

Russell Court Limited

# Russell Court Nursing Home

## Inspection report

Russell Square  
Longfield  
Kent  
DA3 7RY

Tel: 01474708151

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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

Russell Court Nursing Home provides personal care, including nursing care and accommodation for up to 41 people. On the day of the inspection 39 people were using the service.

We last carried out a comprehensive inspection of this service on 17, 18 and 23 February 2015 and we found two breaches of regulation.

We carried out an unannounced comprehensive inspection on 7 September 2016 to check on areas of concern identified at the previous inspection. This report covers our findings at the inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Russell Court Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service has a 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.

People received safe and appropriate care. However, on the day of inspection there was a shortage of three care staff due to last minute sickness absence. The registered manager had failed to get cover to ensure there was sufficient staff on duty. The provider used a robust process to recruit staff suitable to support people at the service. The provider had recruited sufficient nurses for the service and was in the process of recruiting more care staff.

Staff knew how to protect people from abuse and neglect. People received their medicines safely as prescribed.

Staff assessed and reviewed people's needs and put plans in place to support them. Staff identified risks to people's health and sufficient guidance was in place for staff on how to manage those risks safely.

People were supported to follow their hobbies and interests. People took part in individual and group activities which they enjoyed at the service and in the community. People had a choice of meals and enjoyed the food provided at the service.

The registered manager ensured staff understood their role and responsibilities. Staff felt supported to develop their skills and knowledge to meet people's needs. Staff received regular supervision and appraisal to ensure they met people's needs. Staff discussed their learning and development needs and received in-house and external training to address any knowledge gaps.

People were supported in line with the requirements of the Mental Capacity Act 2005. Staff asked people for their consent to the care and support they received. The registered manager ensured decisions were made

in people's 'best interests' if they were unable to do so. Staff upheld people's rights and appropriately supported them without unlawfully restricting their liberty and freedom.

People told us staff were kind and caring and treated them with respect. Staff upheld people's dignity and respected their privacy. Staff knew people well and understood how to communicate with them so they could be involved in identifying their needs and planning their support.

Staff involved people and their relatives where appropriate in the planning and delivery of their care. People received support that reflected their choices and preferences.

The service worked in partnership with healthcare professionals to ensure people received appropriate care and treatment. People received the support they required to take their medicines safely. Medicines were securely stored and administered in line with people's prescriptions.

The registered manager held regular meetings with people, relatives and staff to obtain their views about the service. The registered manager listened to their views and acted on their suggestions to develop the service. People knew how to make a complaint and felt confident to raise a concern with the registered manager or staff.

The registered manager reviewed the quality of the service and took action to address any areas requiring improvement. The registered manager worked with external stakeholders to keep the service abreast of developments in the care sector.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People had received appropriate care and treatment despite the shortage of staff experienced at the day of inspection. There were enough staff to meet people's needs.

Staff knew their responsibility to report any concerns about abuse or neglect. People received their medicines safely as prescribed.

Staff assessed the risks to each person's health and safety and there were plans to keep them as safe as possible.

The provider used robust recruitment procedures to ensure the service recruited suitable staff to support people safely.

Good 

### Is the service effective?

The service was effective. Staff received regular training and support which enabled them to identify and meet people's care needs.

Staff obtained people's consent to care and treatment. Staff upheld people's rights in relation to the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and hydration needs were met and they enjoyed the meals provided at the service. People were supported to access the healthcare they required.

Good 

### Is the service caring?

The service was caring. People and their relatives said the staff were kind and caring.

People were involved in planning for their care and felt listened to by the service. Staff knew people well and understood how to communicate with them about their needs.

Staff upheld people's right to privacy, dignity and confidentiality.

Specialist care was provided for people who were nearing the

Good 

end of their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive. Staff assessed people's individual needs and responded appropriately to the changes in their health. Staff planned and delivered people's support with the involvement of relatives.

Staff regularly reviewed and updated people's needs and support to ensure they received appropriate support.

Staff supported people to make choices and have control of their lives and well-being. People were supported to follow their interests.

The service sought people's views of the service and any concerns they raised were followed up. People knew how to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led. People and staff said the registered manager was approachable and valued their ideas to improve the service. Staff felt well supported in their role.

