New Chamber Mount Limited

Chamber Mount

Inspection report

197 Chamber Road
Oldham
Lancashire
OL8 4DJ

Tel: 01616653185

Date of inspection visit:
04 February 2019
05 February 2019

Date of publication:
19 March 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Chamber Mount is a residential home that was providing personal and nursing care to 22 people aged 65 and over at the time of the inspection.

People's experience of using this service:
People received care which met their needs and wishes. Care plans clearly explained how people wished to be supported and how staff could keep them safe.
• Staff understood how to keep people safe from harm and procedures were in place to identify, investigate and report suspicions of abuse. Environmental risk assessments ensured the safety of the premises. Staff assessed risks to people's health, safety and wellbeing and put plans in place to manage these risks.
• Staff were safely recruited and there were enough staff to meet people's assessed needs.
• Care records were well organised and written to place the person at the centre of any activity, and holistic reviews of care involving the person ensured a person-centred approach to changing needs.
• People were well cared for by staff who showed genuine affection for the people they supported. Personal belongings were treated with respect. People were encouraged to exercise choice and choose how they spent their time. Staff promoted people's independence to ensure they retained current skills and abilities.
• Care staff told us they received appropriate support and we saw the service had embedded good supervision procedures to discuss their work performance and any issues affecting their work. All staff completed an induction training programme when they began work at Chamber Mount and had ongoing training opportunities, including end of life care.
• Staff communicated well with one another before during and after each shift to ensure continuity of care. We saw that the service had developed good links with the local authority, and health care professionals such as general practitioners and district nurses. Staff were vigilant to health needs and people told us they had good access to health care.
• People and staff's views on the service were sought through annual surveys and questionnaires, and regular staff meetings and resident/relative meetings. The service had a complaints policy and people we spoke with understood how to make a complaint.
• systems and procedures in place monitored the quality and effectiveness of the service. Regular audits identified areas of good practice and issues for improvement.
• The service had a registered manager who was respected and held in high regard by staff and people who lived at Chamber Mount. The registered manager promoted a homely atmosphere where people appeared comfortable and content.
• The service met the characteristics for a rating of 'good' in all key questions.
• More information is in the full report.

Rating at last inspection:
This was the first inspection of Chamber Mount since a change of ownership in October 2017.
The last inspection in February 2016 rated the service as good.

Why we inspected: [where relevant: improvement plan at last inspection; incidents or third-party investigations we were aware of at inspection and risks]; scheduled/planned inspection based on previous rating; inspection brought forward due to information of risk or concern;]

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: ongoing monitoring; possibly more about how we will follow up

We will continue to monitor information and intelligence we receive about the service to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Chamber Mount

Detailed findings

Background to this inspection

The 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.

Inspection team:
The inspection team consisted of one adult social care inspector.

Service and service type:
Chamber Mount is a 'care home'. People in care homes receive accommodation and 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. Chamber Mount is registered to support 23 people, and at the time of our inspection there were 22 people living there.

Notice of inspection:
This was an unannounced Inspection.
Inspection site visit activity started on 4 February 2019 and ended on 5 February 2019.

What we did:
We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service people who used the service and four relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, four care staff, a domestic

assistant and cook. We also spoke with a healthcare professional who visit the service.

We reviewed a range of records. This included six people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "No, I won't come to any harm here, the staff will make sure of that. And I'm with friends. It's as safe as anywhere".
- The service's safeguarding policy and procedures were up to date and a copy of the local authority's reporting procedure was kept in the main office where it was accessible to all staff.
- All staff had received training in protection of vulnerable adults and when we spoke with them they showed a good understanding of reporting mechanisms and how to identify signs of abuse to keep people safe. One care worker told us, "If I suspect any abuse I would have no hesitation in reporting it. It's our job to keep people safe from harm." We saw copies of regular monthly reports on safeguarding issues sent to the local authority and following safeguarding investigations care plans included protective measures to ensure people's safety.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and clearly documented. The service took a person-centred approach to managing risks, based on individual needs and abilities and allowing people independence and choice. Detailed care plans were specific to the person and instructed staff on how to safely manage the identified risk.
- Risks were reviewed every three months or following any changes in circumstances. For example, if a person had been prescribed a new medicine, reviewed risk assessments advised staff to be mindful of any impact this might have, such as how mobility might be affected.
- We saw that when transferring people, staff were mindful of any hazards or risks. For example, when manoeuvring people in wheelchairs staff checked straps and footplates were in place.
- The registered manager and deputy managers undertook environmental risk assessments risk assessments and regular checks of the environment, fire equipment and water safety. Monthly checks of profiling beds wheelchairs, lifting equipment and other mechanical aids ensured they were fit for purpose.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that disclosure and barring Service (DBS) checks were completed and references obtained from previous employers. Checks were made to ensure people had a right to work in the United Kingdom.
- There were enough care staff to meet the needs of people and deliver a consistent service. The service used a dependency tool to determine the number of staff required to safely meet people's needs. This was

