Muscliff Medical Limited

Muscliff Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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?	Outstanding ☆

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 21 November 2018. At our last inspection in March 2016 we rated the service as Good and there were no breaches of the legal requirements.

Muscliff Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Muscliff Nursing Home provides personal and nursing care and treatment for up to 40 people some of whom may be living with dementia and or have nursing needs in Bournemouth. There are bedrooms on the ground and first floor and there a number of communal lounge and dining areas on the ground floor. At the time of the inspection there were 35 people living at the home.
There was a manager in post who had been registered for eight years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from potential abuse and avoidable harm by staff who were knowledgeable about recognising and reporting different signs of abuse.

There were enough appropriately qualified staff available on each shift to ensure people were cared and supported safely. There was a stable staff team at the service.

Risks to people were well managed and medicines were managed effectively. People were protected by the prevention and control of infection.

There was a system in place to review and learn from incidents when things went wrong.

Staff received training to meet the individual needs of people. Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Muscliff Nursing Home.

People had access to nutritious, home cooked food that they enjoyed and were given choice in their menu selections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's independence and wellbeing was enhanced by the environment of the home.

There was an open, friendly and homely atmosphere. People and staff were relaxed and comfortable with each other. People were supported with kindness and compassion by staff who knew them and understood the care they needed.

People were treated with dignity and respect and were supported to make their own choices.

People received outstanding personalised care and support in the ways they preferred. Staff took the time to get to know people and their life and social histories so they could truly understand their experiences. People's needs and preferences were consistently assessed or planned for and met.

The responsive care and support people received had an extremely positive impact on their lives. People and their representatives were actively involved in developing and contributing to their care plans.

There was an emphasis on personalised, meaningful activity that was based on people's interests and experiences. People took part in individual and group activities and events both at Muscliff Nursing Home and in the local community.

Complaints and concerns were encouraged and seen by the provider and registered manager as part of driving improvement.

The registered manager and provider demonstrated its commitment to promote a positive culture within the home by being open and transparent to new ideas and collaborative working which had a positive impact on the care provided to people.

The service was led by a management team that was approachable and respected by the people, relatives, professionals and staff.

There was a strong emphasis on quality assurance within the service which was led by the management team within the service. There was an emphasis on continuous improvement which was done through the results of any audits, learning from complaints and incidents and accidents. These were all used as a learning opportunity, and feedback was provided to staff to drive improvements.

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 remained Good	**Good**
Is the service effective? The service has improved to Outstanding	**Good**
Is the service caring? The service remained Good	**Good**
Is the service responsive? The service has improved to Outstanding	**Outstanding** ☆
Is the service well-led? The service has improved to Outstanding	**Outstanding** ☆

Muscliff Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 21 November 2018 and was unannounced. The inspection team included one CQC inspector, an inspection manager, a nursing specialist advisor 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.

We met and spoke with most of the 35 people living at Muscliff Nursing Home. Because some people were living with complex health conditions that meant they were not able to communicate verbally, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven visitors and relatives and a visiting health professional. We also spoke with the registered manager, the provider, deputy manager and 10 staff. The staff spoken with included nursing staff, care staff, maintenance and ancillary staff.

We looked at four people's care, health and support electronic records and care monitoring records in detail and samples of monitoring records such as food and fluid monitoring and mattress checks. We looked at six people's medication administration records and documents about how the service was managed. These included four staff recruitment files and the staff training records, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed all the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted and sought the views of professionals involved in the service and commissioners prior to the inspection. We received email feedback from two commissioners.

Good

Is the service safe?

Our findings

People who used the service, their visitors and staff all told us they felt very happy and safe living and working at Muscliff Nursing Home. Comments from people included: "I have a nice room where I feel safe"," I like it here, it's safe and the carers look after me", and "Yes, I do feel safe here". A relative told us, "He's [family member] very settled and doesn't ask to come with me, he's very safe here. He was starting to fall over at home but now he's safe".