The registered manager made checks on the quality of people's care and support and made improvements when necessary.

The service worked in close partnership with other organisations and healthcare professionals to ensure they followed current best practice.

# Russell Court 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 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.

We undertook an unannounced inspection of this service on 7 September 2016. The inspection was carried out by an inspector 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 we reviewed the information we held about the service including any statutory notifications received. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection.

During our inspection, we spoke with 11 people using the service and five people's relatives. We spoke with five members of the care team, the registered manager, two nurses, kitchen staff including the chef, the activity coordinator and hairdresser. We spoke with healthcare professionals visiting people at the service including a specialist nurse and a GP.

We looked at 12 care records and 12 medicines administration record charts. We reviewed management records of the service including incident reports, safeguarding concerns and audits to monitor the quality of the service. We viewed records relating to staff including training, supervision and appraisal records. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations using the short observation framework for inspections (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from five healthcare professionals.

# Is the service safe?

## Our findings

At our previous inspection in February 2015, we found the provider had not protected people from the risk of receiving inappropriate care and unsafe treatment. The registered manager had not ensured people's medicines were managed safely. The service required more nurses to adequately cover all aspects of the service that needed clinical oversight.

At this inspection of 7 September 2016, we saw the registered manager had taken action to ensure people's medicines were managed appropriately and administered safely as prescribed.

People received their medicines safely. Staff told us they knew what support, if any, people required to take their medicines. The service identified people's needs in relation to managing their own medicines and had recorded this. The registered manager ensured staff complied with the service's protocols when supporting people with their medicines including the 'as required' medicines and had these reviewed when necessary by healthcare professionals. Staff had fully completed medicines administration record (MAR) charts with details of the medicines people had received. Staff told us they checked MAR charts at end of each shift and ensured they took appropriate action to address any concerns. Records confirmed people had received all of their prescribed medicines at the correct time of day and at the right dose.

People received their medicines from staff who were assessed as competent to do so. Registered nurses administered people's medicines and had received additional training on this. A healthcare professional told us, "The staff are knowledgeable and good at their job. They seek [pharmacist's] advice as and when needed regarding any medicine related queries." Medicines were safely and securely stored. We saw the service complied with legal requirements in relation to the storage, managing and monitoring of controlled drugs.

At this inspection of 7 September 2016, people received appropriate support to meet their needs. The service had recruited additional nurses and all nursing vacancies were filled. However, on the day of our inspection, we found three members of care staff had called off sick and the service had failed to get cover for them. One person told us, "I sometimes have to wait a little bit longer before a member of staff gets to help me get to the toilet." Another person said, "There's not so many staff and it makes it hard for them and us." Staff and records confirmed this situation had not happened before. The registered manager told us this was unusual event and that despite their efforts the service had failed to get cover at short notice. We observed that staff were busy but promptly responded to people's requests. The registered manager was aware of a need to recruit more care staff to ensure there were sufficient staff to cover both planned and sickness absence. After our inspection, the registered manager informed us they had recruited additional care staff who had not started work at the service as they underwent pre-employment checks.

People received support from suitable staff. The provider recruited staff through a safe and robust recruitment and selection process. This ensured staff employed at the service were of good character and fit to undertake their roles to meet people's needs safely. We saw interview notes were applicants were asked about their work experience and job knowledge. New staff records showed pre-employment checks,

references from previous employers, Disclosure and Barring Service (DBS) checks, applicants' proof of identity and right to work were obtained and verified before they commenced work. This minimised the risk of people receiving care from staff who were unsuitable for the role.

People were protected from the risk of abuse. Staff knew the signs and symptoms of abuse and the action to take if they had a concern about a person's safety. Staff told us they understood the service's safeguarding procedures to follow when reporting concerns about people's well being. Staff knew how to escalate any issues of abuse not resolved at the service to external agencies such as the local authority by using the provider's whistleblowing procedure. The service had an up to date whistle-blowers policy which staff said they were clear about and would use it to question the practice at the service. Staff told us they felt confident they would not be victimised if they raised concerns to the registered manager and that the service would take appropriate action.

