Havering Care Homes Ltd

# Abbcross Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This unannounced inspection took place on 22 and 23 November 2017.

Abbcross 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.

Abbcross is a purpose built 26 bed service providing accommodation and nursing care for older people, including those living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those that need it. For example, hoists and adapted baths are available. 24 people were using the service when we visited.

The service had 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.

At the last inspection in September 2016, we found one breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not in place to ensure that decisions made in people's best interest were in accordance with Mental Capacity Act 2005. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to ensure they were compliant in this area.

At this inspection, we found that action had been taken by the registered manager and the breach was met. Systems were in place to ensure that decisions made in people's best interest protected their human and legal rights.

People received their prescribed medicines safely. Medicines were administered by staff who were trained and assessed as being competent to do this.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns or suspected any abuse. They were confident that the registered manager would address any concerns.

Staffing levels were sufficient to meet people's needs and to enable them to do be supported in a way that they wished. Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs.

Care records contained information about people's assessments, needs, wishes, likes, dislikes and preferences. Most records were computerised and were found to be up to date and appropriately

completed.

People received safe care and treatment. They told us they felt safe at Abbcross and were supported by kind, caring staff who supported them and treated them with respect.

People were encouraged to do things for themselves and staff provided care in a way that promoted people's dignity. People were supported to receive the healthcare that they needed and their nutritional needs were met.

An activities worker was employed and social and recreational activities and events were available.

The registered manager and the provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs and had positive outcomes.

People were protected by the provider's recruitment process, which ensured that staff were suitable to work with people who need support.

Staff felt the registered manager was approachable and supportive and gave them clear guidance.

Systems were in place to ensure that equipment was safe to use and fit for purpose. People lived in a clean, safe environment that was suitable for their needs.

Complaints and feedback were taken seriously and action was taken to address any concerns.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice.

## 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. People received their medicines safely.

Risks were identified and systems put in place to minimise risk in order to ensure that people were supported as safely as possible.

Staff were trained to identify and report any concerns about abuse and neglect and felt able to do this.

There were sufficient staff on duty to meet people's needs.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

The premises and equipment were maintained to ensure that they were safe and ready for use when needed.

### Is the service effective?

Good

The service was effective. Systems were in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were happy with the food and drink provided.

People were supported by staff with the necessary skills and knowledge to meet their needs. The staff team received the training they needed to support people who used the service.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

### Is the service caring?

Good

The service was caring. People told us, and we saw, they were treated with kindness by a caring staff team.

People's privacy and dignity were respected. They were encouraged to remain as independent as possible and to do as much as they could for themselves.

People's cultural and religious needs were identified and respected.

## Is the service responsive?

Good

The service was responsive. Systems were in place to ensure the staff team were aware of people's current needs and how to meet these.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for.

Activities and entertainment were provided and an activity worker was in post to support this.

When needed the service provided support to people at the end of their life.

Complaints were taken on board and actions were taken to address any concerns or issues.

## Is the service well-led?

Good

The service was well led. Staff told us that the registered manager was accessible and approachable and they felt well supported.

People were consulted about changes to the service and the provider sought their feedback on the quality of service provided. Their comments were listened to and addressed.

Systems were in place to monitor the quality of service provided. Actions identified during monitoring visits were clearly recorded and followed up.

# Abbcross 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.

This unannounced inspection took place on 22 and 23 November 2017.

The inspection team consisted of one inspector, a specialist nurse 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 service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with 11 people who used the service, five relatives, the registered manager, the managing director, one nurse, one senior care staff, four care staff and the cook. We looked at eight people's care records and other records relating to the management of the home. This included three sets of staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

Good

# Is the service safe?

## Our findings

People were protected from the risk of abuse as the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff were clear they would report anything of concern to the registered manager or managing director and were confident that action would be taken. A member of staff told us, "You need to speak up. I would report [concern] and they would act on it. I did and had to write a statement." The provider had notified us about potential safeguarding incidents and had worked with the local authority and taken action to make sure people living at the service were protected from risk of harm or abuse. People told us that they felt safe at Abbcross Nursing Home. One person said, "I have a very positive relationship with the care staff, they make me feel safe and cared for."

Risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. People's files contained up to date risk assessments relevant to their individual needs and this gave guidance to staff on how to support people safely. For example, risk assessments had been completed in in areas such as falls, moving and handling and eating and drinking. Staff were aware of potential risks. One member of staff told us, "I am trained to move people. I always do so according to my training. This means with two people." Another member of staff said, "Elderly people's skin is like tissue. It can rip and bruise easily. I am very careful. We try and are very careful and monitor it every time we give personal care." A record was kept of any accidents or incidents. The registered manager reviewed these and followed up any issues or actions that were needed to minimise the likelihood of reoccurrence.

At times, some people exhibited behaviours that challenged and strategies were in place to manage this. Staff had received dementia care training and this included behaviours that challenged. We saw one person became agitated and staff effectively calmed them. A staff member said, "Some people here can be irritated and they can be challenging to us and other people but we are skilled to work with these situations." A relative told us, "My [family member] can be difficult and staff are very patient."

People's medicines were managed and administered safely. Staff were aware of good practice guidelines in relation to medicines. People received their medicines as prescribed. Medicines were administered by nursing staff and senior care staff who had received medicines training and had been assessed as competent to do this. We observed medicines being administered and saw that this was done in a calm and unrushed manner, ensuring people received the support they required. Medicines were stored in a lockable medicines trolley or cupboard. Controlled drugs were stored safely in a separate controlled drugs cupboard and a controlled drugs record was kept. Only authorised people had access to medicines.

Medicines Administration Record (MAR) charts were completed accurately and were up to date. They included people's photographs to check that medicines were given to the correct person. People's allergies were also recorded. A system of monthly medicine audits were in place and these were monitored by the registered manager and the managing director. Any issues were followed up and action taken to ensure medicines continued to be safely managed.

During our inspection we found that staffing levels were sufficient to meet people's needs. There was a system in place to assess and monitor staffing levels in relation to people's needs. A person centred software system was used. This computerised system included people's care plans and risk assessments and recorded staff interventions. The system was also used to calculate and monitor required staffing levels. The registered manager analysed the information about people's care needs each week and checked that staffing levels were sufficient. In addition to nursing and care staff, an activities worker, a handyperson, catering and domestic staff and an administrator were employed. People, their relatives and staff felt that there were sufficient staff available to meet their needs. One person told us, "The home is well staffed and often staff off duty come in to cover for staff who were unwell or unable to work their shift."

People were protected by the provider's recruitment process, which ensured staff were suitable to work with people who needed support. This included prospective staff completing an application form and attending an interview. The three staff files we looked at showed that necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if they had any criminal convictions or were on any list that barred them from working with people who needed support. Nurse's registration with the Nursing and Midwifery Council was also checked to ensure that they were allowed to practise nursing in the United Kingdom. When appropriate there was confirmation that staff were legally entitled to work in the United Kingdom.

Staff had received emergency training. There was a fire risk assessment and they were aware of the evacuation process and the procedure to follow in an emergency. A 'fire safety' emergency box was in place. This contained a plan of the building including where extinguishers and call points were situated, details of cut off points for gas, water and electricity and emergency numbers. Each person had a personal emergency evacuation plan, which provided information about their needs to assist the emergency services in the event of an emergency evacuation being necessary. Therefore emergency information was readily available should the need arise. This meant that systems were in place to keep people as safe as possible in the event of an emergency arising.

People were cared for in a safe environment. The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked by qualified professionals, in line with the manufacturer's guidance, to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that appropriate checks were carried out on hoists, pressure relieving mattresses and fire alarms to ensure that they were safe to use and in good working order.