Staff had been trained and spoke knowledgeably about identifying potential signs of abuse and there was clear guidance available for people and staff to follow if they needed to contact the local safeguarding team. Staff had immediate access to safeguarding information via an application on the service's smart phones. Staff had also been trained in safeguarding children in recognition that children were frequent visitors to the home. This was very good practice

Risks to people and the service were well managed so that people were protected and their wishes supported and respected. There was a focus on positive risk taking for people so they could develop and or maintain their skills and independence. For example, the service used electronic wrist band technology to set safe virtual parameters for one person living with dementia who wanted to continue going to the local shops.

Peoples' medicines were managed and administered safely. Medicines were stored securely and were well organised. People received their medicines when they needed them. Some medicines were prescribed to be given 'when required', and protocols were available to guide staff on when it would be appropriate to give doses of these medicines for each person.

There were policies and information available to guide nurses on looking after medicines appropriately. A system of updated training and competency assessments was in place to make sure medicines were administered safely. There were regular audits to check medicines procedures were being followed properly and accurate records maintained.

There were enough staff employed to meet people's needs. Staffing levels were based on each person's individual assessed needs. People and all but one relative told us there were enough staff.

There was a stable staff at the home with the core staff team having worked at Muscliff Nursing Home for many years. One relative told us about one of the reasons they and their family member had chosen the home. They said this was because there were some of the same staff working at the home as when their aunt had lived there 10 years ago.

The provider had a robust system in place to ensure the premises were maintained safely. There was a staff member employed who was responsible for the maintenance and health and safety. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the

premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

All staff were trained in infection prevention and there were robust monitoring systems in place. This included unannounced swabbing of different areas within the home and hand hygiene audits. We observed staff wore their personnel protective equipment when it was appropriate to do so.

The premises were kept clean and smelt fresh throughout. People and their relatives confirmed they always found the premises to be clean.

People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. The registered manager acted to ensure they listened to people and their relatives, and that lessons were learned and improvements made where necessary. They reviewed individual accidents and incidents to check that all necessary action had been taken in response. They also monitored records of accidents and incidents to identify any developing trends that might indicate further changes were needed. As part of this analysis they also considered the day of the week, time, shift and the staff on duty to further identify any themes.

Good

Is the service effective?

Our findings

There was a truly holistic approach to assessing, planning and delivering care and support. All of the feedback we received about care and support from people using the service, relatives and visiting professionals was very positive.

People and relatives told us their own and their family members health needs were always assessed and met. They said they were involved and kept informed. One relative told us, "My Mum gets her tablets, we don't have to worry and the home have helped her health problems such as her foot. It makes us [the family] feel confident about the care they give here." Another relative said, "They tell me everything [about person's health needs] and he's now recovering well after a chest infection where he had antibiotics." A third relative told us, "Mum has put on weight and her care has changed her outlook for the better. We think this is the perfect place for her."

A visiting health professional spoke very highly of the service. They told us the nursing staff always sought appropriate support and followed any guidance. They said, "They [staff] always follow through, listen and take on board the advice".

We discussed equality, diversity and human rights with the registered and deputy manager. They had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments detailed all aspects of their needs including characteristics identified under the Equality Act such as the awareness of the needs of people who identified as Lesbian, Gay, Bisexual, Transgender (LGBT). This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care.

People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. People and relatives spoke very highly of the staff and their skills.

There was a positive focus on learning and development to improve the skills and knowledge of staff. Staff and records told us staff were provided with the training they needed to be able to do their jobs. Specialist training to be able to meet the specific needs of people was provided. Registered nurses were qualified mentors for student nurses who were offered study placements from a local university at the home.

New staff went through an induction to ensure they were able to work safely, for example knowing what to do in event of a fire and how to call for assistance. Student nurses were given a similar induction at the start of their placement. Staff who were new to health and social care were supported towards and expected to obtain the Care Certificate. This is a nationally recognised set of standards for health and social care workers.

Staff had completed all the core training identified by the registered manager and provider. One member of staff told us, "I have done caring before I came here, but I did get retrained to work here, we get regular training to do our job."

All staff completed dementia awareness training regardless of their role at the home. Some staff had received the 'dementia bus training' which is an experiential training session so staff can understand what it is like to live with dementia.

