

## Saxlingham Hall Nursing Home Limited

# Walcot Hall Nursing Home

### Inspection report

Walcot Hall  
Walcot Green  
Diss  
Norfolk  
IP22 5SR

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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?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

Walcot Hall Nursing Home provides accommodation and nursing and personal care for up to 45 older people. There were 37 people living in the home on the day of our inspection.

This inspection took place on 8 December 2016 and was unannounced.

A registered manager was in post at the time of our inspection. 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.

The home had sufficient staff to meet the needs of the people living there. There were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. Staff had received training in how to recognise and report abuse. The registered manager knew how to report any safeguarding concerns to the appropriate local authority if necessary.

The home followed safe recruitment practices to ensure only suitable staff were employed to work with people who lived at the home. The home had ensured risks to individuals had been assessed and measures put in place to minimise such risks.

Staff were well trained and knowledgeable regarding people's needs. Staff felt well supported by management and felt able to speak with senior staff at any time.

Caring relationships had been built between people and staff. Staff knew the needs and preferences of the people they cared for and people were given reassurance and encouragement when they needed it. Where people needed support in order to make their own day to day decisions this was provided by staff. People's rights to privacy, dignity and independence were taken into account by staff in the way they cared for them.

Where possible people or their relatives had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs. There was a good level of detail for staff to reference if they needed to know what support was required.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and their consent was sought before any care was carried out.

There was a strong ethos within the home of treating people as individuals and with respect. Information was given to people about how to raise any concerns they may have and where concerns were raised these were dealt with speedily and in detail. Relatives said they felt welcomed at the service and felt their family

member was well cared for.

The home was extremely responsive to people's needs. Staff potential to deliver additional tasks such as activities was recognised and promoted by the registered manager. Activities were planned by staff who worked to ensure that all people were able to be involved. People were supported to take part in activities of their choosing.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. Leadership within the organisation was very strong. The registered manager was very experienced and led by example. Staff were respectful of management and demonstrated a commitment to working towards the shared values of the home.

## 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.

There were systems in place to help protect people from the risk of abuse and harm.

There were enough staff to provide people with support when it was required.

People received their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

Staff asked for people's consent before providing them with care.

People received enough food and drink to meet their needs.

If people became unwell staff sought medical advice promptly to promote their health.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

### Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People's care needs were understood and responded to by staff who knew them very well.

Peoples care records were detailed. Their needs and preferences had been assessed and these were being met.

People had access to a variety of activities.

People and their relatives knew how to complain if they needed to and any concerns and complaints raised had been investigated.

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

**Good** ●

The service was well-led.

There was an open and transparent culture within the home where people and staff felt comfortable to raise concerns if needed.

People were enabled to make suggestions to improve the quality of their care.

Systems were in place to monitor the quality and safety of the home.

# Walcot Hall 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 was 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 8 December 2016 and was unannounced. The inspection team consisted of one 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 requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team and the local clinical commissioning group.

We looked at the care records of four people in detail to check they were receiving their care as planned. We also looked at records including three staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with eight people who live at the home, four members of care staff, the chef and the registered manager. We also spoke with relatives of four people currently living at the home and one healthcare professional.

# Is the service safe?

## Our findings

People were supported and cared for by staff who knew how to keep them safe. One person's relative told us, "My [relative] is safe here. They always have a call bell available and staff are there if needed."

People were kept safe from the potential risk of abuse and harm because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Staff were clear about their role in safeguarding. They were able to identify how people may be at risk of different types of abuse and harm and what they could do to protect them. Staff knew the providers procedure about how to report any concerns regarding people's safety. Staff members we spoke with confirmed that they had received training in protecting adults and that this was updated on a regular basis.

Accidents and incidents were monitored closely. Staff took appropriate action following any accidents and incidents to ensure people's safety. We saw specific details and any follow up action to try and prevent a reoccurrence were recorded. The management team analysed this information for any trends and discussed findings with the staff. Staff told us any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

Safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

People and their relatives felt there were enough staff to meet their needs. One relative said, "There are always enough staff here. They are always around and available. There is nowhere better to be honest." Our observations also showed, and staff confirmed to us, that people were supported by sufficient numbers of staff. We saw that staff had time to spend with people and they were not rushed in their interactions. Staff told us that they had time to meet people's needs and to spend time talking to them. One member of staff said, "We do have enough staff here on shift. We have plenty of time to talk to people, we are always chatting!" We observed this happening regularly throughout our visit.

