

Mrs S E Joyce

# Holywell Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 2 February 2015 and was an unannounced inspection.

At the last inspection carried out on 25 June 2013 we did not identify any concerns with the care provided to people.

Holywell Nursing Home is a large detached property situated in the village of Brent Knoll. The home has ample parking, a pleasant garden and views of the surrounding countryside. The home can accommodate up to 30 people. It provides nursing care to older people. The home is staffed 24 hours a day and a registered nurse is on duty at all times.

The registered provider is also the manager of the home. As the registered person, there is no requirement for them to register a separate manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager described the ethos of the home as “open and honest.” They told us “The most important thing is that our residents are safe, happy and get the best care.” Staff morale was very good. Staff told us they were well supported and received appropriate training to meet the needs of people who lived at the home.

# Summary of findings

Many of the people who lived at the home were very frail and required staff assistance with all aspects of their life. Some people were nursed in bed. Staff were kind, compassionate and caring when interacting with people. People and visitors were very positive about the staff. One person said "I've been here for some time now. It's just like home. They [the staff] couldn't be better." Another person said "Matron [the manager] and all the staff couldn't be kinder or more caring. You are treated like a member of the family." A visitor commented "I visit every day and all I see is kindness. You can tell that the staff really do care. It's not just a job to them." Another visitor said "We looked at several homes before coming here. As soon as we walked in here it felt like one big family. Everyone is so friendly and kind."

People told us they felt safe and well cared for. They told us their needs were met by skilled staff and staff were knowledgeable and respected their wishes and preferences. One person told us "I feel very safe indeed. I sleep very well at night because I feel safe." Another person told us "They [the staff] take time to find out what is important to you. Some things might not mean much but they are so important to me."

Staff knew how to recognise and report abuse. They said they would not hesitate in reporting any signs or allegations of abuse to make sure people were safe. Staff sought people's consent before assisting them and we heard staff offering and respecting people's wishes. Improvements were needed to make sure people who lacked the mental capacity to make decisions had their legal rights protected.

The manager was not fully up to date with changes to the law about how to keep people safe when they lacked the mental capacity to make a decision for themselves. This meant that some people may have restrictions placed on them without legal protection.

People told us they could see a doctor and other health care professionals when they needed to. Examples included speech and language therapists, dieticians, opticians and chiropodists. One person told us "I lived locally so I was able to stay with the doctor I had at home. He has been to see me and the staff will call him if ever I am unwell. I am confident of that." Another person said "I wasn't feeling too well over Christmas. The staff were great. They told the nurse and the nurse arranged for the doctor to see me. I had some antibiotics and soon felt better." The home ensured people received their medicines when they needed them.

The home had achieved the National Gold Standard Framework in October 2014. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. A visitor told us "when my [relative] moved here we were supported to discuss my [relative's] wishes. Not an easy thing to talk about but important. It was done in such a kind, caring and understanding way."

People could see their visitors whenever they wished. One person told us "My family visit me several times a week. I like to see them in my room. The staff always greet them with a smile and offer refreshments." A visitor said "I visit every day and at different times. I am always made to feel welcome and the staff are so friendly and attentive."

# Summary of findings

## 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 safe. There were sufficient numbers of suitably experienced and trained to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good



### Is the service effective?

The service was effective but improvements were needed to make sure people who lacked the mental capacity to make decisions had their legal rights protected.

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs. Each person had their nutritional needs assessed to make sure they received an adequate diet which met their assessed needs and preferences.

Requires Improvement



### Is the service caring?

The service was caring. Staff were compassionate and caring in their interactions with people and their visitors.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Good



### Is the service responsive?

The service was responsive. People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people.

Good



### Is the service well-led?

People and their visitors were positive about the manager and of how the home was managed.

Good



# Summary of findings

The manager was very visible in the home and regularly covered nursing shifts. They monitored the performance and skills of staff through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

# Holywell 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 inspection took place on 2 February 2015 and was unannounced. It was carried out by one inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 25 people living at the home. During the inspection we spoke with 11 people, seven members of staff and the manager. We also spoke with four visitors.

We spent time in lounge and dining room so that we could observe how staff interacted with the people who lived there. We also met with people who were being nursed in bed or had chosen to remain in their bedrooms.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included two staff personnel files and the care records of three people. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

# Is the service safe?

## Our findings

People said they felt staff and staff knew how to minimise risks to help people stay safe. One person told us “I feel very safe indeed. I sleep very well at night because I feel safe.” A visitor said “I never worry about leaving my [relative] because I know they [the staff] will take good care of [relative].”

