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St Catherine's 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

Summary of findings

Overall summary

The inspection took place on 26 September 2018 and was unannounced.

St. Catherine's Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St. Catherine's Manor provides facilities and services for up to 34 people who require personal or nursing care. At the time of our inspection there were 26 people living at the service. The majority of people living at St. Catherine's Manor are living with dementia. The accommodation is provided over two floors which are accessible by stairs and a lift.

Since our last inspection a new manager had been appointed who had registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse as staff understood their responsibilities in safeguarding people. The provider had systems in place for reporting concerns and records showed that these were followed. Risks to people's safety were assessed and control measures implemented in order to keep them safe. Accidents and incidents were recorded and monitored. Action was taken to minimise the risk of reoccurrence and an analysis completed to identify possible trends. The provider had developed a contingency plan to ensure that people would continue to receive their care in the event of an emergency. The service was clean and well maintained. Staff understood their responsibility to protect people from the risk of infection and followed safe procedures.

People were supported by sufficient staff to meet their needs and did not need to wait for their care to be provided. Prior to staff starting their employment robust recruitment processes were completed to ensure they were suitable to work within care services. Staff received an induction when starting work at the service and did not work without supervision until they were confident in their role. Staff received regular training and supervision to support them in their role.

People received their medicines in line with prescription guidelines and medicines were stored safely. Healthcare professionals were positive about the service and care records showed the service worked with a range of healthcare professionals. People's weight was regularly monitored and a choice of nutritious food provided. People were involved in decisions regarding their care and the principles of the Mental Capacity Act 2005 were followed by staff.

Staff treated people with kindness and had formed positive relationships with people. There was a relaxed atmosphere in the service and staff spent time socialising with people. People's dignity and privacy were respected and people were encouraged to maintain their independence. People's religious and cultural

needs were respected. Visitors were made to feel welcome and there were no restrictions on visiting times.

People's needs were assessed prior to them moving into St. Catherine's Manor and people's care records were regularly reviewed. Guidance was available to staff regarding how people preferred their care to be provided and we observed this was followed. The care people received at the end of their life was person centred and reflected their wishes. A range of activities were provided although people told us there had been a reduction in the quality of these. We have made a recommendation regarding this. There was a complaints policy which gave guidance on how to raise concerns which was prominently displayed. People and relatives told us they were confident that any concerns would be addressed by the registered manager

There was an open culture within the service and staff felt able to discuss any concerns openly with the registered manager and provider. Quality assurance systems were in place to monitor the service provided and action was taken where shortfalls were identified. People, relatives and staff were asked for feedback on the service provided and suggestions were acted upon. The service worked with external agencies to ensure service development and learning.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were ordered, stored and administered safely.

There were sufficient staff available to meet people's needs and safe recruitment practices were followed.

Risks were identified and assessed, with appropriate measures put into place to reduce risks to people's safety and well-being.

Staff understood their responsibility to keep people safe from abuse.

Accidents and incidents were monitored to minimise the risk of them happening again.

Is the service effective?

Good

The service was effective.

People were supported by staff who received regular training and supervision.

People's needs were assessed and care and support offered in line with these assessments.

People were offered choices and their capacity to consent was considered in accordance with the Mental Capacity Act 2005.

People were supported to remain healthy and have a nutritious diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

Staff had developed positive relationships with people.

People's privacy and dignity was respected.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

A range of activities were available although people felt these were previously more varied. We have made a recommendation regarding this.

Care records included detailed information and guidance for staff about how people's needs should be met.

People received care and support at the end of their life and their wishes were respected.

The provider had a complaints policy in place and people felt that any concerns raised would be acted upon.

Is the service well-led?

Good

The service was well-led.

There was a positive culture throughout the service.

People, their relatives and staff were consulted about the service.

The service works in partnership with other agencies.

The quality of the service was monitored and action taken to address any shortfalls.

St Catherine's 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.

The inspection took place on 26 September 2018 and was unannounced. The inspection was carried out by two inspectors, a specialist advisor who had a background in nursing 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

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service; this included seven people who lived at St Catherine's Manor, four relatives, and two professionals who had regular contact with the service. During the inspection we spoke with six staff members, the registered manager and regional manager.