Appropriate infection control systems were in place. Staff had received infection control training and protective equipment such as gloves and aprons were readily available and used when necessary. Cleaning schedules were in place and the cleanliness of the service was monitored by the housekeeper and the registered manager. All areas looked clean and there were not any unpleasant odours. For two or three days each week an extra domestic was on duty to facilitate additional cleaning such as the deep cleaning of carpets.

Good

# Is the service effective?

## Our findings

At the last inspection we found that systems were not always in place to ensure that decisions were made in people's best interests. In particular, this related to people who received their medicines without their knowledge (covertly) and to whether or not resuscitation should be attempted. At this inspection we found that this had been addressed and that systems were in place to ensure that decisions made in people's best interest were in accordance with the principles of the Mental Capacity Act 2005 (MCA).

The 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 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 had received MCA and Deprivation of Liberty Safeguards (DoLS) training. For people with DoLS in place these had been agreed, by the relevant supervisory body. The manager was aware of when to make a referral to the supervisory body in order to obtain a Deprivation of Liberty Safeguard (DoLS). This meant that systems were in place to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

People's human rights were protected. For people who received their medicines without their knowledge (covertly) their capacity had been assessed, best interest meetings were held and the decisions to administer covert were recorded. The GP and the pharmacist had been involved in the decisions and when appropriate relatives had also been consulted. Decisions as to whether resuscitation should be attempted and best interest decisions had been reviewed to ensure that they were properly and fully completed and met legal requirements. The records contained details of discussions, confirmation about the person's capacity and were signed by the GP.

Staff were aware of people's rights to make decisions about their lives. They were clear that people had the right to and should make their own choices and understood that people's ability to make choices could vary from day to day. One member of staff said, "We need to make sure that our residents know what we are saying and doing. We cannot take away anybody's freedom, we must check if they understand."

People's needs were assessed before they started to use the service. Information was obtained from other care professionals, social workers, relatives and as far as possible, the person. These initial assessments were carried out by the manager or a senior care worker who had received additional training to enable them to do this. Assessments considered issues in relation to equality and diversity, such as religion, ethnicity and sexuality. A relative told us that their family member had moved to Abbcross from a hospital.

They said, "[Family member] was assessed in hospital and I felt confident that managers and staff could care for them and meet all their current needs." One person told us they, and their family, had met the registered manager at the hospital prior to coming to Abbcross. They confirmed that their family was also involved in the assessment.

People were supported by staff who received appropriate training to enable them to provide a service that met their needs. Staff told us and records confirmed that they received the training they needed to support people effectively. This included safeguarding, infection control, moving and handling, and food hygiene. Staff had received additional dementia care training. One member of staff told us, "Training is up to date and is both on line and face to face. We recently had training about thickeners for drinks." Another staff member said, "Loads of training. We are offered training and it's the right training for the job." One member of staff was qualified as a trainer for moving and handling and they trained other staff and checked their competency. Nurses had been trained to carry out more complex tasks that people needed. For example, to manage the care of people who had nasogastric tubes (tubes going into the stomach via the nose) inserted for the administration of fluid, nutrition and medication.

The registered manager told us that staff supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) was approximately every three months. Staff confirmed that this happened and that they had a yearly appraisal. They told us the management team were approachable and supportive. Therefore, people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were provided with a choice of suitable nutritious food and drink. They told us that they enjoyed the food. One person told us, "The food is nice." Another person said that if they ordered something and did not like it, staff would change it or make them a sandwich or jacket potato. Choices were available to meet people's beliefs and cultural needs. One person told us they were vegetarian and that this had always been catered for. A relative said their family member liked 'English' food and food from their own culture. They added that the cook had prepared food from that culture which their [family member] had really enjoyed. People's menu choice and dietary needs were recorded on a colour coded chart. This enabled the cook and care staff to quickly and easily identify what people needed and wanted and lessened the risk of any errors being made. The service was able to cater for a variety of dietary needs including diabetic, gluten free, soft and pureed diet. Therefore people were able to have meals that met their needs.

