

# Tamaris Healthcare (England) Limited

## Barrington Lodge Care Home

### Inspection report

Berkshire Place,  
Bishop Auckland.  
DL14 6XX

Tel: 01388 662322

Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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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 20 and 21 August 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting.

Barrington Lodge Care Home is located on the outskirts of Bishop Auckland, County Durham. It provides nursing and residential care and can accommodate up to 70 people. On the day of our inspection there were 63 people using the service. The home was spacious and suitable for the people who used the service. The home was clean, tidy and well maintained, with no unpleasant odours.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

On 8 May 2014 we completed an inspection and informed the provider they were in breach of a number of

# Summary of findings

regulations including care and welfare, cleanliness and infection control and assessing and monitoring the quality of the service. The provider submitted an action plan in June 2014.

Whilst completing this visit we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider had ensured improvements were made in these areas and these had led the home to meeting the above regulations.

People who used the service and their relatives were complimentary about the standard of care at Barrington Lodge Care Home. Without exception, everyone we spoke with told us they were happy with the care they received.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals.

There were appropriate security measures in place to ensure the safety of the people who used the service. The provider had procedures in place for managing the maintenance of the premises.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and there were plans to ensure the home was more suitably designed for people with dementia type conditions including improved lighting, signage and colours.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are

looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Deprivation of Liberty Safeguards.

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

We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at meal times when required.

The home had a programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. We saw staff used a range of assessment tools and kept clear records about how care was to be delivered.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

The provider consulted people who used the service, their relatives, visitors and stakeholders about the quality of the service provided.

# 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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises.

Good



### Is the service effective?

The service was effective.

Staff were supported to provide care to people who used the service through comprehensive induction and a range of mandatory and specialised training.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good



### Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Bedrooms were very individualised with people's own furniture and personal possessions.

Good



### Is the service responsive?

The service was responsive.

Care plans and risk assessments were in place where required.

The home had a programme of activities in place for people who used the service.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



### Is the service well-led?

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Good



# Summary of findings

Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

# Barrington Lodge Care 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 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 20 and 21 August 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser (nurse) and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with eight people who used the service and eight relatives. We also spoke with the registered manager, the regional manager, three nurses, five care staff, the administrator, the cook and the maintenance man.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

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 spoke with the registered manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

At our inspection in May 2014 we identified concerns that people were not cared for in a clean, and hygienic environment and was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation. People who used the service and their relatives told us, "Yes I feel very safe here", "If I didn't feel safe I would tell my daughter" and "My possessions are safe".

Barrington Lodge Care Home is located on the outskirts of Bishop Auckland, County Durham. It provides nursing and residential care and can accommodate up to 70 people. The home is a two storey, detached building set in its own grounds with a well maintained garden and patio area. The home comprised of 70 single, en-suite bedrooms. En-suite bathrooms were clean, suitable and contained appropriate, wall mounted dispensers. We saw that the accommodation included several lounges and dining rooms, several communal bathrooms and shower rooms on each floor. They all contained appropriate soap and towel dispensers. All were clean, spacious and suitable for the people who used the service. All contained easy to clean flooring and tiles. Two bathrooms were being refurbished during our inspection. We saw weekly cleaning schedules and mattress cleaning logs were completed and up to date. Staff who worked in the home had received training in cleanliness and infection control.

We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw the slings, hoists and passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in April 2015. We saw windows fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. Maintenance checks had been carried out for window restrictors in June 2015.

We looked at the records for portable appliance testing, emergency lighting, periodic electrical certificate and gas safety certificate. All of these were up to date. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

We looked at the provider's business continuity management plan dated April 2015. This provided emergency contact details, identified the support people who used the service would require in the event of an evacuation of the premises and contained information about alternative accommodation in the event people needed to be relocated. We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw fire drills were undertaken in 2015 and a fire risk assessment was in place. Weekly fire alarm checks were completed and checks on fire extinguishers were up to date. We looked at people's personal emergency evacuation plans (PEEPs). These included the person's name, date of birth, room number and floor, number of staff required to assist them, any assistive equipment required and personalised evacuation procedure. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We discussed staffing levels with the registered manager. The registered manager told us he was currently recruiting for a deputy manager and a nurse. He also told us that the levels of staff provided were based on the dependency needs of residents established through the care home equation for safe staffing (CHESS) and any staff absences were covered by existing home staff and regular bank/ agency nurses. We saw there were twelve members of staff on a day shift, which comprised of two nurses and ten care staff. The night shift comprised of two nurses and four care staff. The home also employed a deputy manager, an administrator, a cook, a kitchen assistant and a maintenance man. We observed plenty of staff on duty for the number of people in the home. Call bells were placed near to people's beds or chairs and were responded to in a timely manner. A person who used the service told us, "The buzzers are going all the time but I don't have to wait". The nurse call system had been serviced in April 2015.