We looked at care records of eight people who lived at the service and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition, we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

We asked people and their relatives if they felt safe living at St. Catherine's Manor. One person told us, "I think they look after us very well, they make sure we get our meals and our medicines, we don't have to worry about any of it." Another person told us, "I think they treat me very well. I get on well with the staff." One relative said, "If she has a fall they are straight on the phone. Even if she is fine they will still ring me and let me know it's happened. I like that it gives you confidence that they aren't hiding anything."

Staff understood their responsibilities in safeguarding people from abuse. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and whom they would report any safeguarding concerns to. Staff had received safeguarding training and received regular refreshers. Information regarding how to report safeguarding concerns was displayed in communal areas to guide people, relatives and staff on how they could get support. The registered manager maintained safeguarding records which showed that any concerns had been appropriately reported to the local authority safeguarding team in a timely manner. The service had responded positively to any additional information requested and taken appropriate action to keep people safe when required.

Appropriate systems were in place to manage risks to people safety and well-being. Risk assessments were completed in areas including skin integrity, malnutrition screening, falls, choking, moving and handling and the use of bedrails. Where concerns were identified additional measures were implemented to keep people safe. One relative told us, "Mum is as safe as she can be. They provide very good support and have taken every step possible to reduce the risk of her hurting herself by falling. At night they have a mattress that they put down beside the bed in case she falls out of bed." One person's records showed they were at risk of developing pressure sores. Specific mattresses and cushions were provided for the person to minimize this risk and their skin remained healthy.

Accidents and incidents were recorded and relevant action taken to minimise the risk of them happening again. Accidents and incident reports were completed in detail and investigated by the registered manager where required. Records showed that action had been taken to minimise risks to people. One person had suffered a skin tear whilst using their wheelchair. Following review, the footplates on the person's wheelchair were changed to a different design which were easier for them to manage. Another person had experienced two falls in their room. A referral had been made to the falls team and a sensor fitted under the persons mattress. This meant that staff were alerted the person may need support should they get up. An overview of all accidents and incidents was reviewed on a monthly basis to enable the registered manager and regional manager to identify any possible themes or trends which needed to be addressed.

Sufficient staff were available to meet people's needs. People told us there were sufficient staff and they didn't have to wait for care. One person told us, "There is always someone around if you ring the bell." Another person told us, "There's always someone here and they always have a smile." We observed that staff were available to support people both in their own rooms and within communal areas. When people requested assistance, this was provided in a timely manner. Staff communicated well with each other

regarding tasks which needed to be completed to ensure the day ran smoothly. The service was using a high percentage of agency staff. Some people had expressed concerns regarding the continuity of their care. In order to provide continuity for people the provider had taken steps to maintain the same team of agency staff such as providing overnight accommodation for staff travelling from further afield. The provider was advertising for staff in a range of ways and was looking to provide affordable accommodation for staff moving into the area.

Safe recruitment procedures were in place to assess the suitability of prospective staff. Staff recruitment files contained application forms, evidence of face to face interviews, references and photo ID. Prior to starting employment each staff member had undergone a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff we spoke with confirmed they were not permitted to start their employment until all recruitment checks had been completed.

People's medicines were managed safely. The provider had a medicines policy in place which covered areas including the ordering, receipt, storage, administration and disposal of medicines. We observed the policy was followed and staff demonstrated understanding of their responsibilities regarding the management of people's medicines. Each person had a medicines administration record (MAR) in place which showed no gaps in the administration of people's medicines. MARs also contained up to date photographs, details of peoples' GP and information regarding any allergies for staff to refer to. Staff followed best practice guidance when administering medicines and explained the process to people. Where people were prescribed 'as and when' medicines, protocols were in place to inform staff when these should be administered and any specific guidance they should follow. Some people received their medicines covertly (without their knowledge or consent). Care records confirmed that capacity assessments had been completed regarding these decisions and confirmed the decisions had been taken in their best interests. This had been agreed with relatives and health professionals involved in their care.

