the service and staff were kept fully informed and updated on any news, recent changes and future plans. Staff meetings had been increased in light of recent changes in the home. This was to help ensure effective communication for the whole staff team and so that everyone could contribute to how the service could move forward and improve. The minutes of the meetings evidenced productive conversations and enabled the team to develop action plans where improvements required had been identified. In addition the manager had formulated new questionnaires for people, relatives, staff and visiting health and social care professionals. We look forward to seeing how effective these are at our next inspection.

The manager and nurses knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.