## Is the service safe?

We saw a copy of the provider's safeguarding adult's policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We looked at the selection and recruitment policy and the recruitment records for five members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passport, birth certificate, driving licence, bank statement and utility bill. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's management of medicines policy dated 19 December 2014. The policy covered all key

aspects of medicines management. We observed and discussed the medicines procedure with staff. The service used a monitored dosage system with medicine supplied on a 28-day cycle by a national pharmacy chain. A member of staff, involved in ordering medicine described the service as being "Very good. We don't have major problems". There were clear checking mechanisms in place to reconcile ordering and supply discrepancies should they arise.

We examined the Medication Administration Charts (MAR) charts for nine people and no discrepancies were identified. A reconciliation audit of five controlled drugs was carried out. The audit demonstrated full compliance in this area. We saw the administration of medicines complied with appropriate administration standards. Allergy information was stated on all MAR charts examined. Medicine information leaflets relating to prescribed medicine were available on an individual basis in each of the care plans examined. People who used the service told us, "Medicine is brought to me and they wait while I take it", "Yes it is given to me" and "They bring me paracetamol when I need it".

We looked at the storage of medicines. We saw that a drugs cupboard lock was in need of repair. A nurse told us this had been reported. We discussed this with the registered manager who addressed this at the time of the inspection. Medicines requiring storage within a locked fridge were stored appropriately and the temperature of the fridge was monitored regularly. Staff who administered medicines were trained and their competency was observed and recorded by senior staff. This meant that the provider stored, administered, managed and disposed of medicines safely.



# Is the service effective?

## Our findings

People who lived at Barrington Lodge Care Home received care and support from trained and supported staff. The people we spoke with were confident the staff knew what they were doing when they were caring for them.

We looked at the training records for four members of staff and we saw that staff had received a thorough induction and we saw that mandatory training was up to date. Mandatory training included moving and handling practical and theory, first aid awareness, fire safety, medicines, safeguarding, infection control, food hygiene, health and safety law, conflict resolution, deprivation of liberty, equality and diversity, information governance, allergen awareness in care and control of substances hazardous to health (COSHH). In addition staff had completed more specialised training, in for example, reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR), pressure ulcer prevention, dementia awareness, venepuncture, swallowing and nutritional awareness, death, dying and bereavement and supporting care documentation. A member of staff told us, "We have plenty of training, mostly e-learning, with some practical sessions".

Staff files contained a record of when training was completed and when renewals were due. We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff records contained evidence of return to work interviews following periods of sickness to ensure staff were fit to return to work and to discuss any special measures which may need to be implemented to support them to undertake their role. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict

their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

People who used the service told us they were able to leave the home if they so wished. They told us, "My family take me out".

We saw mental capacity assessments had been completed for four people and best interest decisions made for their care and treatment. We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We saw that consent forms had been completed in the care records we looked at for care and treatment.

One of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). This was up to date and showed the person who used the service had been involved in the decision making process.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. We saw evidence of visits by healthcare professionals including General Practitioner, speech and language therapy (SALT), dentist, optician, dietician, chiropodist, tissue viability nurse, district nurse and acute medical care. This meant the service ensured people's wider healthcare needs were looked after.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. We saw menus displayed in the dining rooms which detailed the meals and snacks available throughout the day. We observed staff giving residents a choice of food and drink. We observed staff chatting with people who used the service. The atmosphere was not rushed. We looked at records and spoke with the cook who told us about



## Is the service effective?

people's special dietary needs and preferences, for example, she told us, "[Name] is a vegetarian" and "[Name] is diabetic". From the staff records we looked at, we saw all of them had completed training in food hygiene.