checked monthly, and at the time of our inspection staff levels were above the assessed dependency level. When we asked, care staff told us they believed there were enough staff; one care assistant told us, "There are enough staff. We get enough time to do our job and have time to spend with [people who use the service]".

● The service employed two deputy managers. This ensured that there was always a senior member of staff on duty. The day shift ended at 10:00pm to ensure that there were enough staff to support people as they retired in the evening.

● All care staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely

● Medicines were being managed safely. Deputy managers and senior staff had been trained to manage medicines and competency checks were carried out on a yearly basis. People told us they were happy with the support they received to take their medicines.

● Medicines were delivered using a monitored dose system (MDS). On delivery they were checked for accuracy and signed for by two staff and stored in a lockable trolley in a locked treatment room when not in use. A designated key holder kept the keys on their person and signed a transfer form at the beginning and end of each shift.

● Records showed that medication was administered as prescribed. Each person had a medication administration record (MAR) which detailed the medicines they required and when they were administered. We checked six MAR charts and saw that they had been completed accurately.

● We saw that when giving out medicines the staff member wore a red 'do not disturb' tabard. This ensured the person was able to focus on administering medicines and people understood that they were busy with this task. Medicines were given considerately, the member of staff took their time, talking to people as they swallowed and ensured that they had a drink to help wash down any tablets.

● Topical medicines, such as creams and ointments, were kept safely in bedrooms. This meant that the right creams would be applied to the right person. Eye drops, which needed to be stored at a low temperature, were kept in a lockable fridge. The temperature of the fridge and the room was recorded daily. If medicines are stored at the wrong temperature they can lose their potency.

● Daily checks of medicine supply were carried out, and audits covering medicine administration and record keeping were carried out on a monthly basis. These showed that medicines had been administered safely.

Preventing and controlling infection

● Care staff had completed infection control training. They understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care.

● The home was well maintained and clean throughout. There were no lingering offensive odours. People were appropriately dresses in clean clothing and told us their personal hygiene needs were met.

● We saw the registered manager completed risk assessments on the control of substances hazardous to health (CoSHH), This included the use of all products, and was reviewed yearly.

● Communal bathrooms were tidy with no personal belongings or items which could be harmful if used incorrectly, such as shampoos, creams or razors.

● The registered manager completed spot checks with staff, observing them as they provided personal care and food preparation and handling to ensure care staff followed the infection control procedures.

Learning lessons when things go wrong

● Accidents and incidents had been logged, noting what had happened and with consideration of how to

limit and reduce risk at each incident. Regular audits checked for trends or patterns, to mitigate further risks. For example, we saw evidence of referrals to speech and language therapists for guidance and advice where people had difficulty with swallowing.

● The registered manager told us that they reflected on issues and concerns which had caused difficulties and considered how the service could be improved. For example, the service had admitted a person without full consideration of how their needs could impact on the other people who lived at Chamber Mount. Consequently, they had reviewed their pre-assessment documentation to ensure that the service was able to meet need without diluting the quality of care and support to all the people who used the service, including any further training which might be required.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

We found people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
●People told us that they were supported in the way they liked and were encouraged to maintain their independence. One person said, "They keep me independent, they help me when I am struggling, but my arms and legs are not painted on".
● Prior to admission, the registered manager met with the person and their family to discuss their needs and how these could best be accommodated. The pre-assessment document was stored on the person's file along with any further information gathered from people who had supported them in the community such as social workers, nurses and other health professionals. This information was used to develop an interim care plan which could be revised once the person had been admitted to Chamber Mount.
● People's needs and wishes including their likes and dislikes were recorded in their care records. When we asked, they told us that they had been consulted about how they liked their needs to be met and were involved in reviews of their support.