People lived in a clean environment and safe infection control procedures were followed. All areas of the service were cleaned to a good standard and cleaning schedules were followed. The providers PIR stated, 'a manager walk round of the building is completed daily to ensure that the standards of cleanliness are maintained and that the risk of infection is reduced. Where identified, actions are disseminated to the appropriate team.' Records confirmed this was the case. Staff were seen to have personal protective equipment available to them such as gloves and aprons. The laundry area had guidance for staff regarding temperature settings for different types of wash including soiled items. Staff demonstrated understanding of these procedures and we observed that soiled, dirty and clean washing was stored and treated separately.

The service was well maintained and regular health and safety checks were completed. Records showed that regular servicing of equipment was completed including gas and electricity safety, hoists, call bells and fire equipment. In addition, the maintenance team conducted regular checks of the building and ensured that any maintenance issues were addressed as quickly as possible. The provider had a contingency plan to ensure people would continue to have their needs met should emergency situations occur. The plan gave detailed guidance to staff on the action they should take and covered eventualities including power failure, bomb threats, water leaks, and severe weather.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them moving into St Catherine's Manor. This meant that people were assured the service could meet their needs. Assessment documents contained detailed information regarding the support people required and their preferences. In addition, a health screening form was completed which gave comprehensive information regarding people's medical needs. Where appropriate, family and others important to the person were also involved in the assessment process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood the MCA and how it applied to their roles. One staff member told us, "You listen to them and give them choices." They went on to describe the systems within the service for capacity assessments to be completed and best interest decisions recorded. Another staff member told us, "We must respect people's rights and always fully ensure what we do is in their best interests. We have the support of our (people's) families in this." Records confirmed that capacity assessments had been completed with regards to specific decisions in areas including locked external doors, bedrails and covert medicines. Best interest decisions were recorded where it had been determined that people lacked the capacity to make particular decisions. Where appropriate family members and health and social care professionals had been involved in the decision-making process. DoLS applications had been appropriately submitted and a register maintained in to monitor at what stage of the process applications were at. This enabled the registered manager to know when authorisations were coming to an end and to determine if they needed to apply for this to be extended.

Staff received an induction into the service and on-going training and support. New staff completed an induction which included completing mandatory training, shadowing experienced staff and working through the Care Certificate. The care certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. One staff member who had recently started working for the provider told us, "It's helped me understand my job. It's good experience I'm getting here." Staff told us they completed training in areas including safeguarding moving and handling, infection control, dementia and health and safety. Records confirmed this was the case and showed that regular refresher training was provided to ensure staff were working in line with up to date guidance. One staff member told us, "I like to be reminded of things and we can meet with other workers and discuss things in training."

Staff received regular supervision from their line manager. Staff we spoke with told us they felt supported in their roles. One staff member told us, "I can always ask for any help I need. It's good to meet with the manager and find out if I'm doing well with my job." In addition to one to one support staff also received an

annual appraisal of their performance. The provider had recently introduced a competency framework for appraisals. This involved staff members demonstrating their knowledge and understanding in areas of their role including health and safety, care planning, communication, dementia and safeguarding. A development plan would then be devised for the staff member to ensure they received support in any area where gaps in knowledge were identified.

People were supported to maintain a nutritious and healthy diet. People told us they enjoyed the food provided. One person told us, "I can't complain about it. There's always something I like." A relative told us, "They always try to make sure she has what she likes. The staff know what she'll eat." People's weight was closely monitored by staff and action taken where significant variances were noted. Catering staff were aware of people's nutritional needs and received updated information when people's needs changed. People were offered a choice of lunch in the morning but were not offered a visual choice during the lunchtime service which is useful when supporting people living with dementia. We did however note that where people indicated they did not like their meal an alternative was provided. One of the choices provided on the day of the inspection was spaghetti which people found difficult to eat. The regional manager noticed this was a problem and asked the catering team to ensure this was broken down prior to cooking when it was next served. People received the support they required to eat their meal. Staff supported people at their own pace and chatted to people they were with. People who chose to eat their lunch in their rooms received their meal promptly and received support as required. A choice of drinks and snacks were offered throughout the day.