Staff had the necessary information to support people safely. Each person had an individual care plan and a number of risk assessments completed. These were regularly reviewed in order to ensure people's needs were being met in a safe manner. We saw risk assessments had been completed that reflected people's individual needs. For example, we saw information and risk assessments relating to falls prevention and reducing the risk of someone developing a pressure ulcer.

Systems were in place to ensure people received their medicines safely. Medicines management was good and an audit took place to ensure that people received their medication as prescribed. The registered

manager told us that they were in the process of redeveloping the medicines audit to make it more detailed and thorough. We found that people's medicines were stored securely with people having their own individual medicine cabinet within their bedroom. Staff who administered people's medicines received appropriate training and their competency to do this was regularly checked. Medicine administration records (MAR) were completed. We checked the MAR charts and saw that these had been completed appropriately. We were satisfied that people received their medicine as the prescriber had intended.



## Is the service effective?

### Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us staff were, "Absolutely superb!" A relative said, "The care staff really are very good, very knowledgeable. They know what they are doing and they do it well."

Staff told us the training they received was effective in giving them the skills to do their job well. We looked at the training records and saw staff had received a wide range of training which included; first aid, equality and diversity, moving and handling and dignity and respect. The training records showed staff were mostly up to date with their required training. There were a small number of training updates to be completed by staff. The registered manager had already identified these and had plans in place to ensure staff completed the refresher training at the earliest opportunity.

The induction process for new staff was robust to ensure they would have the skills to support people effectively. Most of the staff that we met had worked at the home for many years however staff who had commenced employment at Walcot Hall more recently told us the induction met their needs and gave them a very good insight into the standards of care at the home. All staff that we spoke with told us that they received sufficient support in order to fulfil their roles and responsibilities. They confirmed they received supervision on a regular basis as well as an annual appraisal. Records we looked at confirmed this. One member of staff described how they could use their supervision sessions to speak in confidence and look at their development at work. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager.

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 to 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 is called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed training in MCA. In discussions they demonstrated a good understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. People told us that staff asked their consent before carrying out care tasks and respected their decisions. One member of staff told us, "We always offer people choices and ask them for their permission to do something before we do it, such as helping them with their care. If people can't tell us verbally often when we know someone we can tell a lot from their body language too."

People's care records showed us the decisions people could or couldn't make for themselves. We checked whether the home was working within the principles of the MCA. The registered manager told us that no DoLS applications had been necessary in respect of the people living at the home as no one was being deprived of their liberty. The registered manager was aware of DoLS and the actions they needed to take if

they had to deprive someone of their liberty in their best interests.

We observed lunch in the dining room. Some people had chosen to sit at dining tables whilst others preferred to remain in their bedrooms to eat. In the dining room the tables were set with table cloths and napkins. There were enough staff to support people in the dining areas and those who remained in their bedrooms in a relaxed manner. Staff helping people to eat did so in a discreet and relaxed manner. Mealtimes were sociable occasions with people and staff chatting. People were offered a three course meal and we saw there was plenty of choice. People told us that if they changed their mind and did not want anything from the menu then an alternative would always be supplied. Staff we spoke with told us that there was plenty of choice available and as a last resort there were 20 varieties of sandwich available. We saw that where people required their food to be modified such as pureed, the chef ensured that all foods were blended separately so the person could still taste each of the foods.

We found that people had appropriate records in place in relation to their nutritional care needs. We saw that nutritional assessments had been completed when people may be at risk of not having enough to eat and/or drink. Records had details of people's food preferences and the things they didn't like. Records for other people also showed that they had nutritional plans in place and these were updated and reviewed. Staff working in the kitchen we spoke with were aware of people who were on special diets or had additional nutritional needs. They were also aware of people with special dietary requirements such as those on a high calorie diet or those that were diabetic. We were shown the list of people's specific requirements and personal preferences for their food that was supplied to the kitchen each day. The chef showed us a board within the kitchen where people's individual preferences were recorded for day to day items. This included specific preferences for how they liked their meals.

We saw snack bowls were available and accessible in all parts of the home. These bowls contained a variety of snacks, and a reminder that additional refrigerated snacks were available, that people could help themselves to as they wished. Staff told us that they also routinely offered people snacks after supporting them with their care.