Staff skills, knowledge and experience:
● The service supported staff to access training and kept a matrix to show when people had completed any mandatory training or required refresher courses to keep their knowledge up to date. We saw there were some gaps in regard to refresher training. The registered manager told us that requests to attend external courses had been sent, and staff were awaiting allocation of places. Well organised staff files recorded any training attended including certificates of completion.
● Staff told us that they were supported and encouraged to keep their knowledge up to date, and were given opportunities to learn. One care assistant told us, "I've done loads of training, I particularly enjoyed training on mental health and infection control".
● All staff new to care completed the care certificate. This is a nationally recognised qualification designed to equip staff to deliver all aspects of care. All new staff completed an induction programme, and would spend time shadowing more experienced staff. One care assistant told us, "My induction was really good. We did some training on the essential aspects of work, and got to know the people and staff, routines and the way people like things to be done".
● Where knowledge-based courses were delivered via eLearning, tests were carried out to ensure the learning was embedded.
● The registered manager maintained a supervision matrix which showed all staff received a formal supervision at least once every six months, and a yearly appraisal. Staff were monitored as they worked, including regular spot checks. The deputy manager worked alongside care assistants and told us, "If I need to correct I won't wait for a supervision session. But I seldom have to pull them up. This means supervision can be more about personal development and staff support".

Supporting people to eat and drink enough with choice in a balanced diet:
● When we asked people about their food they told us, "We get plenty, and its good. It's the type of food we like," and, "The food is magnificent!"
● People were consulted on the type of food they liked and helped to draw up the menu. On the first day of our inspection most people had chosen stew and dumplings as their main meal and were enjoying their food. Meal times were a social occasion, there was a n open and lively atmosphere, with staff providing support and gentle encouragement to people who had difficulty eating their meals. Meals were not rushed, and people were given time to eat their meals at their own pace.
● Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. The cook told us, "I know all the people who use the service and like the care staff I understand their dietary requirements."

Staff providing consistent, effective, timely care within and across organisations:
● The service worked with other community stakeholders, such as social workers, the local authority and other commissioners, and health service staff such as doctors, district nurses and hospital staff to ensure effective care for people and that their needs and wishes were met.
● We saw that the staff knew people well and were vigilant to any changes in their condition so referrals to healthcare professionals were made in a timely manner.

Adapting service, design, decoration to meet people's needs
● A visiting professional described Chamber Mount as "Homely, friendly and well maintained", and we saw people were comfortable in their surroundings. Three lounges and two dining rooms allowed people choice and variety of room. We saw people would spend time in different areas of the home.
● People were encouraged to personalise their rooms and bring in their own belongings. One person told us, "My room is downstairs where it's quiet, I can go down and watch a bit of telly if I want, I've got bits and bobs of my own".
● Chamber Mount was converted and extended form two old buildings. This mean that there was no through access on the upper floors. A lift provided access to one upstairs landing and a stair lift to the other.
● Some upstairs corridors were narrow which meant that manoeuvring people in wheelchairs would be difficult, but all the people with rooms on that landing were able to walk unassisted. Downstairs corridors were wide with handrails to support people who had difficulty mobilising.
● Some people shared bedrooms, but screens were in place to ensure their privacy.

Supporting people to live healthier lives, access healthcare services and support:
● The service liaised with a range of healthcare professionals, such as district nurses, community psychiatric nurses and doctors to ensure people's health needs were met. A visiting health care professional told us, "The managers and staff communicate well. Staff know what to do to manage good health. It's one of the homes I prefer to come to".
● Care records noted any visits from healthcare, and notes for hospital outpatient appointments. When instruction was provided by health professionals this was noted and followed.
● We saw referrals to professionals when any issues or concerns had been identified, such as potential pressure areas or poor nutritional intake.

Ensuring consent to care and treatment in line with law and guidance:
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 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 training to ensure their knowledge and practice reflected the requirements set out in the MCA.
● Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.
● People who did not have capacity to make specific decisions were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice. One care assistant was able to explain the best interest process and told us, "Choice is always given. We assume capacity, but if person isn't able to choose we support them to make a choice and explained best interest decisions. People we spoke with confirmed that they were always offered choices in how their care was delivered.
● Care records included consent forms, which people had signed to agree to the care and support provided.
● The service recognised and advocated for the least restrictive option. For example, where a person was refusing medicines, and it was recommended that medicines should be given covertly the service advocated on the person's behalf to seek a more suitable method of applying the required medicine and avoided the need to disguise the fact that the person was being medicated.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● When we asked them about their care, people told us, "It's brilliant. Staff have always got time; they don't say, 'wait a minute'. They don't mind you not doing this or that, they let you please yourself about what you want to do."

