

Mr and Mrs Bradley

Edenhurst Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Edenhurst Rest Home is a care home providing accommodation for up to 24 people requiring nursing or personal care. At the time of our inspection, 24 people were living at the service. The accommodation is established between two large two storey converted family homes designated as East and West. On the ground floor there was a small reception area in the East wing, bedrooms, a small dining area and small communal lounge, which was also used for delivering activities plus a kitchen and managers office. The West wing mirrored this layout but without the kitchen the first-floor housed further bedrooms and a bathroom. Access between the floors was via a central lift or staircases which were secured to prevent risk of injury from falls.

People's experience of using this service:

People were not always protected from the risk of an acquired health infection, as the service did not provide adequate handwashing facilities in all rooms. Staff did not always ensure the environment was clean. Although appropriate policies and procedures to monitor and reduce the risk of infection were in place these were not always followed

Systems were in place to support people to take their medicines safely, but these were not always followed. Staff did not always record and manage medicines prescribed 'as required' safely. Information recorded about people's allergies to medicines was contradictory.

Safe recruitment practices were in place but not always evidenced. Information regarding proof of identification and DBS checks was not present for all staff.

People felt safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs. Staff had received training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were quality monitoring procedures in place but these were not always effective at identifying and responding to issues.

The management structure of the service was clear.

People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff had received training in relation to safeguarding and knew how to protect people from harm.

Information was provided in a range of formats to support understanding. People were able to access spiritual support to meet their religious beliefs.

There was a registered manager at the home and the rating from their previous inspection was displayed at the home and on their website. When required notifications were usually completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: Requires Improvement (Published January 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service had improved in some areas but remained Requires improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information 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?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Edenhurst Rest Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by two inspectors 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.

Service and service type: Edenhurst Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. 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 seven people who used the service and four relatives to ask about their

experience of the care provided. In addition, we spoke with three visiting health professionals.

We spoke with six members of staff including the nominated individual, registered manager, deputy manager, senior care workers, care workers and kitchen staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at five staff files in relation to recruitment and supervision records along with records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

At the last inspection in January 2018, Improvements were required regarding how people's medicines were stored. At this inspection we found improvements had been made, but identified new concerns regarding administration and recording of medicines prescribed to be taken 'as required'.

- Staff administering medicines were not aware of the protocol used for administering and recording medicines prescribed to be taken 'as required', known as PRN medicines. We asked the staff member to identify the PRN protocol but they were unable to do so.
- We found discrepancies in the recording of PRN meds and staff displayed a lack of understanding about what the medicines were or what they were prescribed for.
- Information regarding people's allergies to medicines was recorded on a cover sheet on their Medicines Administration Record (MAR) chart. We found that this information contradicted the information about allergies recorded on the actual MAR sheet provided by the pharmacy. For example, one person was recorded by staff as having an allergy to Trimethoprim but the MAR sheet stated 'no known allergies'.
- We raised a concern as the information was recorded in biro ink on a wipe clean card and we noted the writing was easily smudged and observed a number of records where the information was difficult to read. One person's cover sheet had information that was half rubbed out. The information left stated both; 'no allergies' and 'allergic to morphine'. The MAR stated no known allergies.
- This could lead to confusion for the staff member administering the medicine and risk of receiving unsafe or potentially harmful medicine for the person.
- Staff completed medication training and competencies were checked by suitably qualified staff. We observed staff administering people's medicines and saw that medicines were stored and aside from the PRN issue administered and recorded safely.
- The Registered Manager and senior staff carried out regular audits of medicine procedures, storage and observation of staff administration. However, these had failed to identify the concern we raised
- People told us they were happy with the support they received to take their medicines although one person said, "sometimes it [medication] can be late, not very often, but sometimes. It depends what's going on." A relative added, "There is no problem (relative) gets their medication on time. They are quite on the ball and are looking at reducing their medication."

Staffing and recruitment

At the last inspection in January 2018, improvements were required regarding the number of staff employed

to meet people's needs. At this inspection we found improvements had been made. We found concerns remained regarding recruitment checks.

- Recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. However, we found that evidence to support these checks was not always available. For example, proof of people's identification, and current clean Disclosure and Barring Service (DBS) checks. DBS checks allow employers to make safe recruitment decisions.
- There were enough staff on duty to support the needs of people and keep them safe. All the people using the service, their relatives and care staff told us they felt enough staff were deployed to meet their needs. One person told us, "There is enough staff to help. I never feel there needs to be more staff." A second person said, "Yes there are enough staff."
- We reviewed the staffing rota for the months preceding our inspection and found the providers stated staffing numbers, to safely meet people's needs, were consistently met.