People who used the service and their relatives had conflicting views about the food at Barrington Lodge although everyone said they had enough to eat and drink. People who used the service told us, "We have Sunday dinner but there is not enough meat", "There is a choice of two things, I can get something else if necessary", "The food is alright but it is all the same, more variety is needed, my daughter brings me a Pizza" and "They will give me

something else if required". A relative told us, "He was losing weight but they were giving him food he did not like. I spoke to the manager and now they know what to give him and it has been sorted"

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home however some parts of the home could be more suitably designed for people with dementia. We discussed this with the registered manager who told us about his plans to refurbish parts of the home in a more dementia-friendly design including improved lighting, signage, colour and contrast.

# Is the service caring?

## Our findings

People who used the service and their relatives were complimentary about the standard of care at Barrington Lodge Care Home. Without exception, everyone we spoke with told us they were happy with the care they were receiving. People told us, "The girls are very good", "Yes they are lovely", "The staff are kind, like family" and "They are very good listeners". Relatives told us, "The staff are always coming round" and "[Name] likes the carers and has invited them all to go and see her when she goes home". "The staff are brilliant with him, I cannot fault his care, they are very kind and cannot do enough for him, everything is really, really fine"

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms. A person who used the service told us, "It's lovely in here".

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. A person told us, "They ask if it is alright and tell me what they are doing". A relative who told us, "The staff are brilliant with him, I cannot fault his care, they are very kind and cannot do enough for him, everything is really, really fine". This meant that staff treated people with dignity and respect.

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We observed

two members of staff aiding a person to move safely from their wheelchair into their armchair. Throughout the transfer from wheelchair to chair the carers helped, unhurriedly, the person to stand and move slowly into a sitting position. Staff constantly reassured the person, until they were seated and comfortable.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the resident's needs. Staff we spoke with told us, "Staff are passionate, they come in on their days off", "I would be proud for them to look after my relative", "I love talking to the residents" and "I love my job".

We saw the bedrooms were individualised with people's own furniture and personal possessions.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. The people who used the service told us that their families dealt with their care plans. Relatives we spoke with were aware of care plans.

We saw information for residents and their relatives prominently displayed on notice boards throughout the home including, for example, the local authority's caring for carers guide, end of life facts, advocacy, dementia care mapping, Alzheimer's and memory loss, the provider's newsletter "Heart Beat" and the home's customer satisfaction survey result dated 4 September 2014.

We looked at the home's newsletter which provided people with information about events, birthdays, celebrations, for example, a couple's 65th wedding anniversary, the Wizard of Oz pantomime visit, sponsored walk and cycle ride, baking competition and the church tea.

# Is the service responsive?

## Our findings

At our inspection in May 2014 we identified concerns that the provider had not made suitable arrangements to ensure people received care and treatment which had been appropriately assessed, planned and effectively delivered to meet the needs of people who use the service and was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

People who used the service felt their health needs were being met. One person told us, "The care is definitely good" and "The chiropodist comes in to see me". A relative told us, "For the time she has been here she looks well".

We looked at care records for four people who used the service. All of the care plans we looked at contained a person's photograph and all recorded their allergy status. All of the people had their needs assessed. The home was in the process of introducing a new framework for care planning. The new framework assessed needs in relation to capacity/consent, medicines, mobility, nutrition, continence, hygiene, skin integrity/tissue viability, psychological, infection control, human behaviour, communication, cognition, breathing, altered state of consciousness, special needs and end of life.

Evaluation records demonstrated regular monthly review. The registered manager explained as individuals were transferred to the new model of care planning each individual would be re-assessed. There was evidence this was taking place. We saw an example in a person's new care plan that demonstrated good person centred planning with clarity of the support and care required. This also demonstrated understanding and knowledge of the individual.

Risk assessments had been completed with evidence across the care plans relating to falls, choking, bed rails, moving and handling, equipment use, malnutrition and skin integrity. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

We saw records of specialist assessment tools being used in care records for example, malnutrition universal

screening tool (MUST) which is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition, oral health and Cornell scale for depression which assesses signs and symptoms of major depression in people with dementia. The use of Body maps was apparent where they had been deemed necessary to record pressure related damage and weight monitoring was consistent.