●We saw people were treated with kindness and addressed by their preferred name or terms of endearment.

● Staff spent time with people and had got to know them well. One care assistant told us, "I love my job, getting to know people and making their day a bit better". They spoke with tenderness about specific people, showing affection and understanding of their past lives.

● People told us the staff respected them, knew what they liked and how they liked to be supported. One person remarked, "All the staff are the same, friendly and helpful. For example, if I've forgotten something in my room they will happily fetch it for me. I can't say there is a good day or a bad day, they are all good days here!"

● Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. Staff received training in equality, diversity and inclusion.

Supporting people to express their views and be involved in making decisions about their care

● People were supported to express their wishes, needs and preferences and were consulted in reviews of their care plans.

● Staff understood and supported people's routines, likes and dislikes. As we were talking with one person in their room a care assistant brought them a drink. "Warmed in the pot", they remarked, "Just how I like it!"

●Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to get up. One person told us, "I've asked them to give me a knock about 7:30. I don't have to get up if I don't want to". The service recognised that one person was a poor night sleeper; their different pattern and routine was accommodated.

● Information about local advocacy services was available and on display at the service and managers and staff would signpost people and their relatives to sources of advice and support. At the time of our inspection nobody had an independent advocate.

Respecting and promoting people's privacy, dignity and independence

● Although Chamber Mount was their workplace, staff recognised that first and foremost it was people's home. One person told us, "This is my house. I live here and [the staff] know that".

Staff were mindful of people's needs to be alone, and when they wanted to talk. We observed positive interaction and quiet conversations between staff and the people who lived at Chamber Mount.

● Staff treated people and their belongings with respect and understood their need for privacy. Information held about people, including all care records were securely stored in the manager's office when not in use, but staff had access and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.

● People were supported to form friendships with one another. One person told us, "I have made a good friend here, we talk with one another and have a grumble."

● People were encouraged to maintain their skills by actively participating in some tasks. For example, we saw one person setting tables for lunch. They told us they enjoyed 'helping out' and made them feel they were adding a positive contribution.

● When people chose to stay in their rooms, their privacy was respected. Staff would knock and wait for a reply before entering.

● Visitors told us that if they wanted to speak privately with their relative or friend they could. They told us that the staff knew them by name and that they and their relatives were, "Absolutely well cared for by everyone. I've no complaints. We are always made to feel welcome, and this place is treated as [my relative's] home. All the people here are well looked after, clean, well-groomed and properly cared for".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that care staff encouraged independence and understood when people needed help. They told us, "I might have some bad days myself, but the carers understand and work with that. They are always polite and patient with me."
- Each person who lived at Chamber Mount had a well-ordered care record which detailed their needs and how they would wish to be supported. Separate care plans divided into 16 sections detailed the specific care requirements and levels of intervention required to support person. Written in a person-centred way they gave a good indication of the person and identified any specific needs. For example, "I am a quiet but friendly lady. I do not like to be talked over when I am trying to express myself", or "Staff need to encourage fluids and realise indicators which would suggest a UTI".
- The spine of each plan indicated if the person was subject to any deprivation of liberty or if 'do not attempt resuscitation' (DNAR) was in place. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation. This allowed staff to quickly identify any pre-existing conditions required to safely meet the person's needs.
- A front sheet provided important information such as history of falls or if weight loss was an issue, directing staff to pay particular attention to the concern. A 'This is me' document gave a good indication of the person, for example "I speak my mind, and nothing upsets me" or one person had chosen to include an old action photograph which reminded staff that the person used to enjoy outdoor activities.
- Multi-disciplinary records indicated any involvement with health and social care professionals and a hospital transfer record easy to find at front of file.
- Any specific risks are assessed, such as falls, mental health concerns, skin integrity and mobility were assessed and where risk was identified as medium or high detailed instruction as to how to minimise the risk were included in care plans.
- Care plans were regularly updated. Staff told us that they were informed of any changes at the start of each shift, and that, "I always read care plans to check. That way I know I am doing the right thing". The deputy manager told us, "I make sure everyone gets their hands on care plans so staff know the latest situation, especially if they have been off work a few days".
- People told us that they were stimulated and had enough to do. One person told us, "There is always something to do and we are kept occupied." They told us they enjoyed the knitting circle and was knitting a jumper for a relative.
- The noticeboard advertised daily activities such as armchair exercises, makeovers, hoopla, and 'share the news'. The activity coordinator told us that they regularly arranged activities with people who lived at Chamber Mount, that they enjoyed and participated in quizzes such as 'name that tune', or 'play your cards right', and reminiscence sessions: "All chip in. We choose a topic, like old cinemas, and each person has something to say".