The service identified risks to people's safety and welfare and managed these appropriately. Risk assessments covered areas such as a person becoming malnourished, developing a pressure ulcer, skin breaking down and having a fall. The registered manager ensured support plans were in place to provide staff with information on how they should support people safely. Staff reviewed people's risk assessments to ensure they included any changes in risks to their health.

Staff supported people manage risks to their health. For example, staff identified people who required support to relieve pressure and reduce the risk of their skin breaking down and took appropriate action. We saw people used air mattresses and pressure relieving cushions when necessary to prevent avoidable pressure ulcers from developing. We observed staff support a person to move from their wheelchair to a more comfortable chair. Staff explained to us they encouraged people to change their sitting position and supported people in bed who were unable to reposition themselves. Staff maintained accurate records on people's position in bed and the support they received to move and relieve pressure on their skin. People's care plans confirmed staff had delivered people's support in line with their care plans to meet their needs.

People received appropriate care which minimised the risk of unsafe treatment. Staff used the Malnutrition Universal Screen Tool (MUST) to calculate the risk of people becoming malnourished. The registered manager ensured staff used the guidance in place on how to monitor and manage a person's health. For example, staff had consistently weighed the person and made appropriate referrals to healthcare professionals for their weight management.

Staff understood their responsibility to protect people from the risk of infection through their practice. Staff told us they followed the service's policy and procedures to prevent cross contamination. We saw staff had access to protective clothing which they used appropriately.

The environment and equipment were well maintained and safe for people to use. Staff told us the maintenance team responded promptly to repairs and requests which meant people had access to safe and appropriate equipment. Records confirmed the service ensured equipment, such as hoists and wheelchairs underwent regular maintenance checks and serviced to ensure that it was safe for people.

The registered manager reviewed each incident and identified how this could have been avoided to keep people safe. The service had an effective system in place to record, monitor and analyse any incidents which affected the people using the service to keep them safe. The registered manager ensured staff learnt from incidents and made appropriate changes to prevent a recurrence.

## Is the service effective?

### Our findings

People received support from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "I am well looked after here." Another person told us, "The staff are good at their job." A relative told us, "The staff are committed to their work and understand how to care for people."

Staff received appropriate training in relation to carrying out their responsibilities. All staff received a comprehensive induction when they started work at the service which included an introduction to the values, policies and procedures of the organisation. Staff had completed the provider's mandatory training which included Care Certificate (a nationally recognised training course for staff new to care), on the job observation and online training. A senior member of staff evaluated at regular intervals during the probationary period and at the end of the induction period to identify any areas for improvement or further learning. The service only confirmed the staff's employment after they were assessed as competent to support people.

Staff received regular one to one supervision which enabled them to raise any concerns about their work. One member of staff told us, "The support from the management team is good. We discuss issues that affect the way we work in supervisions." Another member of staff said, "The manager is supportive and talks about any concerns we might have." Records showed managers discussed with staff in supervision and appraisal sessions the service's expectations of them in relation to meeting people's individual needs, training and reporting accidents and incidents. Supervisions records showed the registered manager followed up on action plans to ensure they were implemented. Staff received an annual appraisal to review their performance and discussed the skills they needed for their role.

Staff had access to clinical supervision and reflective practice to develop their skills about how to support people. Nurses received specialist training courses which they required to do their work effectively, for example, they had attended a 'syringe driver' and pressure ulcer management. One member of staff told us, "The training helps us manage people's conditions the right way and maintain their health."

Staff were supported to develop in their role. One member of staff told us, "I have attended various courses and received lots of training. I feel confident to do my work." The registered manager ensured that staff's training needs were met. Records showed staff had received training which included regular and refresher courses in safeguarding vulnerable adults, person centred care, medicines management, care planning and record keeping, moving and handling, health and safety and equality and diversity.

Staff told us the training enabled them to support people with specific health needs such as pressure ulcers, stroke, diabetes and dementia. Staff were able to explain how they supported people with these conditions appropriately. During the inspection we observed staff were skilled in supporting people to move and transfer with equipment such as hoists and wheelchairs. We saw staff explain to a person what they were going to do which ensured they moved people safely. Staff supported people effectively when they used equipment.