People were asked for feedback about the meals provided and any comments or suggestions were taken on board. For example, some people said they did not like the sausages. As a result of this a sausage tasting session took place. Different brands of sausage were cooked and people picked the one they liked best. The brand of sausage purchased was changed as a result.

People were supported to eat and drink sufficient amounts to meet their needs. We saw that there were drinks available in the lounge throughout the day and also available in people's rooms. One person told us whenever they asked for drinks or food, they were given them. A member of staff said, "We have some residents who have problems swallowing or are in bed. We are aware of this, and will take them drink and food throughout the day." Staff recorded what people had eaten and drunk and how much. When there were concerns about a person's weight or dietary intake, we saw that advice was sought from the relevant healthcare professionals such as a dietician.

At the last inspection we recommended that lunchtime arrangements be reviewed to ensure that people were fully supported and that mealtimes were a pleasurable experience. We observed how people were supported during lunch time and found that the quality of the meal time experience and of the support

provided had improved. Changes had been made to ensure that more staff were available to provide support at lunchtime. Some people ate independently and others needed assistance from staff. People were provided with the support they needed and were not rushed. For one person being supported with having their meal in their room, we heard the member of staff talking to the person, encouraging them and offering them drinks. They gave the person as much time as they needed.

People were supported to access healthcare services and their healthcare needs were met. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian and palliative care practitioners. People's healthcare needs were monitored and addressed to ensure they remained as healthy as possible. In a feedback survey, we saw that a healthcare professional had commented, "Staff are very receptive to patient needs and are caring." A relative told us, "Healthcare is brilliant. [Family member] had a fall and they called an ambulance. They keep me informed." Peoples care plans included information about their healthcare needs and how to meet these. Staff referred people with pressure area problems to a tissue viability nurse for assessment when required. We saw evidence of diligent skincare and that advice was implemented.

The environment met people's needs. There was a lift and the building was accessible for people with mobility difficulties. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed. We saw that Abbcross was clean and adequately maintained. In addition to individual bedrooms there was a large combined lounge and dining area where most people spent their time. Since the last inspection, a new bathroom had been installed, the lounge had been redecorated and had new carpets and curtains. There was also a 'dementia friendly' garden with a fish pond and changes had been made to make the internal environment more dementia friendly. For example, by coloured light switches, improved lighting in the lounge and dementia friendly signage.

Good

# Is the service caring?

## Our findings

We saw that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. People were positive about the care and support they received. They told us that staff were kind, caring and respectful and that their privacy and dignity were maintained. One person said, "Carers are happy to chat with me and make sure that I am comfortable throughout the day." Another person told us, "Staff look after me and are very kind and caring." A relative told us, "I cannot praise them [staff] enough. They are dedicated and caring and go out of their way to help." Another relative said, "My [family member] is always smiling and seems very happy here." This relative added that they were very pleased that staff were "caring well" for their loved one.

When people began to use the service they were welcomed, helped to settle in and given reassurance. One person told us, "The manager put fresh flowers in my room because that was what I liked at home." A relative said, "The manager encourages personal photos of family and friends. On the day [family member] arrived I was settling them in and putting things in place. The maintenance person took over and ensured [family member] had all the things they needed to make their first day comfortable and with home comforts available."

People's privacy and dignity were maintained. Staff said they respected people's privacy and dignity by knocking on doors before entering rooms. We saw domestic staff cleaning the rooms and corridors. They knocked on doors before entering peoples rooms, were friendly and polite and used people's preferred names. When supporting people with personal care staff ensured people were not too exposed and that doors and curtains were closed. People's care plans noted if they preferred to be supported by a person of the same gender for personal care.

People's personal information was kept securely and their confidentiality and their privacy was maintained. We saw that any paper files were kept in the nurses' station, which was a small area in the corner of the lounge area. Electronic records were password protected and only accessed by authorised staff.