Staff spoke highly of the training and support from managers. Staff received one to one and group support sessions. One staff member said, "We got lots of training and get very well supported. They managers give us very clear directions but this is given in a learning way."

The service and its staff were committed to working collaboratively and had good links with health and social care professionals. The service also shared important information with other services and professionals with people's permission. The service was part of the 'red bag scheme' which meant that if a person was admitted to hospital all relevant information such as care plans, health conditions, hospital passport, 'This is me' and medication records were placed in the red bag and this accompanied the person. Staff supported people to access other services, where this was required. For example, staff routinely attended hospital appointments, if people wanted them to. Staff would also accompany people on admission into hospital.

People and visitors spoke highly of the food and comments included, "The food is very good and Mum has a good appetite normally.", "My husband is really enjoying the food here.", "Yes the food is good and plenty enough for me" and "I used to go downstairs to eat in the dining room but now I prefer to eat in my own room. Today I have eaten everything."

Staff supported people to eat and drink in a relaxed way. They chatted with people throughout the meal explaining what people were eating and drinking. People who liked to walk were offered the opportunity to sit and eat a main meal but when they refused they were offered food and drinks whilst they were on the move.

There were drinks and snacks easily visible and accessible so people could help themselves to food and drinks when they were hungry or thirsty. People were able to have their meal wherever they chose. Most people at in the main dining room, others sat having a meal with their relative in the lounge and some people chose to eat in their bedrooms. The service should consider whether serving both the starter and main meal at the same time to people eating in their bedroom increases the risk of the main meal getting cold.

There were robust personalised systems within the electronic care record in place to monitor the fluids people drank. For example, if a person who was at risk of dehydration had not drank 50% of the target fluid intake by midday an alert went to all staff and managers to encourage and prompt the person to drink more for the rest of the day.

The service was working with both the clinical commissioning group (CCG) and Bournemouth university undertaking research into nutrition for people living with dementia.

There was a strong focus on protecting people's rights and consent. People were involved in care planning and their consent was sought to confirm their agreement to their care and support. If there were concerns that someone might lack the mental capacity to give this consent, this was assessed. Where they were found to lack capacity, a best interests decision had been recorded so the person's needs were met in the least restrictive way possible. For example, one person had a best interests decision in place in relation to the use of a lap belt whilst they were in their wheelchair. This decision had been reached following the involvement of the person's representatives and professionals.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were systems in place to make sure any applications needed were made and any conditions on authorisations were met. They had made DoLS applications to the appropriate supervisory body. These had either been authorised or were awaiting assessment. The registered manager kept track of dates on which DoLS authorisations were due to expire, and on any outstanding conditions attached to authorisations. Conditions on DoLS authorisations had been met.

The buildings décor and design reflected best practice in dementia care design. There were themed corridors for the two of the bedroom areas, the dining area was comfy and relaxing and the corridor was painted in a colour that research has shown increases people's appetites and there were pictures of food to give people visual prompts. There was a freely accessible room with sensory equipment, lights and music, themed areas in the lounges and there was a specially designed sensory bathroom with lights and music.

People's bedrooms were highly personalised, with easily recognisable personal pictures and information about them to assist both the person and staff to know where their bedroom was located.

There were television screens showing photos and videos of activities that people had been doing. This proved to stimulate conversations between people, staff and visitors about what people had been doing.

There was a refurbishment plan in place that included refurbishment of the remaining bathrooms, kitchenettes and bedroom corridors.

Good

Is the service caring?

Our findings

People and relatives told us and we saw staff were caring and attentive. One person said, "The carers are lovely, they do the best they can for me." A relative told us, "Everyone is very caring and there's a friendly atmosphere. Because they [staff] are in their own clothes it doesn't feel like a hospital or nursing home".

A relative had written to thank the home for the care of their relative. The letter included, 'Thank you for helping her smile, keep her dignity as the true lady she was and making her stay peaceful and comfortable.' Another relative had written shortly before the inspection, 'It has been a special experience to me to see and admire close at hand the wonderful work that you do so seemingly easily and with such kindness and consideration to all'.