One person who chose to spend the majority of time in their bedroom said “The staff check on me regularly to make sure I am alright. If I want them [the staff] all I have to do is press my buzzer and they are there; day or night. How could I not feel safe?”

Care plans had information about how people were supported to take risks. For example, one person told us they had fallen many times before moving to the home. They said they wanted to keep walking for as long as they could. They told us staff had discussed ways of reducing the risk of falls with them. They said “They got me sorted with this walking frame and they asked if they could walk with me. I’m a bit wobbly but at least I am moving.” This person’s care plan contained information for staff about how they should be supported.

Another person who had been assessed as being at risk of falling had chosen to have only one bedrail put up at night. The care plan showed that the person had the capacity to understand the risks which had been explained to them and had agreed for staff to regularly check them during the night.

Some people were very frail and were nursed in bed. A plan of care had been developed to minimise the risk of people developing sores to their skin and we saw these were followed by staff. For example, some people required staff to assist them to regularly change position. Records in people’s rooms showed that staff had assisted them at regular intervals. Where there was an assessed need, we saw people had specialised mattresses on their bed and pressure relieving cushions on their chair. A visitor told us “my [relative] is very poorly and is in bed all the time now. They [the staff] got a special mattress and they turn [relative] regularly. My [relative] hasn’t got any sores and always looks comfortable.”

People told us that staff were available when they needed them. We observed a good staff presence throughout our visit. Staff had time to spend chatting and interacting with

people as well as supporting them with other tasks. One person said “All the staff are lovely. They always have time for you.” A visitor said “There always seem to be enough staff about. If you need anything or want to ask about anything, they’ll always give you time.” Staff told us there were enough staff to meet people’s needs. One member of staff said “Matron [the manager] is really good. She is always on the floor and also works shifts. She knows the residents and always makes sure we have enough staff.” Another member of staff said “We have a great team. A nurse is always on duty and a senior carer helps to run the shift. We all know what we are doing at the start of every shift. It works really well.”

People received their medicines when they needed them. One person said “I’m on several tablets and I always get them when I need them.” Another person said “the nurse brings me my tablets three times a day and they ask me if I need any painkillers. They are very good.” There were procedures for the safe management and administration of people’s medicines. We observed a registered nurse safely administering medicines to people. People’s medicines were stored securely and they were administered by registered nurses who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

The provider’s staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant’s employment history and qualifications. Each staff file contained two written references one of which had been provided by the applicant’s previous employer. We saw applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully

## Is the service safe?

investigated and action would be taken to make sure people were safe. People told us they would raise concerns if they had any. One person said “Oh my goodness. If you have any worries you could tell anyone here and it would be put right.” One member of staff was able to provide an

example where they had raised concerns with the manager. They said “As soon as I told matron [the manager], she was on it straight away and it was sorted really quickly. Our job is to keep people safe.”

# Is the service effective?

## Our findings

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions however they were not clear about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. They told us they would seek consent from a relative where required. However, they did not fully understand that the relative/representative needed to have the legal powers to consent to a person's care or treatment. The manager told us they would arrange for staff to have refresher training in the MCA as a matter of priority.

The manager told us nobody living at the home was subject to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager knew about how and when to make an application but was not up to date with recent changes to this legislation which may require further applications to be made. The manager informed us they would seek advice on this as a matter of urgency.

People and their visitors spoke very highly of the staff team. They told us staff had the skills and knowledge to meet people's needs. One person said "The staff are fantastic. They all know what they are doing you know. What makes it really special is they know about all the little things that are so important to me and that means a lot." Another person said "I cannot fault the way the staff help and care for me." A visitor told us "I know the staff get lots of training and they certainly seem to know what they are doing. They know my [relative] really well."

Staff told us training opportunities were "very good." One member of staff said "There is always something going on. I've done all my health and safety training and also training in how to care for people with dementia and end of life care." Another member of staff told us "The training and support you get here is brilliant. You don't do anything until

you've been trained and until you feel confident." A registered nurse told us they were supported to maintain their personal development plans to retain their nursing registration.