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 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. 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff supported people to make decisions about their day to day care. They understood and applied their knowledge about the principles of the Mental Capacity Act 2005 (MCA) when they supported people. People consented to the support, care and treatment they received. For example, staff had asked people if they wanted to be checked in the night and some had consented to the checks. Records showed the service had ensured mental capacity assessments were carried out when necessary and people were supported as they wished. The registered manager and records confirmed that where people lacked mental capacity and were unable to make certain decisions 'best interests' meetings were held with their relatives and people who knew them well to make a decision on their behalf.

Staff had received training to promote and respect people's rights and understand the requirements of Deprivation of Liberty Safeguards (DoLS). Staff upheld people's rights in relation to (DoLS) and did not unlawfully restrict people of their liberty. At the time of inspection, no one was subject to DoLS.

People enjoyed the meals offered at the service and received the support they required with their eating and drinking. One person told us, "I like the food served here. The [chef] offers choices and can prepare any special requests." We observed the chef asking people what they would like to eat for lunch. The chef told us they knew people's food preferences and choices and ensured they provided them with the food they wanted. For example, the chef had information for a person who was arriving that day to live at the service. The chef got regular updates from staff about people's nutritional needs which ensured people received food that was appropriate for them.

People received support which enabled them to keep as healthy as possible. People and their relatives spoke highly of the service and support people received with their healthcare needs. One person told us, "I can ask to see the GP if I need to." Another person told us, "The staff were supportive when I was ill. They acted quickly when I got poorly and had me admitted to hospital." Their relative said, "Staff will call the GP if I need to see one." A health professional visiting people at the service told us staff effectively liaised with them to ensure people received the healthcare they needed. They told us, "The staff have got their eyes on the ball. They chase the surgery for results on blood tests. The manager and staff team are very proactive. They are committed to promoting people's health and wellbeing. They liaise very well with us."

Staff supported people to attend health appointments and follow up meetings. Staff maintained records of visits from GPs and health care professionals such as dentists, nutritionists, opticians, chiropodists and speech and language therapists. One health care professional told us, "Staff keep accurate and up to date information about changes in people's health and follow the advice we give them." Records showed staff monitored people's conditions and ensured they received appropriate care.

## Is the service caring?

### Our findings

People told us staff were caring and compassionate. One person told us, "The staff are very kind and friendly." Another person said, "They [staff] are lovely and helpful. They see to it that I am comfortable." A relative told us, "Staff are kind and do things with a smile." Another relative wrote to the service, "You [staff] all made what would have been a most difficult of times quite bearable. Your kindness, compassion and patient was evident at times, right to the end." A healthcare professional told us, "Staff are friendly but professional."

Staff said they knew people well. Staff listened to people and were patient when they explained things to people. The service had obtained information on people's personal history and background which were used in assessments. Staff said they used this information to talk with people about their interests. During the inspection we observed how staff interacted with people.

People were positive about the way they were cared for by staff. One person told us, "The staff are understanding. They never talk down to me." Another person told us, "Staff treat me just like one of them." Staff told us the registered manager emphasised the importance of treating people with dignity in staff meetings, daily handovers and had received more information as part of their induction. During the inspection we saw staff talking with people in a friendly way.

People told us they had good relationships with staff. For example, one person told us, "I have good rapport with staff. I thought that I would never walk again, and I believe that if I hadn't come here I would be in a wheelchair for the rest of my life". Other comments from people were, "Could not ask for more" and "Staff know what I expect from the service. They understand me and how I want my things done." Another relative described their positive relationship with staff which ensured their relative was willing to try new things, increase their independence and follow guidance given by health and social care professionals. Staff rotas we saw confirmed people received support from the same members of staff where possible. This allowed staff to build relationships with people to gain an understanding of their goals and needs.

Staff involved people and their relatives, where appropriate in planning people's care and support. One person told us, "Staff ask how I wish them to help me. I have a say about how I am looked after." A relative told us, "My [relative's name] is very poorly. I am fully involved in their care and staff keep me informed me of everything." Staff told us they gave people information they needed regarding their care and support. Records showed support and treatment plans were in place which showed people's individual needs and what they wanted to achieve.