People were relaxed and jovial with staff. There was lots of relaxed chatting and laughing between people and staff.

Staff were very caring, compassionate and positive about people and their families and visitors. One relative told us, "This is a wonderful care home. I think this place has been very good for my mum and for the family as we know she is safe and well cared for."

Staff had a genuine interest in the wellbeing of people. They continuously checked with people how they were feeling and if there was anything they needed. Staff were also attentive and noticed when people wanted or needed anything. For example, staff overheard a person say they were cold and they went to fetch them a blanket. Staff immediately noticed when one person living with dementia looked uncomfortable and fidgety. They discretely offered to take them to the toilet which is what the person wanted. They immediately relaxed when staff offered this assistance.

Staff thought very highly of the people living at Muscliff Nursing Home and showed genuine affection for them as individuals. One staff member told us, "I love the residents, we have some lovely people here". The maintenance employee also spoke very fondly of the people who lived at the home.

Staff told us they also felt genuinely very cared for by the management team and provider. They had access to the provider's free professional staff counselling and support should they need it. They told us they all told us they liked working at the home because of this and the people they cared for.

People told us they were actively involved in making decisions about their lives and care and treatment. Where people were not able to do this, or did not have any representatives they had access to advocacy services.

People told us their families and friends were able to visit at any time and described staff as very welcoming. One person told us, "My sons come in to see me and do shopping for me if I need anything. They come in whenever, there's no restrictions." A relative said, "My wife is in here and I like the place, I come in every day as I live 10 minutes away, there's no complaints from me at all. I feel welcome here too, the staff know me."

There was respect for people's privacy and confidentiality. Staff and managers had undertaken information governance training to help ensure the service complied with data protection legislation. The service had policies and procedures in relation to the use of information technology and social networking.

Outstanding ☆

Is the service responsive?

Our findings

Feedback from people, relatives and professionals told us the service people received was highly personalised. People's needs were fully assessed and care plans reflected their current needs. The plans were developed with and the care and support was directed by people wherever possible. Where people were living with dementia and or not able to direct their care, information about their preferences were recorded in a 'This is me' document. 'This is me' is a form used to provide important details about a person living with dementia's cultural and family background; events, people and places from their lives; preferences, routines and their personality. This information and their life histories were easily accessible on the person's electronic records so staff had instant access to it. Staff knew people very well as individuals as well as knowing their care and treatment needs.

People's electronic records reflected that they received a personalised service. Each time staff interacted with a person and or provide any support or care they recorded how the person was and what they did for themselves. For example, when staff supported people to wash and dress, the records reflected how and what the person had chosen to wear that day or whether staff had chosen if the person was unable to. This meant there was a very clear detailed record that reflected how people living with dementia had made their day to day choices and what they had been able to do for themselves.

The service exceeded the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. The service met people's information and communication needs by identifying, recording, flagging, sharing how these needs were to be met in their care plans. Each person's plan detailed how they communicated and what if any aids they needed. The registered manager gave us examples of how they supported people with their communication needs. These included; one person used an electronic computer tablet to communicate, another person used a wipe board to write down what they wanted to say, previously there was a person who used eye pointing technology to communicate.

Staff were very observant, attentive to people and knew everyone very well. There were handovers at the start and end of each shift where staff discussed with staff coming on duty how each person had been that day. Staff told us they were always kept up to date regarding people's changing care needs at handovers and via the electronic care records.

There was a display board with photos of staff and what their interests and hobbies were. This was outstanding practice because the information was used by people and managers to match key working staff with a person who shared similar interests. For example, one person was an Arsenal fan as was a member of staff. The person and staff then shared time together talking about football and their team. This was important to the person that they had someone to spend time with who shared their passion. Another person had swam with dolphins and this was a significant event in their life. They were matched with a staff member who had also done this and they were able talked together about it and to understand the impact this experience had on the person.

To ensure the service was truly person centred, people were involved in the recruitment of staff. For example, one person had been part of the interview panel and the recently appointed chef had to cook a meal for people and the directors to sample before they were offered the post.