There was information within people's care records about their individual health needs and the actions staff needed to do to support people to maintain good health. We found evidence that people saw specialist healthcare professionals when they needed to. For example, people had access to their GP promptly when they needed it. On the day of our visit a healthcare professional was visiting a number of people and told us in their opinion Walcot Hall was an excellent home. They told us that when they visited people the staff communicated very well with them. A relative told us, "I know that my [relative] always gets the medical help they need. A doctor is called whenever needed and they update us with any diagnosis."

## Is the service caring?

### Our findings

People told us they were supported by kind and caring staff and praised the care provided. One person told us, "It's marvellous, I can't want for anything." Another person said, "They treat me like a queen!"

Relatives we spoke with were equally impressed and complementary about the standard of care provided. One relative said, "Staff are like our extended family here, it's such a good place." Another person's relative told us that they felt their family member loved living at Walcot Hall as they had, "thrived on the care and attention provided by staff."

We observed kindness and compassion being shown to people. Staff took time to listen carefully to what people said and then responded appropriately. Staff took the time to talk kindly to people, crouching down to their level if the person was sitting down. We observed staff gently assisting people whilst maintaining their dignity and independence. An example of this was when we saw staff asking a person if they needed any assistance rather than presuming that they wanted it.

Staff we spoke with displayed a clear knowledge and understanding of the care needs of the people they cared for and were well informed about people's individual preferences, backgrounds and personalities. Staff spoke about their roles with commitment and an enthusiasm for the people they were caring for. It was evident throughout the course of our visit that staff knew people well. Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. One member of staff said, "I absolutely love working here. The standards of care are excellent, I love the people who live here, and it's just a nice place to work." Staff understood the needs of people and worked together with colleagues to ensure people had their needs met.

Staff we talked with spoke affectionately about the people they supported. We saw kind and considerate approaches to care and support. We observed that staff were careful to help people to retain their dignity. They knocked on bedroom doors and ensured that people received care in private. Staff described to us how they promoted people's privacy and dignity. One staff member said, "I make sure when I am helping people with personal care that they are covered up as much as possible. I know that I wouldn't like to be left uncovered if it was me receiving the care. It's important."

People were involved in planning their admission to the care home and if they could not do this their relatives were involved and spoke on their behalf. People were able to bring in personal items to the home which helped them personalise their bedrooms. Relatives told us they felt involved and had been asked about their family member's likes and dislikes, and personal history in order that staff could provide their relative with appropriate care.

Staff were committed to caring for people in a way that was tailored to the individual's needs. The care records had details of people's wishes and preferences, for example people's preferred daily routines. People told us staff followed these routines. In addition, people's choices about whether they received care from a staff member who shared their gender was recorded and observed. Staff were seen to make efforts to

engage with people. Staff told us how they supported people to choose clothing they wished to wear and to attend to the finer details such as helping people with their choice of make-up and jewellery to wear. One member of staff told us, "I always help people to look their best. Often some of the [people] like to accessorise their clothes. We always help them do their hair so they can feel their very best."

We observed that people could move freely around the home supported by staff. This was carried out by staff in a kind manner. Staff supported people if they appeared a little unsteady to offer reassurance that there was somebody there to help. Staff encouraged people to be independent and do things for themselves prior to helping them. Staff used people's preferred names during conversations and asked their permission before undertaking tasks. These kind and caring interactions were also observed from catering and housekeeping staff who equally spoke to people in a relaxed and caring manner.

It was evident that family members were encouraged to visit the home when they wished and without limitations. One relative told us, "We can visit any time day or night and we often do. It's so nice to know [relative] is here and see how well looked after they are." People's relatives were able to bring pets to visit people also. The registered manager told us that there was an 'open house' policy for visitors to share meals with people at any time and that a private room was provided for people to entertain their families and visitors. This meant that people and their guests could spend quality and social time together.

## Is the service responsive?

### Our findings

People who lived at the home received care and support that was extremely personalised to their individual needs wishes and aspirations. People and their relatives attributed their good health and longevity to the exceptional care they received at Walcot Hall Nursing Home. One person said, "It's like a quality hotel here!" People's relatives told us that they also felt it was the extraordinary care that people received that had resulted in their relative being so well. One relative said, "It's marvellous here. I really don't think if [relative] wasn't here they would be alive today." Another relative said, "This place is wonderful, I never thought that when my [relative] came here at 97 I would still be visiting them four years later!" A third relative told us, "They treat people wonderfully well. I think due to the high standards of care they have actually given my [relative] extra months of life."