Systems were in place to ensure that people and their relatives knew what was happening at the service and why. Residents and relatives' meetings had taken place and minutes from these were displayed on the notice board. People were asked for their opinions about what happened at the service and to them. For example, people were involved in choosing the new curtains and chairs for the lounge. One person had been involved in staff interviews. Two newsletters had been produced and this gave people information about staff changes and training, improvements to the home and future activities.

People were supported to maintain contact with family and friends. One person told us, "Staff are kind and caring. They encourage family and friends to visit and always make them feel very welcome." Families and friends were invited to events and celebrations held at Abbcross. For example, afternoon tea and summer BBQ.

People were encouraged to remain as independent as possible and to do as much as they could for

themselves. One relative told us, "At [family members] previous home, they spent a lot of time in bed but here they are encouraged to get up."

People's cultural and religious needs were identified and staff were aware of these. One person told us they felt that staff explored religious and cultural requirements and that their needs were being met. A relative told us their family member did not speak much English but "the language barrier was well catered for." They said, "[Managing director] has written down and laminated some English words and what they are in [persons first language] so staff can communicate with [person]. My [family member] has been made A4 flash cards with things like `fruit' and the word fruit underneath so they can understand what they are being offered but also to aid them in learning a little more English." The relative added that staff made their [family member] feel safe and cared for and that Abbcross was the right choice. Staff told us they would treat people equally regardless of race, gender or sexual status.

Good

# Is the service responsive?

## Our findings

Each person had an individual care plan that set out their care and support needs. As far as possible people and their relatives were involved in planning their care and in developing their care plans. A relative told us, "We have been fully involved in all decisions. I am pleased that [family member's] likes and dislikes were explored and so far their wishes are being catered for."

We saw that care plans were reviewed each month and updated as and when necessary. Care plans and assessments were computerised and the system automatically flagged up when information needed to be reviewed and if this was not done, then it was flagged up as overdue. This meant that staff could clearly see what needed reviewing and the management team could monitor this very quickly and easily. Changes in people's care needs were communicated to staff during the handover between shifts and recorded on the system.

Staff knew people well and were able to tell us about individual needs, likes and preferences. For example, we saw a member of staff take a cup of tea to a person and they said it had two sweeteners, as the person liked it. In written feedback to the service, a healthcare professional had commented, "I particularly note that individuality is respected and is integral to care delivery."

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. For example, we saw that people made choices about what they did, where they spent their time and what they ate. Some people chose to stay in their rooms and this was respected. One person told us, "Staff encouraged me to join in with activities and go down into the communal area, but I did not want to do this. Staff do listen and respond to our personal wishes here."

People were positive about the way the staff responded to their needs. One person told us, "They have a system in place that if you press the buzzer once it's for general things but if you press twice then they know it is an emergency. I did this once and lots of staff responded." Another person told us their room had been very bright when the sun was shining, so the maintenance person had fitted blinds. They added, "Everyone is always only too happy to help."

Arrangements were in place to meet people's social and recreational needs and people were happy with the activities on offer. A full time activity worker was in post to support this. They arranged activities such as games, art and crafts, exercises, films, quizzes and music and spent time individually with people. They also organised celebrations such as a summer BBQ with family and friends. External entertainers visited and some outings in the services minibus were arranged. People had been on a shopping trip to Lakeside and a visit to a garden centre for lunch.

Information was available to people in different formats to make it accessible for people's needs. For example, an easy to use pictorial complaints policy was in place and the statement of purpose was also available as a voice recording. The service was working towards a sensory accreditation charter mark to ensure that the building was user friendly for people with any sensory impairment.

The service provided care and support to people at the end of their life and to their families. This was in conjunction with the local hospice and the GP. The service had made links with the local end of life care coordinator and they visited the service each month to advise and assist on practice issues. Some nursing staff had attended an end of life care study day at the local hospital and nurses had been trained to administer medicines for end of life care by a more specialised method.