There was a staff training matrix which detailed training which had been completed and when fresher training was due. Examples of training staff had received included; Health and safety, emergency first aid, safeguarding adults from abuse, moving and handling, fire safety and infection control. Staff had also received more specialised training such as caring for people with dementia, nutrition in the elderly and dysphagia. Dysphagia is where a person has difficulty swallowing.

Staff told us they received regular supervision sessions and annual appraisals. This helps to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they felt very well supported. They told us they were encouraged to discuss any aspect of their role or training needs at any time. One member of staff said "You get your supervisions but you don't have to wait until then. If you want to talk about something, need to check something or feel you need a bit more training, you ask and you get." All staff completed a period of induction when they commenced employment to make sure they had the basic skills and knowledge to care for people.

We observed staff to be competent and confident when assisting people with certain tasks. An example included assisting people to transfer using a hoist. Staff communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people. For example using objects of reference to enable people to make a choice, making sure they were sat facing someone who was had difficulty in hearing. People responded positively to staff interactions.

Many of the people who lived at the home were registered with a local GP who visited the home every week. Some people had chosen to stay with the GP they had before they moved to the home. One person told us "I lived locally so I was able to stay with the doctor I had at home. He has been to see me and the staff will call him if ever I am unwell. I am confident of that." Another person said "I wasn't feeling to well over Christmas. The staff were great. They told the nurse and the nurse arranged for the doctor to see me. I had some antibiotics and soon felt better."



## Is the service effective?

People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, dieticians, opticians and chiropodists. A visitor told us “My [relative] started to have problems swallowing and was coughing. They immediately got hold of the GP and my [relative] was then seen by a speech and language therapist. Things are so much better now.” A person who lived at the home said “I have regular hospital appointments because I have [a degenerative medical condition]. They also come and check up on me here.” The manager explained how they had involved the independent living team to support two people who were working towards returning home. They also told us one person had recently returned home after a period of rehabilitation.

People were consulted about the care they received and, where ever possible, were involved in the planning and review of their plan of care. One person told us “I am fully involved with my care plan. We go through it regularly and if I feel I want something changed; then it’s changed. All the staff seem to know how I like to be helped.” A visitor said “Matron [the manager] met with is before my [relative] moved here to find out what [relative] needed and wanted. A care plan was written and they regularly check with me whether I feel anything needs to be changed.”

People were supported to have enough to eat and drink. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. One person required a gluten free diet. This person told us “All the staff know and the cooks are really good. They make me special cakes and I have gluten free porridge. I do very well really.” A member of the catering team told us they were always informed of people’s preferences/needs relating to food and drink. They said “We are usually informed by the nurses before someone moves in. Then, once they are settled we will go and have a chat with them about their

preferences.” Another person had been identified as at risk of choking. The person had been assessed by a dietician and a speech and language therapist. A plan of care had been developed in accordance with their recommendations. The staff we spoke with had a good understanding of this person’s needs. They could describe the diet and consistency of the meals and fluids required by this person.

We saw the lunch and tea time meals being served. There was a relaxed and sociable atmosphere and people did not have to wait long before their meals were served. People could choose from two main options however one person told us “There are more choices than this you know. If you don’t fancy what they’ve got, they’ll do whatever you want within reason.” Another person said “They’re right you know. The food and choices are marvellous.” Staff supported those who required assistance in an unhurried and dignified manner. Plate guards and cups fitted with a lid enabled some people to maintain a level of independence when eating and drinking.

People told us they were provided with plenty to eat and drink. People in their bedrooms had access to jugs of water and a water dispenser was available in the lounge/dining area. A choice of hot and cold drinks were offered regularly throughout the day and on request. One person told us “The food is lovely. So lovely I’ve put on weight since I’ve been here.” Some people were unable to eat or drink without staff assistance. Staff made sure these people received enough to eat and drink throughout the day. They recorded how much people had had so that any concerns could be dealt with quickly. People were able to express a view on the meals provided. The manager met with people and their visitors each month and their views on the menus were sought. We saw catering staff were invited so they could listen to people’s views and suggestions first hand.

# Is the service caring?

## Our findings

Without exception, everyone we met with commented on the kindness of the staff. Staff were compassionate and caring in their interactions with people and their visitors. One person said “I’ve been here for some time now. It’s just like home. They [the staff] couldn’t be better.” Another person said “Matron [the manager] and all the staff couldn’t be kinder or more caring. You are treated like a member of the family.” A visitor commented “I visit every day and all I see is kindness. You can tell that the staff really do care. It’s not just a job to them.” Another visitor said “We looked at several homes before coming here. As soon as we walked in here it felt like one big family. Everyone is so friendly and kind.”