People received support to manage their healthcare needs. People and their relatives told us that they had access to healthcare professionals when required. On person told us, "The Doctor will come if I need them. They come every week as a matter of course to see people anyway." One relative said, "The home is very good at contacting the doctor and asking him to see mum if there were any problems and very good at communicating back to the family." Records showed that healthcare professionals had been involved in people's care. A record of appointments and visits was maintained for each person and any recommended action followed up on. One healthcare professional told us, "I am generally very happy. The new staff have taken things on board, they are quite proactive and these two who are here today are on the ball. I have confidence in these nurses". Nurses were able to demonstrate their knowledge regarding people's clinical care including wound care, catheter care and diabetes and records showed that these aspects of people's care were managed well.

People lived in an environment which was suited to their needs. Corridors were wide and a lift was available which meant people could access all areas of the service. Furniture was appropriate to people's needs with high level chairs provided for people who found it difficult to stand from a seated position. Neutral colours had been used for decoration with no large patterns which may be confusing for people living with dementia. However, this also meant that people may find the lack of contrast in the colour of bathroom doors and handrails difficult to navigate. People's rooms were personalised with pictures, photographs, ornaments and small pieces of furniture.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind. One person said," They are nice to me and I am nice to them, the staff care." Another person told us, "You can have a bit of a joke with some of them. It makes it easier when you can have a laugh." One relative said, "The staff are exceptionally good, very caring and pleasant, kind and friendly." A second relative told us, "I am very pleased with the care. The staff are wonderful and go above and beyond often. She is very tactile and they will sit and hold her hand or give her a hug. What you would do if she was at home with you. They know all her little foibles."

Throughout the course of our inspection we saw staff acting in a kind and considered way. Staff spent time checking how people were and paying them compliments. Appropriate touch was used when providing reassurance to people. We observed one staff member sitting with a person and holding their hand whilst chatting with them. We heard them say to the person, "That's a pretty blouse you have on" the staff member then went to sit with another person and commented that they had the loveliest smile. There was a relaxed and friendly atmosphere and a fondness between people and staff. We heard conversations with people where staff discussed things which were important to the person such as their family members, visitors who had been or their favorite music. People were heard to share jokes with staff and received positive responses. Attention had been taken to support people with their personal appearance people's hair was styled and some ladies were supported to wear make-up and have their nails painted.

People told us they were involved in day to day decisions about their care, such as what time they got up, what they wore and what they had for breakfast. One person told us, "I tell them what I want to do and that's what happens. No arguments." Staff spoke to people prior to providing their care to confirm they were happy to receive support. Staff told us that ensuring people had choices regarding their care was an important aspect of their role. One staff member said, "It's what we all must do. I like to see people are happy and comfortable and so I give them choices all through the day." We observed a staff member approach a person to ask if they wanted any help with their lunch. They indicated they wanted a particular staff member to help them and their choice was respected. As soon as the requested staff member was free they went to support the person who then ate their lunch.

Staff respected people's independence. Care records guided staff on what people were able to do for themselves and the areas where they required support. One person's records stated they were fiercely independent and wanted to continue eating unaided. Guidance for staff listed the specialist cutlery and crockery the person required to continue to eat independently and we observed this was provided. Staff told us they were always aware of encouraging people to do as much for themselves as possible. One staff member told us, "We want people to maintain their independence. I will check with people what they want to do and help where they need it. It doesn't matter that it can take longer."

People were treated with dignity and respect. One person told us, "They knock on the door before they come in and close the curtains when they're helping me with dressing. They never make me feel embarrassed." Throughout the inspection we observed that staff knocked on people's doors prior to entering and checked before they entered that the person did not mind. All personal care was undertaken

behind closed doors. Where people required the use of a hoist, dignity screens were used when in communal areas. Staff were aware of people's religious needs and guidance was available for staff with regards to people's religious and cultural beliefs. Regular church services were held and the service had built links with churches from a number of denominations.

People were supported to maintain links with their family and friends. We observed that visitors were greeted warmly and relatives told us there were no restrictions on the times they could visit. One person told us, "They can come whenever, children and everyone." One relative told us, "I've always found the staff very kind. They are always friendly and polite to me when I come in. They will ask me if I want a cup of tea." Another relative said, "I come more or less every day and they're always friendly, all the staff are."