One relative told us, "[Family member] is here for palliative care. I feel that all of the staff here have gone that extra mile for them." We saw that a bereaved relative had written to the service saying, "Thank you for being there when [family member] needed you." Another relative had written, "Not only did you make [family member's] time comfortable towards the end but you all looked after us too."

People used a service where their concerns or complaints were listened to and addressed. The service's complaints procedure was displayed on a notice board in a communal area. People informed us that they felt comfortable that if they raised any concerns then these would be listened to and acted upon. One person told us that if they needed to speak to a specific member of staff or a manager they knew how to do this and would feel confident in doing so. Another person said they had never needed to complain and would know the procedures to follow and would not be worried about speaking to a manager. A record was kept of any complaints and what had been done in response to these. This included the action that had been taken to minimise reoccurrence.

Good

# Is the service well-led?

## Our findings

Effective systems were in place to assess and monitor the quality of the service and to implement any necessary improvements. The registered manager and the managing director monitored the quality of the service provided. This was by direct and indirect observation and discussions with people who used the service, relatives and staff. The computerised recording system enabled the management team to check at a glance that required interventions had been carried out by staff. This and other details of what was happening in the service were displayed on the computer screen in the manager's office. Any overdue or uncompleted tasks were automatically flagged up. Both the registered manager and the managing director visited the service unannounced outside their normal working hours to check the quality of service being provided. For example, we saw records of 3am night visits in August and September 2017.

People were provided with a service that was monitored to check that it was safe and met their needs. The registered manager held weekly clinical risk meetings to monitor and address any clinical issues. For example, tissue viability, nutrition, swallowing, diabetes and infections. The managing director carried out monthly 'directors' audits. Any actions were clearly identified, prioritised and colour coded to indicate priority. When the necessary action had been taken this was also recorded. External consultants also carried out quality audits every three months and made reports of their findings and recommendations for improvement. Any necessary action from this was then taken.

People used a service that sought and valued their opinions and these were used to improve and develop the service. The provider sought feedback from people who used the service and their relatives through quarterly quality assurance surveys. Feedback was formally sought from staff twice a year. In addition, the consultants and managing director also spoke to people during their visits. People were consulted about what happened in the service. They were asked for their opinions and ideas and these were taken on board. The newsletter had a section on, "You said. We did." This section gave details of changes that had been made as a result of feedback about activities, laundry, bathing facilities and door signage.

There were clear management and reporting structures. There was a registered manager in overall charge of the service and in addition to care staff, there were nurses who led each shift and were responsible for the service when the registered manager was not there. A supernumerary senior care staff was also in post and they provided additional support to management and staff. A housekeeper post had been created to support and supervise domestic staff and ensure good standards of cleanliness and hygiene were maintained. Staff told us they felt well supported and were clear about their roles and duties. One member of staff said, "Absolutely fantastic management support. I am comfortable to raise things." Another member of staff said, "They [management team] lead by example." A third staff member commented, "Yes, we get clear instructions."

Relatives also felt that the management team were accessible. One relative told us, "It's easy to get hold of someone to speak to. For example, [registered manager], [managing director] or a nurse. They all follow things up." People and their relatives felt the service was well managed. One relative told us, "I feel this nursing home is run in a very professional manner, with excellent leaders, and staff who are supportive of

each other, and of the residents. I feel this was an excellent choice for my [family member]." One person said, "This home is run in a very professional way. I and my family are very happy." Another person commented, "They are well staffed and staff seemed very well trained and managed and I have seen them providing support to each other as well as residents."

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. For example, they were part of a discharge and assessment pilot linked to the Clinical Commissioning Group. The registered manager was on a working group at the local hospital looking at models of assessment for people needing palliative care. The service had an operational plan in place with objectives and targets and a dementia plan to enable them to better meet the needs of those living with dementia.