The registered manager told us that people were put at the 'centre of everything and that responding to needs and requests was second nature to the staff and management'. Staff demonstrated an in-depth knowledge of people's individual needs and preferences and we observed people being supported in line with their care plan. There were systems in place to help ensure staff were up to date with any change in people's needs. Staff told us that they were kept up to date with people's care and that communication was excellent between themselves and within the wider care team. They also told us that they communicated any changes with peoples care to each other in a timely manner.

Records showed people had their needs assessed before they moved into the home This ensured the home was able to meet the needs of people who were planning to move in. Each person had a care plan in place. Care plans were detailed and informative and included people's likes, dislikes and life stories.

We looked in detail at the care plans for four people who lived at the home. These contained information on a range of aspects of people's support needs including mobility, daily routines, nursing needs and medicines. People's needs were identified and there was clear guidance for staff on how to support the person well and in line with their needs and preferences. The care plans were regularly reviewed and updated to help ensure they were accurate and relevant. We saw that care plan reviews were held with people according to their individual preferences. People were asked and selected how frequently they and their relatives would like to meet with staff and the registered manager to review their care. We saw that reviews had been held three monthly for some people, six monthly for others and annually for those people who requested this. This was in accordance with their choosing.

Staff were also familiar with the content of people's support plans. They understood their role in providing people with person centred care and support. Staff told us they found the care plans useful and informative. We saw that there was a section of the care plan titled 'This is who I am' which contained details of what was important to people and some of their life history such as where they were born and grew up and what they enjoyed prior to moving to the home. Relatives told us they had also been involved in the development of care plans and information specific to their family member's needs, was sought out and included. One relative told us how they often heard staff talking to their family member about their past and interests when they were helping them with their care. They told us how this information had been ascertained from

the care plan and the information they had provided. They also said that it put their relative at ease when staff were with them. A member of staff told us about how they used the information about people's life history contained within their care plans. They said, "We treat people with dignity, they are all people with histories and a life before moving here [Walcot Hall]. Because we know what people used to do and their pasts we can talk about what their interests are. We have something meaningful to talk about."

People had the opportunity to take part in activities that were individualised, meaningful and well thought out with the focus being on people's past history, interests or hobbies. The service had developed an activities team from the staff team rather than assigning activities management to a specific role. Staff were responsible for offering people activities as part of their working routine. During our visit we saw that there were various activities available such as a word quiz game which was taking place in a communal lounge and attended by a number of people. We observed that this was a lively session which was well run by a staff member. It was very clear by the banter and amount of laughter taking place that people were really enjoying themselves. Staff told us that no one was left out regardless of whether they were being cared for in their bedrooms or could join in activities in communal areas. One member of staff said, "The activities here are brilliant. They are everyday including weekends. There is so much imagination that goes into activities. If people are in their rooms we go to them, we do things like reminiscence where we talk about what is important to people and their past as well as their future. People really enjoy it, we have a laugh. They often end up telling us things like the details of their very first date!"

We found that staff went to far reaching efforts to ensure that people had their preferences met. Staff told us about how every effort was made to provide people with whatever they wanted. One member of staff said, "Some people wake in the night and would like a snack, they ask for things like scrambled eggs. We make it for them if they would like it." Another member of staff said, "I have known night staff making people bacon sandwiches at 4am! If that is what they [people] would like then that is what they have here!" Another member of staff told us that the registered manager ensured that people had whatever they would like, "I have a lot of respect for [registered manager] nothing is too much bother for the people who live here. Someone was near the end of their life and wanted take away fish and chips so we made sure they got them." The registered manager gave us another example where a person who was also at the end of their life wished for champagne and smoked salmon so the staff made sure they had this.

The registered manager told us of another occasion when the staff team went to extraordinary lengths to facilitate a person's end of life wishes to visit Africa. Staff and the registered manager supported the person to arrange their trip which resulted in them travelling. They told us how afterwards they returned to the home for the final weeks of their life.

There were strong links to the community. One person was being supported by the staff and management team to change their religion at their request and visits from the clergy of both domains were organised by staff. Other people accessed the local community to use facilities such as local restaurants and shops where staff would support them to attend at their request.

Walcot Hall Nursing Home was very much part of the local community and people were encouraged to visit their family members and to keep in touch. Where requested, staff supported people to preserve their personal relationships and contact with their families and friends through letters, emails and online video messaging. People told us how important it was to them that they were provided with this support to continue their own special connections.

We were told that the home held community events to raise money for charity. The charities were ones that people were involved in, and were ones that were important to people and those which they supported. The

registered manager told us that the most recent fund raising event held at the home had raised £500.