Assessing risk, safety monitoring and management

At the last inspection on January 2018, improvements were required regarding, assessing, monitoring and reducing risk of harm to people. At this inspection we found improvements had been made.

- Regular safety checks took place to help ensure the premises and equipment were safe. However, we found recording of this was not always consistent. We informed the registered manager of this and improvements were immediately made.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, pressure ulcer prevention and falls, epilepsy. Staff were able to identify and describe what assistance people required and how to keep them safe. One person was at risk of developing pressure ulcers and staff were able to describe the care and treatment regime they required to prevent these occurring. However, we found the recording of this care and support was not always accurate. We informed the registered manager and saw improvements were made during our inspection.
- People told us they felt safe when staff supported them using equipment, for example using walking frames. One person told us, "They [the staff] always make sure everything is safe, they're very good."
- Fire risk assessments were in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support people using the service in the event of a fire.

Preventing and controlling infection

At the last inspection of January 2018, improvements were required to prevention and control of infection. At this inspection, we found that. Although some improvements had been made, further improvements are still required.

- The service had systems in place to manage the control and prevention of infection, but these were not always effective. People and their relatives told us the service was clean and they had no concerns regarding the spread of infection. Comments included, "Rooms are hoovered every day" and "My room is always immaculate." A relative added "The bedroom, is always spotless."
- However, during our inspection we found areas that had not been sufficiently cleaned. For example, a window ledge in the dining room, which was level with the dining tables, was covered with dust and dead flies. This providers cleaning checklist did not specify which areas had been cleaned or at what times. We asked the provider to make improvements to the recording of cleaning.
- Adequate handwashing facilities were not available in people's rooms or communal areas. Best practice states use of paper towels and liquid soap to aid adequate infection control. Neither of these were available in rooms where people received personal care or communal areas or bathrooms. We asked the registered

manager and provider to make improvements to this.

- Staff told us they had access to personal protective equipment such as gloves and aprons and we saw these were available and used

Systems and processes

- People and their relatives told us the service was safe. One person told us, "Yes, I feel safe, because there's quite a few of us under one roof." A second person added, "They [the staff] always make sure everything is safe, they're very good."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse. A staff member told, "I would report if someone was withdrawn or a change in their behaviour, because we are small we notice things like that." Other staff we spoke with added, "There is a number (Local Authority) I can call" and "I want families to feel their relative is safe here."

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use these as learning opportunities to try and prevent future occurrences. They told us, "We use the accident and incident book to look back and analyse trends and then we discuss these with staff."
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence. The registered manager showed us an example of an updated risk assessment and care plan. We saw examples where the Registered manager had made proactive referrals to the falls team for a person who they felt was at risk.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection in January 2018, Improvements were required regarding how people's rights were protected when they lacked capacity to make decisions. At this inspection we found improvements had been made.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- Where people did not have capacity to make decisions, they 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. Capacity assessments were completed for decisions. This meant that people were supported to make decision where they had capacity rather than assuming they lacked capacity in all areas of life.
- Staff had a working knowledge of the MCA legislation and its application. One staff member told us, "Capacity differs and can fluctuate, it's so important to give choices." A second added, "I explain what I am doing but if they refuse it's their choice, even if it's an unwise one."
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Where a relative or other person was involved in these decisions, staff ensured that person was legally authorised and informed to make decisions on the persons behalf. People told us best interest decisions had been discussed with them and they felt involved in their care.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- People received a comprehensive assessment of their needs prior to admission at Edenhurst Rest Home and these were regularly reviewed. Care plans contained information about people's choices, likes and dislikes and preferences for how their care was delivered. For example, one person asked for water for personal care to be only lukewarm and not hot.
- Staff worked to ensure people had as much choice as possible in their daily lives. For example, what activities to take part in, choice of clothes or meal options.
- Staff worked well with other agencies including, GPs, district nurses, Dementia Outreach Team (DOT) Speech and Language Therapy (SALT) and the dietician.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, an assessment and feedback from a visiting health professional identified one person was at greater risk of falls due to their breathing difficulties. We observed staff assess the person breathing and use appropriate aids to reduce risk of injury and improve quality of life.