Staff respected people's choices and allowed them to maintain control about their care, treatment and support. People told us staff encouraged them to make choices and have support that met their individual needs and preferences. For example, during lunch, a member of staff asked a person if they would like to have their meal in the dining room or the lounge were they were. The person chose to have their meal in the dining room. We saw staff support the person to move to the dining room.

People received the support they required to maintain relationships with their relatives and people important to them if they wished to do so. One person told us the service welcomed their younger family members (grand and great grandchildren) and actively encouraged them to visit and made them comfortable when they visited. Another person told us, "Staff help me to contact my relatives and friends when I want to. They can visit me here when they want and spend time with me."

People were supported to go out on trips with friends, relatives and staff. People told us about a singer who had entertained them at a barbeque event in the garden at the service. One person told us, "It was a lovely evening. A night to remember." Staff supported people to celebrate special occasions such as birthdays. Staff organised parties for them and supported them to invite important people to them such as family and friends. One relative told us, "Staff know how to make people feel great on special occasions like their birthdays." Another relative wrote a compliment note to the registered manager and said, "You've done it yet again! Well done for such an enjoyable Christmas dinner for the residents and their guests. Thank you for the most enjoyable and memorable meal."

People's information was kept securely at the service and shared appropriately with other healthcare professionals. Staff understood their responsibilities about data protection and ensured they kept people's information about their health and well-being confidential.

People at the end of their life received high quality care as the registered manager had ensured there was appropriate support to meet their needs. The service worked with specialist nurses to ensure people received appropriate care such as pain management. One relative told us, "Staff listen and manage any changes of [relative's] health and make them comfortable." The service encouraged and supported people and their relatives to plan in advance their end of life care and support. The registered manager ensured staff respected people's wishes up to the end of their lives. A relative had sent a letter which read, "I have got not enough words for the way you have looked after my [relative], and they would have said the same before [they] died. I could not have found anywhere better for them to be."

## Is the service responsive?

### Our findings

People told us they received care and support which met their needs. One person told us, "Staff know my health issues and how to support me." A relative told us, "Staff really look after [my relative] well. They take their time with them and check they are doing well." People, their relatives and healthcare professionals were fully involved in planning people's care to meet people's individual needs. The registered manager carried out comprehensive assessments of people's needs in relation to maintaining their health and well-being. Care records contained information about people's background, health, preferences and daily living skills. Staff had sufficient guidance on how to support people in line with their wishes. Records showed people had received the support they need.

People received personalised care, treatment and support that met their current needs effectively. The service organised social care reviews with social workers, care coordinators and other healthcare professionals to ensure people received their care as planned. Staff regularly reviewed people's needs and updated their support plans in response to their changing needs. For example, staff had updated a person's care plan to explain how staff should support them as their mobility had deteriorated. Care records were detailed and included information such as people's mobility needs, their physical health and nutritional requirements. Records showed people received care and support as planned.

People took part in activities which interested them and received support to pursue their hobbies. Staff had information about people's backgrounds, preferences and interests and the activity coordinator knew each person's interest and the support they required staff had given them. People took part in activities in line with their known abilities and interests and according to their wishes. For example, people who enjoyed gardening were encouraged and supported to plant flowers, potting up, tending to the garden or just sharing their knowledge. One person told us, "It is rewarding to see the flowers in full bloom. The sights and the smells of the garden give pleasure." People had regular meetings with activities co-ordinator and staff to discuss if the activities were still appropriate for them and any further interests they wanted to pursue. We observed the activities co-ordinator involve a person in a one to one based activity who required that level of support. Some people who did not wish to come to group activities or leave their rooms also received one to one support with activities. This ensured the service reduced their risk of social isolation and boredom.

People told us they knew who they could complain to if the need arose and were happy that there was a clear plan to do so, and that staff were very approachable. They had received the information when they started using the service. People and their relatives felt confident the registered manager would sort out any concerns they had. The service had not received any complaints in the last year.

The registered manager regularly sought people's views of the service. People told us the registered manager listened to them and acted on their concerns. The registered manager organised and held meetings with people and their relatives and encouraged them to share their views about developing the service. Records of these meeting showed many people attended and participated. Minutes of these meetings showed they had discussed changes to the staffing team, menu planning and the increase in the choice of activities available to them. People and their relatives gave feedback about the service through

questionnaires which they completed on admission and regularly after they started to use the service. We read the responses received. People were positive about the service in relation to how they were treated by staff and the delivery of their care and support. The manager took action to address any areas of concern.