The personalised activities provided had a very positive impact on people's quality of life and wellbeing. For example, one person had been unsettled and anxious following a change in their health and abilities. Because staff knew the person well, they knew the person had previously loved to read but had lost the ability to do this. Staff arranged for audio books from the local library and playing these stories had meant the person was relaxed and settled when they listened to them.

One relative told us their family member's wellbeing had improved significantly since moving in to Muscliff Nursing home. They said, "It's great for him, at home he was just sitting there. Here they [staff] have got him involved and they have found he is very engaged with music so they use this". Another relative said, "I know Mum enjoys the activities and she is brought down to the lounge every day." A third relative told us, "There's always something going on here and Mum seems to join in a lot." However, a fourth relative commented they believed their family member who was cared for in their bedroom and was living with dementia would benefit from more one to one activities with staff. In response to this feedback, we discussed this with staff and reviewed the person's care records that showed the person was offered but they did not wish to spend one to one time with staff. Staff respected this and ensured the person had other types of stimulation to keep the occupied.

People told us they had lots of opportunities to be occupied and access the community. One person went out for regular walks with staff and told us, "I like to go out for a walk, I'm a bit slow but it's nice to get out in the fresh air." The service had a mini bus so that people could enjoy trips out. We saw they had recently been to a garden centre to look at the Christmas decorations and to Poole park.

There was a weekly programme of activities that was publicised and given to each person. People had been consulted on the types of activities they were interested in. They had the opportunity to have one to one time with staff pursuing their preferred activities as well as joining in organised group activities.

As part of the planned activities children from a local secondary school visited once a week and a nursery visited every two weeks. This benefitted both the people at the service and gave young people and children the opportunity to spend time with older people including people living with dementia. People and staff told us that the people loved having the children to visit and spending time with them.

People and staff were using a Tovertavel. This was an interactive table light projector that encouraged people living with dementia to play interactive games and increase their movement and mobility. One person told us, "I love trying to catch the fish" and another person living with dementia sought out staff to set it up saying they wanted to, "Catch the balls". People also used electronic computer tablets to communicate with family members, listen to and watch music, photographs and play games. People had been reassured when they were able to see and talk with their family members. The tablets were also used to assist with reminiscence sessions by staff being quickly able to show people photographs or films of the subject they were talking about.

During the inspection there were individual personalised activities with people in their bedrooms and in the lounge, listening to music and dancing and a visiting musician and singer. People actively joined in with all of the activities on offer in whatever way they could. For example, people sang, danced, played instruments and tapped their feet along with the music sessions. One person, on their way to lunch after the visiting singer had left told us, "I love singing you know, it's good for the soul. I sing along to the ones that I know the

words to and now I'm off to feed the inner man."

People and relatives knew how to complain if they needed to. They all said they had never needed to make a complaint because any concerns or worries were always addressed. There was guidance available informing people how and who to make a complaint to if required. No-one raised any complaints with us during the inspection. Any complaints and concerns were fully investigated in line with the service's complaints procedures. Any learning was shared with staff.

People were consulted and involved in determining any advanced care plans and end of life care plans. This is where people plan for their future care and treatment plans.

Staff were very proud of the quality of end of life care they provided to people. One staff member told us, "The care is very good, their [people's] pain is managed very well and the nursing team don't let them suffer".

Staff told us they always tried to meet people's last wishes. They told us that one person had loved birds and gardens. As the person reached the end of their life, staff played bird songs and used smells and a projector so the person had the sensory experience of being in a place that relaxed them before they died.

Another person had been taken to the beach as one of their last wishes. The records showed they had told staff that the experience was, "One of the beautiful things in my life and I couldn't believe that I would be able to visit the beach again ".

When a person died other people were sensitively informed and offered support. There was a quiet area that included a memorial tree in a quiet lounge that included poems and thoughts about people who had died at the home. Bereaved families and friends were welcome to visit and frequently came back to the memorial tree

The service had achieved a nationally recognised independent training programme that provides training to nursing and care staff who care and support people at the end of their lives. Nursing staff were specifically trained in the use of syringe drivers and the administration of end of life medicines. As part of this programme each person's end of life care and experience was reviewed following their death. This review included staff and relative's views and was used to look at how the person's and their family's experience was, and whether anything could have been different or improved.