Good

Is the service responsive?

Our findings

People and relatives told us that staff understood their needs and how they liked their care to be provided. One person told us, "They know me very well and they know what I like, I like it quiet, no fuss." One relative said, "I am certain mum is getting good care and her needs are being met as far as is possible. I am grateful to everyone for the warmth, kindness and understanding shown to her." A second relative told us, "Whenever they have any kind of review of her care they contact me and let me know, I am very pleased with the way they handle things." A third relative said, "We don't have any concerns. The manager keeps us updated and is very responsive. She is very approachable and I would have no hesitation speaking to her if I had a concern. The home is a first-class communicator, if there's any change they contact me straight away to talk to me about it."

Care plans reflected people's needs and the support they required. Care plans were person centred and covered areas including mobility, medical needs, activities and social, communication, sleep, continence and personal care. Where appropriate, details regarding the persons medical history were given in order to explain why care should be provided in a certain way. For example, one person had suffered a stroke and following this they liked to be supported to sleep in a position they found comfortable. Another person communicated in a certain way due to a specific condition. Their care plan stated the person had capacity to make their own decisions and gave staff guidance on different communication strategies they could use. This enabled the person to continue to make their own decisions and be in control of their care. Staff we spoke with were able to describe these elements of people's care and we observed staff using a white board to communicate with one person. Supplementary care plans were in pace where people had specific health conditions. This guided staff on the symptoms they should look for which would be cause for concern and the action they should take. An overview of each person's care plan was kept in their room. This enabled staff easy access to information and meant agency staff were able to view people's care plans. Care plans were reviewed for any changes on a monthly basis. Where significant changes were noted these were discussed with the person, their relatives and health professionals as appropriate.

People received the care they needed at the end of their life. Staff we spoke to were able to describe how they supported people and their families during this time by ensuring they were comfortable, communicating clearly and observing any religious wishes people had expressed. The compliments folder contained numerous thank you messages from relatives thanking staff for the support provided to their loved ones at the end of their lives. A representative from the service was always present at people's funerals. The regional manager told us of a person's funeral they had attended the previous week. They referred to positive stories the persons family had shared with them regarding how staff had supported their loved one well. The regional manager told us, "I came straight back and told staff. It's important they realise how much power they have over people's happiness and how important it is to families." The registered manager and regional manager acknowledged that although people received the care they required, care plans regarding people's end of life wishes would benefit from more detail. This formed part of the service development plan and had been highlighted as a planned improvement within the providers PIR.

People had access to a range of activities. However, the activity co-ordinator had left a few weeks prior to

our inspection. People and their relatives told us that although there were still activities taking place there had been an impact on the quality of some of the sessions. One person told us, "It's gone off a bit really. I still go to some things but not as much recently." One relative said, "The previous activities coordinator was very good at getting things going. Whether it was going out in the garden during the nice weather or going on trips out. They seemed to have the knack of drawing people out and getting them involved. Now there's not very much going on." The registered manager told us a new activity co-ordinator had been recruited and were currently under-going recruitment checks. In the meantime, additional sessions had been requested from an external activities worker and staff were also being allocated to cover activities. An activities schedule was in place and we saw people were supported to take part in games and exercises in the morning and to watch a film together in the afternoon. We saw other people were happy to occupy themselves with activities they enjoyed such as spending time reading, writing notes and using the computer. Records showed that people were supported to access activities outside the service including visits to shops, garden centres and museums.

We recommend that the provider ensures that an activities schedule which meets people's needs and preferences is consistently available.

A clear complaints policy was available and displayed in communal areas. People told us they felt able to raise concerns. One person described an incident where they had been concerned regarding how they had been spoken to. They had told a staff member who had informed the registered manager. They felt the incident was responded to well. Their relative added, "It was dealt with quickly and efficiently, I couldn't fault them." Records confirmed the complaint had been logged, investigated and acted upon. The registered manager maintained a complaints log which showed that all complaints were responded to in line with the providers policy. In addition, the registered manager submitted information regarding any complaints received on the providers monitoring system. This enabled the registered manager and quality team to ensure that complaints were correctly addressed and that any emerging trends were identified and addressed. The providers PIR stated, 'Themes of complaints have been about the laundry system and clothes not going back to the correct rooms. Currently we are trialling using net bags with the resident's name on them and this appears to be improving the service.'