The service employed a personal activities leader, three days a week, however they were absent at the time of our visit. We discussed this with the registered manager. He told us about his plans to recruit a further personal activities leader for two days a week to increase the availability and choice of activities on offer. We saw the activities plan on the notice board which included a mad hatter's tea party, pony visit, Aladdin pantomime, dominoes, film afternoon, tea dance, coffee afternoon, quiz and entertainers. We observed people reading, watching television and listening to music. We saw photographs of people participating in activities and attending events, for example, the home's 20th anniversary party with an Elvis entertainer. People told us, "I don't do anything, I am not interested", "I sit in the lounge and watch television", "I join in but it is very rare anything is happening", "I don't do any activities but they have Christmas parties", "I have colouring books I can do but I cannot see very well", "I can go out in the mini bus on trips" and "I go out with my family". This meant people had access to activities that were important and relevant to them.

People were encouraged and supported to maintain their relationships with their friends and relatives. We asked visiting relatives, if they felt able to visit at any time they wished. They told us, "Yes anytime including meal times" and "We can come anytime we like we were here at 9pm last night". A person who used the service told us, "I have only been here a few days but they said my family can take me out anytime". This meant people were protected from social isolation.

All the people we spoke with and their relatives told us they could make choices about how they wanted to receive the care they needed at Barrington Lodge Care Home. They told us they were able to go to bed and get up at whatever time they wished. People who used the service told us, "I can get up very early if I wish" and "I can get up and go to bed when I wish, I do everything for myself".

We saw a copy of the complaints policy on display in the reception area. The people and the relatives we spoke with

## Is the service responsive?

were aware of the complaints process. They told us, "If I had a complaint I would tell the manager", "I would definitely feel comfortable doing this", "I wouldn't feel comfortable as I don't like complaining but I would if it was really serious" and "I went to the manager and complained about my husband's food and the manager took action,

they keep us informed about everything". We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

# Is the service well-led?

## Our findings

At our inspection in May 2014 we identified concerns that the provider did not have an effective system to regularly assess and monitor the quality of service that people received and was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service.

People who used the service and their relatives told us, "The manager came in yesterday, we had a chat", "I could talk to the manager if I wanted to", "I have seen him three or four times. He asks if I am alright", "The manager came in and talked to us", "There is a good atmosphere at the home, everyone is very friendly" and "They are happy girls, we have a laugh".

Staff we spoke with were clear about their role and responsibility. They told us they felt supported in their role and were able to approach the registered manager or to report concerns. Staff told us, "We work as a team".

We looked at what the registered manager did to check the quality of the service. We saw the registered manager carried out a daily walk around of the home, including checks of the communal areas and the well-being of people who used the service. We looked at the range of quality audits undertaken which included for example, safeguarding, infection control, mental health, nutrition, skin integrity, person's experience, incidents and medicines. All of these were up to date and included actions for any identified issues.

We saw the home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 16 April 2014 and the Employer's Liability was up to date.

We looked at what the registered manager did to seek people's views about the service. We saw the provider had undertaken a customer satisfaction survey in 2014. Twenty one questionnaires were completed and returned. The

responses to the survey were positive with 75% rated good or very good. Areas included the interior and exterior of the home, food, housekeeping, activities, care, staff and communication.

We also saw the home had implemented a "quality of life programme". The registered manager told us how the programme was designed to improve the experience of residents through a variety of electronic tools, including iPad, which collected feedback from a range of sources including staff and customer feedback. The feedback is communicated directly to the provider and the registered manager to enable them to address any issues immediately, for example, if they had experienced issues with the laundry service in the home or if they were unhappy with the meals.

We saw residents' meetings were held regularly. We saw records of a residents and relatives meeting held on the 18 July 2015. Discussion items included cleaning, food and the garden party. The next meeting was scheduled to be held on the 9 September 2015. We also saw, following a request from a person who used the service, how the home was developing links with the local community, for example, the registered manager had contacted the Cannon for St Anne's Church to arrange a church service for the people in the home.

Staff meetings were held regularly. We saw a record of a staff meeting dated 17 June 2015. Ten staff attended. Discussion items included safeguarding, complaints, health and safety, mobile phone policy, resident's food policy, open days and a care act quiz. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

We saw there was consultation with health and social care professionals about people's health, personal care, interests and wellbeing. People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists. This meant the service ensured people's wider healthcare needs were being met through partnership working.