Improving care quality in response to complaints or concerns

● The service had a complaints policy. However, this was out of date and not in an accessible format. We raised this with the registered manager who took immediate action to review the procedure and publish it in a way it could be read or understood by people who had difficulty with reading written English.
● People who used the service told us that they were aware of how to complain if they needed to. One person told us, "They listen to what I have to say, and they put it right, or try their best. I wouldn't go anywhere else." Others told us, "If there was anything wrong I'd tell you, but there isn't. If I had a complaint I'd call the manager about it, but I can't imagine anything happening where I'd need to". A visiting relative said, "Any problems, I'll see the manager and they'll deal with it straight away. No need to make a formal complaint they'll see to it".
● We saw from the complaints record that all complaints had been investigated and the outcome of the investigation reported back to the complainant. Where they had been substantiated corrective action was taken and an apology given.

End of life care and support
● People were encouraged to complete advanced care plans which included how they would like to be supported at the end of life.
● At the time of our inspection there was nobody on end of life care. However, staff were knowledgeable and understood how to support people through their last days.
● Staff had completed training in end of life care and the 'six steps to success in end of life care were displayed on the noticeboard. Two senior care staff had undertaken a twelve-month course in care for then dying, and as champions in this area they ensured that people's last days were pain free and understood how to help relieve any anxieties. They told us that they had developed good relationships with health professionals to ensure pain relief was available and involved families whilst recognising that they also required support.
● Thank you messages showed gratitude from relatives of people who had passed away at Chamber Mount, and commended staff for their care and support during their final days.
● The service had developed good policies to deal with any unexpected death.

Good

Is the service well-led?

Our findings

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager was supported by two deputies. The management team worked together to ensure the day to day running of the service. Staff understood their role and responsibilities and worked well as a team. A deputy manager told us, "We all muck in. It's a good team; all know what to do and how to do it. The staff are on the ball and keen, they will ask me what do I want them to do next". We saw throughout our inspection all staff would regularly check on people's well-being, or if they had enough to drink.

● People understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles. They were held to account for their performance where required.

● Audits were completed on a regular basis. Information gathered from audits, incident reports, compliments and complaints and safeguarding concerns
was used to improve the service. We saw when we looked at the most medicine audit which noted the information held about medicines was out of date, so a revised national drugs formulary was ordered.

● Policies and procedures were regularly revised to ensure that they stayed in line with current legislation and best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their relatives told us that they were kept informed on issues which affected the day to day running of the service and were asked for their views on how well or otherwise the service performed. Relatives meetings were held; we saw a recent meeting included discussion on advanced care planning and how people would want to be supported at the end of their lives. A resident survey was conducted each year. We saw the most recent survey from 2018 received a 62% response. Most of the comments were complimentary, but we saw that the service responded both to individual criticism and common themes, including food choices and activities. The survey noted some dissatisfaction with the food menu, so this was followed up with a questionnaire asking people more detailed questions about their preferences, resulting in improvements in quality and variety.

●We saw an annual survey of visiting professionals. All the comments were positive, including, 'Chamber Mount is a lovely home, clients are well cared for. A lovely atmosphere'.

● Staff meetings were held every 6 weeks. Minutes from these meetings showed instruction, discussion and compliments. In addition, staff also completed an anonymous questionnaire about their work. All feedback was positive.

Continuous learning and improving care

●Information obtained from audits and analysis of incidents and complaints was used to drive improvement.

• The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others

● The registered manager worked closely with partners such as the local authority commissioning team to develop the service. They attended local care provider forums and subscribed to service magazines and web sites.