## Is the service well-led?

### Our findings

People, their relatives and staff said the registered manager was approachable, open and supportive. One person told us, "The manager comes around to check if everything is ok." One relative told us, "The service is well organised. The manager listens if we have any concerns".

Staff told us they were happy working at the service. A member of staff, "I like the way we work as a team." Staff told us the registered manager encouraged them to challenge and question practice. They felt confident to suggest changes and to try new approaches to how they supported people.

Staff understood what was expected of them to provide high standards of care to people. Staff told us the registered manager was visible in the service and readily available to them. One member of staff told us, "I don't think anyone in the service is afraid to ask for advice." Another member of staff told us, "I feel valued ". Staff were clear about their role and responsibilities in relation to how they cared for people and carried out their work. They told us the registered manager and nurses worked effectively together as a management team and ensured they understood how to care and support people appropriately. Staff said the management team gave them feedback on the quality of their work and shared comments received from relatives, visitors and healthcare professionals.

The registered manager and management team listened to staff and considered their views on how to improve the service. One member of staff told us, "I can talk to the managers about any ideas to improve the way we work." Records showed the service held regular staff meetings where they discussed good practice, areas for improvement within the service and feedback from the registered manager regarding accidents, complaints and compliments received. We saw staff were able to raise any concerns they had. For example, we saw the registered manager had discussed with staff issues around sharing people's information with relatives.

People's views and feedback were valued and used to develop the service. The registered manager gathered the views and comments of people, their relatives, staff and healthcare professionals through monthly and annual client satisfaction surveys. Feedback from people showed they enjoyed living at the service and were happy about the quality of their care. The service held meetings with people and their relatives to discuss any concerns and improvements at the service. Minutes of the meetings showed the registered manager had responded to people's suggestions and acted on their feedback.

The service understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). There was a registered manager in post. The service had submitted notifications to CQC as appropriate.

The registered manager monitored the quality of care planning and risk management and made improvements when necessary. We saw care plan audits on risks to people's health. The registered manager had ensured staff received more input from people and their relatives when they carried out reviews. The service ensured staff maintained accurate and up to date records in relation to daily reports on the care and

support provided to people.

The service had effective audit and quality assurance systems in place to regularly assess and monitor the quality of service which they used to improve the service. The registered manager audited care plans, staff development and training, supervision and appraisals, accidents and incidents and record keeping at the service and had acted on an issues raised. Staff told us the management team observed their practice when working with people and ensured they improved their working when necessary.

The registered manager carried out audits on medicines management processes and made improvements in line with the provider's policy. The service worked closely with their local pharmacist in relation to re-ordering of medicines to ensure people received their medicines as prescribed. The service had adopted guidance from the pharmacist to improve their stock management and carried out fortnightly medicines administration chart and stock checks. We saw a community pharmacy care home advisory audit carried out on 5 November 2015 on medicines management at the service and there were no adverse findings which confirmed staff were following the provider's medicine management policy and national guidance.

Infection control audits were carried out for all aspects of the service such as cleaning schedules, waste management, hygiene and clinical practice. We saw the registered manager took action on issues raised in the audits to ensure the service followed the provider's infection control procedures and legislation. For example, the registered manager had ensured there was a sharps bin in the treatment room and a small portable when required.

The registered manager attended workshops with registered managers from other services in their community to learn about best practice in supporting people. For example, the registered manager attended a 'Network for local providers' meetings where they discussed the role and responsibilities of a registered manager. The registered manager told us the networking promoted peer support and peer learning to improve the quality of service delivery. For example she had attended an 'End of life' meeting and had shared the information with staff on how to develop their work practice.

The service had strong links to the local community and worked in partnership with them. For example, the service had worked in partnership with Kent University and involved people in a research study about the quality of care and support people receive in care homes. The Measuring Outcomes of Care Home research project assessed 'the quality of life of older people living in care homes and understand what factors are related to differences in quality of life.'