Staff skills, knowledge and experience

- Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff.
- All staff had completed the training identified as mandatory by the provider which included amongst others; Fire safety, safeguarding, health and safety, food hygiene, end of life care and infection prevention and control.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Training records we saw showed staff could access additional training that helped meet people's needs. A staff member told us, "It's good, I can also ask if I would like extra training."
- Staff we spoke with told us they received one to one supervision sessions. A staff member told us, "It helps me know what I need to improve on." Records we saw confirmed staff received regular supervision and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- We observed the lunchtime meal which was appeared calm, pleasant experience with music playing and warm interactions between staff and people.
- We noted that people were offered a choice of meals and if they did not like the meals on the menu a second option was offered. People told us, "Oh yes we have good food" and "The food is nice, I enjoy it. I have my food in my room because I don't like people watching me."
- Kitchen staff were very knowledgeable about people's specific dietary requirements and there was regular communication with care staff to monitor people's requirements.
- People told us they enjoyed the food served and they had enough to help maintain healthy diet and nutrition. One person told us, "I didn't used to have curries but I eat everything now. I can ask for things and the staff will get them. Last week I fancied a choc-ice and they got it for me."
- People were asked if they required assistance or aprons and staff waited for their consent before proceeding. Staff were patient and attentive and supported people when required. For example, one person

appeared quite sleepy at the table. Staff supported them but didn't rush the person whilst ensuring they had enough food to eat.

- People were provided with adaptive cutlery and plates if required which helped promote their independence and ensure they maintained healthy nutrition.

Adapting service, design, decoration to meet people's needs

- People had a say in the decoration of their own rooms and communal spaces. The provider was at the beginning of a redecoration programme and had discussed decoration preferences with people. Peoples' rooms were individualised with personal belongings and furniture. One person told us, "My room is fine and the lounge is lovely. We all get together in there and natter you know!"
- The service was based in two converted family homes which meant the layout was not always conducive to people moving around independently. However, communal areas were level, lifts were provided between floors and measures were in place to reduce the risk of slips and trips.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. The GP carried out regular visits for all people and attended when requested. People were supported to attend regular appointments at hospital or other healthcare settings.
- People told us, "The G.P. mostly comes here. Staff are good at calling the G.P. when you need them. I've got no complaints at all." Also, "The dentist comes to the house." Staff told us how they would make referrals to other health professionals when required. Feedback from visiting health professionals confirmed this happened in a timely manner.
- We saw records of regular visits by and appointments for, district nurse, optician, chiropodist and falls team. A relative told us, "(Relative) has their feet done here, they have seen the dentist twice [at the home] in the three months they have been here and the G.P. also comes out to visit."

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

Good: 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

- During our visit, we observed a warm, pleasant and relaxed atmosphere. We noted the atmosphere was homely, welcoming and caring.
- We observed positive, caring and friendly interactions between staff and people. People and their relatives spoke highly of staff one person said, "I love it here. I just like the atmosphere and the people. The staff are ever so good to you."
- Conversations with staff demonstrated they enjoyed their work and knew the people they supported well. Comments from staff included; "We will sit and talk with people, we have that time" and "It's a home from home, we listen to our residents and their needs come first." Our observations during our inspection confirmed these statements.
- People were supported to express their religious and cultural beliefs. People attended church services and a Priest visited regularly. People welcomed this very much as the priest was very good at interacting with, supporting an involving people with dementia. The registered manager told us of one person who was unable to communicate verbally and was generally withdrawn, that very happily sang along with hymns during these services.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. For example, during meal times or assisting people with personal care.
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them. People were supported to maintain social and personal relationships and relatives and friends could visit at any time.
- People had access to Advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity at all times, particularly when delivering personal care and support. Dignity training was included in the mandatory training for staff and some staff were trained as dignity champions. One person told us, "Staff listen to what you want. The staff are nice people. They are caring. They come to my door to check that we are ok."
- People were supported to maintain their independence as much as possible. We observed many

incidences of staff encouraging and supporting people. One person told us, "I can stay in my room all the while if I want to. I don't though, because I like the company." A staff member told us, "It's all about their choices and independence, after all, it's their home at the end of the day." A second added, "I ask people to wash as much of themselves as they can and encourage them. Everyone is different though." Peoples information was stored and managed securely which protected their confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

At our last inspection of January 2018, improvements were required to ensuring care was personalised and people were involved in the design of their care. At this inspection we found improvements had been made.