Outstanding ☆

Is the service well-led?

Our findings

The registered and deputy manager and the directors of the registered provider were fully committed to striving to improve the quality of the service for people. They had all worked together over many years. The directors played an active role in the oversight of the service and visited frequently. They knew people and staff team. The registered manager told us they were most proud of how, "We are very open and everyone has a voice. Everyone can have their say and we try to make everyone as happy as they can be."

Feedback we received from people, staff, relatives, commissioners and professionals supported the open and well led culture at the service. People and visitors told us they were very happy with how the home was run. They also complimented the directors and other senior management for how approachable they were.

Staff also told us they felt they could raise anything with the management team and directors and they would be listened to. They said action was always taken in response to anything they raised and there was a no blame and learning culture. This meant they all felt comfortable raising any concerns, incidents, errors or whistleblowing. In addition, the staff were encouraged to make recommendations. For example, the staff told us that if they presented a case for any equipment or changes to practices that would improve the lives of people, the registered manager and provider would consider and provide this where possible. They gave the examples of the Tovertavel table and sensory bathroom.

The views and experiences of people using the service were at the core of quality monitoring. Surveys were being completed that reflected the five questions that CQC asks. There were not any shortfalls, themes or areas for improvement identified for the registered manager or provider to follow up on. In addition, the views of visitors were sought through an electronic survey that could be completed when they signed out of the home at the end of each visit. Again, there had not been any areas for improvement identified by visitors through the electronic surveys.

Staff told us they felt very much as part of a team, valued by the management team and provider and listened to. They all told us about the strong focus on always looking to improve the lives of people who lived at Muscliff Nursing Home. Comments from staff included; "I've only been here for six months, I was working for an agency but this job is so much better. You can get to know the residents and their needs. We work as a team, which I like a lot, the management are very good, I think", "I've been here for 12 years and I love my job. I've seen a lot of change, all for the better.", and "I like working here, the management are very good."

There were staff recognition and reward schemes. These included a staff member of the month who could be nominated by people, other staff or relatives.

The service worked with multiple partners to develop service both at Muscliff Nursing home and other adult care services in the community. For example, the registered manager was mentoring new care home managers as part of a newly developed scheme working with 'Partners in Care'. This is a non-statutory, multi-stakeholder partnership working to raise the standard and quality of adult social care across the

Dorset area. The registered manager was also working with the clinical commissioning group to develop a one-page nutritional assessment for people. They were working with Bournemouth university undertaking research into nutrition for people living with dementia. The research was looking at the calorific value of foods and drinks and how to calculate an individual's daily nutritional intake. It was anticipated that this research would assist with improving people's nutrition and weight.

The service had embraced new technology and had worked with the developers of the care planning record system to continuously improve and develop the systems. They were continually improving the staff's access to important information via the service's smart phones and had recently added an application so staff could access all of the services policies and procedures. Staff spoke highly of the technology in use and how it had meant they spent less time completing written records. This meant they could spend more quality time with people such as spending time talking with them

There was a culture of continuous development and learning from experiences. For example, following staff attending the dementia bus, the staff recognised that all staff and relatives would benefit from the experience. The registered manager planned to set up a similar area in the home so everyone could understand what it can be like to live with dementia.

There was a programme of quality checks and audits in place. For example, reviews of people's care plans, pressure ulcer management, infection prevention measures, accidents/incidents, health and safety and medication. The registered manager was able to demonstrate how their quality monitoring systems had a positive impact on people. For example, the ongoing monitoring and review of people's wounds had led to improved care of people's wounds and skin. This had reduced the levels of skin damage people acquired whilst living at the service.

The registered and deputy manager undertook unannounced spot checks. In addition, managers were able to remotely access the electronic care planning system so they could check whether people were receiving their planned care and treatment.

The service's rating was displayed in the home and on the website as required.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications always included what actions the service had taken in response to any incidents.