People were supported to maintain their presence at events and social occasions that were important to them. The registered manager told us how staff supported people to prepare for the special events in their lives such as family weddings or parties that they wished to attend and when needed staff accompanied people to the event. One person kept their wheelchair adapted vehicle at Walcot Hall so that their family could easily access it when accompanying them out into the community.

Staff were exceptionally thoughtful and responsive to individual people's circumstances. A visiting relative told us that they had changed their usual day of visiting on one occasion due to their own unforeseen circumstances. They told us that whilst they were visiting their relative on this alternative day, a member of staff had also called in to visit. The relative told us, "A member of staff actually popped in to see my [relative] on their [staff member] day off, because they knew [my relative] didn't usually have visitors that day".

There was a robust and comprehensive policy about dealing with complaints that staff and registered manager followed. This ensured that complaints were responded to. People felt able to raise concerns and complaints. They told us they knew how to do so and would feel happy to speak up knowing that the manager and staff would address any concerns promptly. A detailed information leaflet on how anyone could raise a compliment, concern or complaint was freely available within communal areas. Everyone we spoke with was clear that they would speak to the staff or the manager if they had a concern and every effort would be made to resolve the issue to their satisfaction. The relatives we spoke with also told us they would feel comfortable making a complaint and knew how to do so if they ever needed to. One relative told us, "We were given some information about what to do if we wanted to complain when [relative] first moved here. We've never had to though." The complaints log showed that where complaints had been received in the last 12 months they had been responded to in a timely manner and resolved to the complainant's satisfaction. Practice had also been reviewed in order to minimise the risk of a similar occurrence.

## Is the service well-led?

### Our findings

There were clear lines of accountability and responsibility within the service. The service had a registered manager in post who was also one of the company's directors. The registered manager had worked at the home for a number of years and was clearly providing effective leadership and direction. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from people, their relatives and staff members were very positive about the registered manager's organisation and leadership.

There was an open and positive culture within the home. This originated from the guidance provided by the management team and fed through to the entire staff team. Staff were positive and enthusiastic and told us the culture of the home was one of delivering high quality care to people. One member of staff said, "The key here is good management. We are constantly working towards people's happiness. This is their home and it's our job to make them feel safe and at home." It was evident that the registered manager made their expectations known in a clear way. Staff also told us that morale was good amongst the staff team and that they shared the aim of excellent care for people. Another member of staff told us, "There is honestly nothing I would change here. There is nothing wrong that needs putting right." Staff knew what the expectations of them were and were committed to providing a 'first class' service to people. Our observations and conversations with people, relatives and staff told us first and foremost the home was all about people's quality of life.

The home had strong focused leadership. Staff were very well supported and were positive about the registered manager and management team. Staff told us the registered manager was very visible within the home, knew people extremely well and often worked nursing shifts alongside them providing care to people. Staff were also complimentary about the management style of the registered manager. One member of staff said, "Care staff are taken seriously here. We are listened to. If we have any concerns or comments they are acted on and things put in place sharpish." Staff also told us this management approach made them feel valued and respected and that the registered manager knew them and the people they were caring for well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out a wide range of regular audits and documented their findings and any actions taken. These included checks in key areas of care delivery such as: care records, accidents and incidents, nutritional recording and risk assessing, health and safety, environment and infection control amongst many others. We found the audit programme had been effective. Where shortfalls had been identified action had been taken, demonstrating the results of audits helped reduce the risks to people and staff and helped the home to continuously monitor and improve. The registered manager told us that they also had plans to extend the range of auditing by improving and expanding the medicines reviews being carried out.

In addition, the home obtained feedback from people using the service, relatives, staff and health and social care professionals to identify areas that needed improvement and to assess the impact of the service on the



people using it. The registered manager told us that whilst they hadn't formally obtained feedback during 2016 there were plans to do so early in 2017.

The registered manager told us they were supported by the other directors of the company. They told us that they maintained at least monthly contact with the registered manager of the providers other care home in the local area and that they carried out site visits and audits for each other.

Records showed staff meetings had taken place and the minutes of these described how staff were supported to be aware of their roles and responsibilities. Staff told us that the meetings were an opportunity to be involved and voice their opinions. Most staff we spoke with told us that they would like to have more frequent staff meetings than were occurring at the time of our visit. Staff however also told us that they could speak to the registered manager anytime if they had any concerns or questions and felt that these would be dealt with promptly and professionally. This demonstrated an open and transparent culture between management and staff.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.