- Care Plans were detailed, person centred and gave the reader an understanding of the persons needs both physically and spiritually. Information about the person's life history, important events and important people, were included to ensure the reader understood the person and their needs fully.
- The registered manager had developed a one page 'top tips' grab sheet outlining the person's needs. We found these gave a very good and detailed understanding of a person and their care needs and demonstrated an excellent understanding of people at the service.
- People received care that was personalised and responsive to their needs. The provider and staff were committed to supporting people to live their lives in a way that promoted their feelings of, individuality, purpose and belonging.
- Staff displayed a good understanding of people's needs and wishes. A staff member told us, "It's important we spend one to one time with people so we can all learn about them." The service had a homely, family atmosphere and people told us they felt the provider and manager treated them like members of their family. One person told us how the provider had bought roses for two male service users to give to their wives on Valentine's day which were received with pleasure and mild suspicion (love this) as they had never received any before.
- The registered manager had an understanding of the Accessible Information Standards (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand.
- People had access to a range of activities and the service provided regular trips out and social activities. On the day of our inspection, people were taking part in chair based exercise to music session. People told us they enjoyed the activities provided and several mentioned a recent trip to the theatre that they enjoyed. Peoples relatives could visit at any time and people were supported to have regular trips to see relatives.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and had confidence that the manager would respond appropriately. None of the people we spoke with had ever had to make a complaint but felt confident they could do and it would be responded to. One person said, "I've not had one complaint. If there was anything wrong you'd tell the staff and they'd sort it all out for you."
- Staff we spoke with knew how to respond to complaints. They would report any complaints or concerns to the management. The providers complaints policy was displayed prominently and staff could describe their role in supporting people to raise a concern.
- We saw that any complaints received were investigated quickly and honestly and followed the providers complaints policy. Any learning from the complaint was shared with the complainant and staff.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff supported people and relatives to develop care and treatment plans. Professionals were involved as appropriate.
- End of life (EOL) support was included amongst the mandatory training that all staff must complete. Where appropriate, staff had held discussions with people and their relatives regarding EOL care and these were recorded sensitively in care plans.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences. The service, management and staff were very compassionate and supported people's relatives and friends as well as staff, before and after a person passed away.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement:

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

At our last inspection of January 2018, we found that improvements were required to quality monitoring, audits and managing risk at the service. During this inspection we found that, although improvements had been made, further improvements were required.

- Although many improvements had been made to monitoring the quality and effectiveness of the service, improvements were still required. Not all audits were effective at identifying and responding to risk and concerns.
- Medication audits had not identified the issues we found with recording of medicines or staff knowledge of PRN medicines. The registered manager was unable to locate recent competency assessments to evidence these had been completed.
- Audits were in place to monitor infection prevention and control but these were not effective at identifying the concerns we noted during inspection.
- We informed the registered manager of these concerns at feedback and received assurances they would be addressed.
- System were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks, legionella monitoring and gas and electrical safety checks.
- The provider and registered manager had created an open culture and developed very positive values within the service. Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "I would speak to the owner or manager, they will do anything to make things right." Another said, "They [management] involve us 100%, we have a shared approach to the care."
- Staff performance was monitored with regular meetings and individual supervisions. Staff told us they found these useful and informative. We all discuss how do we improve and make things better for the residents."

- The provider and registered manager strove to provide a responsive, effective person-centred care and this was reflected in of the service. We saw that when accident or incidents were recorded they were reviewed and the learning shared.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's support was planned and reviewed regularly. Support plans contained very detailed and up to date information on how a person should be supported, including consideration to their needs and wishes.
- Notifications were made in an accurate and timely manner. The service had an open and transparent culture. Where required lessons were learned if errors had occurred. Staff were highly motivated by the provider and registered manager and showed pride in the care they gave to people at all the stages of their care.
- There was a registered manager at the home and the rating from the last CQC inspection was displayed at the home and on their website.

Engaging and involving people using the service, the public and staff, Working in partnership with others

- People and their relatives had the opportunity to give their feedback about their experiences of the service.
- Regular relative and resident meetings were held and a satisfaction survey carried out and feedback from these was overwhelmingly positive. One person said, "I would feel confident to raise any concerns with management or staff, but we couldn't wish for a better place." A relative added ""Very good care, very good homemade meals, staff always the same, can't do enough for you; very good wouldn't want Mum to go anywhere else."
- Other health professionals, commissioners and the local authority gave positive feedback regarding partnership working with the service.

Continuous learning and improving care

- Staff were confident to report and deal with any incidents or accidents which occurred and took personal ownership for sharing any learning or recommendations from these.
- Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding issues or concerns. A staff member told us, "I think about my own Mum and what I would want for her. That's the standard I work to."
- Staff received a handover at the beginning of most shift so they were updated on people's current needs. However, we found these handovers were not always detailed and the quality of handover differed between shifts. Handover between morning, evening and night shifts were written records, however the handover from nights to day shifts was verbal. No record was kept of the night time handover. During our inspection we attempted to follow up an issue we had concerns about. The lack of formal recording for all handovers and the variable quality of other records meant we had difficulty obtaining the information we required in a timely manner. This could mean that delays would be experienced when information was requested by

other health professionals or care staff when delivering care.

- We informed the registered manager of our concerns regarding record keeping. They accepted our findings and stated they would review current systems to ensure they were more effective.