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was managed well. One person told us, "I think the home is very good and I have recommended it to other people. There's a nice atmosphere here. We have had feedback forms through in the past and have always said how happy we are with things generally." Another person said, "I've always found that all the regular staff are keen to interact with you and if you make a suggestion its usually taken on board." One relative told us, "The home is lovely and I've always felt they listen to our views."

Since our last inspection the service had faced significant challenges which included the previous registered manager leaving the service without notice and staffing concerns. The provider took action to minimise the impact of these concerns and ensure people continued to receive the care they required. Action taken included the regional manager being based at the service several days each week and a manager from another service being transferred to St. Catherine's Manor and registering with the CQC. The use of agency staff was also analysed to ensure that consistent temporary staff were used. In addition, the provider put a hold on accepting any new referrals until senior staff were in place and had been given the opportunity to review systems and develop relationships. These steps demonstrated a commitment to ensuring that the care of people living at St Catherine's Manor was not compromised.

There was a positive culture within the service. The providers PIR stated, 'The manager has an open-door policy, and actively encourages people to voice any concerns. She is qualified, knowledgeable and passionate about ensuring residents are provided, quality care and support in line with their individualised need.' We found this to be the case during our inspection. Although the registered manager had only been at the service for a short time they were knowledgeable about both the people living at St Catherine's Manor and the skills of the staff team. Both the registered manager and regional manager spoke to people, relatives and staff throughout the day and from the nature of their conversations it was clear this happened regularly. Staff told us they felt able to ask for support and report any concerns. One staff member told us, "If I don't know I will always ask. The manager and deputy are available to answer questions and don't mind what I ask or how often. I feel confident." A second staff member said, "The manager always comes and asks how I am. I feel she's very nice, helpful, pleasant. She has an open-door policy and I feel I can talk to her." Staff told us they enjoyed working as part of a team and understood the need to provide personalised care. One staff member told us, "I enjoy working here. Caring for people, laughing and smiling with people, listening to them. I wasn't sure I would be able to do it when I first started but I love it."

Audits were regularly completed to monitor the quality of the service provided. The providers PIR stated, 'The manager carries out daily, weekly and monthly internal audits as per CHD Policy guidance. These include fire, health and safety, medication and infection control, which is also externally audited. The service ensures it meets required compliance for CQC in these areas as well as any other recommendations from external visitors.' We found this to be the case during our inspection. All audits completed by the registered manager were reviewed by the quality assurance team during their visits. In addition, the quality team and regional manager completed a service audit and gave feedback to the registered manager and staff regarding both areas of good practice and where improvements were required. Staff told us they found this

process useful, "(Regional manager) does her own inspections which are helpful, she gives positive criticism." The service improvement plan showed that updates were completed following audits and where required additional actions added. This was seen to be a working document and evidenced the progress and development of the service.

The service worked with external agencies to improve the quality of the service people received. The Surrey Quality Assurance team had worked closely with the service and the provider had acted upon guidance and advice provided. The registered manager regularly attended the Surrey Care Association registered manager meetings and the Care Home Forum. This was an opportunity to learn of new initiatives in the area and to share best practice. The provider was also represented on a Clinical Commissioning Group forum to review the hospital discharge process and achieve better outcomes for people.

People, relatives and staff were involved in how the service was run. Resident and relative's meetings were held and any concerns or improvements to the service discussed. Records showed that there had been a gap in the meetings during the summer months but meeting dates had now been arranged. The agenda for previous meetings had included staffing, activities, laundry service, menus and recruitment. In addition, surveys were sent to a percentage of people and relatives each month. These were reviewed by the registered manager for any immediate actions and collated every three months. This showed that feedback was largely positive and that any areas of concern had been acted upon. Actions taken following feedback included increasing consistency of agency staff, changes to the laundry service and additional community based activities. Staff meetings were also held with separate nursing meetings to discuss clinical support. Minutes showed that staff were thanked for the support they provide and were able to contribute to the meeting agenda.

People's confidential records were stored securely. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.