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes. For example we met with one person who had wanted to have a lie in. A member of staff returned to their bedroom later in the morning and politely asked if they would like to get up yet. The person said they would like a little longer in bed and this was respected. Before leaving the person was encouraged to have something to drink. Throughout the day we heard staff checking whether people were happy where they were and with what they were doing.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and

waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

People could see their visitors whenever they wished. One person told us “My family visit me several times a week. I like to see them in my room. The staff always greet them with a smile and offer refreshments.” A visitor said “I visit every day and at different times. I am always made to feel welcome and the staff are so friendly and attentive.” Another visitor told us how they were supported when their relative was admitted to hospital. They said “My [relative] was in hospital over Christmas. I was invited to have my Christmas lunch here. It was lovely. Everyone is so very kind and thoughtful.”

Care plans were in place to ensure people’s wishes and preferences during their final days and following death were respected. The home had achieved the National Gold Standard Framework in October 2014. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every four years. A visitor told us “when my [relative] moved here we were supported to discuss my [relative’s] wishes. Not an easy thing to talk about but important. It was done in such a kind, caring and understanding way.” Another visitor explained how the manager had arranged for them to stay with their loved one. They said “They [the manager] had an extra bed put in my [relative’s] room. I stay with my [relative] several times a week. They even give me my meals when I am here. They are so kind. It means so much to us to be able to be together.”

# Is the service responsive?

## Our findings

People told us they received care and support in accordance with their needs and preferences. One person said “They [the staff] take time to find out what is important to you. Some things might not mean much but they are so important to me.” Another person told us “All the staff know me really well. It’s like being part of a family really.” A visitor said “When my [relative] moved here, matron [manager] said ‘if there is anything wrong or you are not happy about something I’d like you to tell me so we can put it right. We want to give your [relative] the best care.’ That meant so much.”

Before people moved to the home the manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. A visitor told us “My [relative] was too poorly to come with us when we looked around the home. We knew as soon as we arrived it was the right place. Staff were so welcoming and we had all our questions answered.”

Care plans contained clear information about people’s assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people’s current needs. People and/or their representatives had been involved in reviewing their plan of care. One person told us “Yes, I have a care plan. Someone goes through it with me to make sure I am happy with everything. If I want something changed, I don’t have to wait, I tell a member of staff and we have a chat.” A visitor said “You can’t fault anything here. I am fully involved in reviewing my [relative’s] care plan and they keep me fully informed about any changes or if the doctor is visiting. Like I said, you can’t fault anything.”

Staff told us routines in the home were flexible to meet the needs and preferences of people. One member of staff said “This is their home not ours. If someone wants to have a lie in or stay up late, that’s their choice.” This was confirmed by the people we spoke with. One person said “There are no strict rules here. It’s very homely and I do as I please.” We observed additional meals and snacks were made available to people when they requested them. For

example, throughout the morning, one person requested some porridge and this was made available to them. Cleaners were employed and we saw they did not disturb people who were in their bedroom or were asleep.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. The home utilises a local slinky bus on a regular basis. This means people who live at the home, including those who use a wheelchair can enjoy trips out. One person told us “We have regular trips to the pub. Sometimes we go for a drink and sometimes we go for a meal. It’s great and my [relative] comes along too.” There were numerous photographs of trips people have enjoyed. People had gone to see the Christmas lights and local school children had visited the home. Entertainers regularly visited the home and other activities included a knitting club, cookery/cake making, arts and crafts and armchair travel. There was also a gardening club. There were photographs of a successful crop of vegetables and flowers. Large tubs/pots had been positioned so that people could see them from the lounge areas. A hairdresser visited the home on a regular basis. On the day of our visit, an activity worker offered one to one time with people.

People were able to see their visitors whenever they wished. The visitors we met with told us they could visit at any time. They told us they were always made to feel welcome and could see their relative in the privacy of their bedroom if they wished. On the day we visited a large number of visitors arrived at the home. The visitor’s book confirmed this was the case every day.

A computer was available for people to use in the dining area of the home. Staff told us that several people had learnt to use the computer and were now regularly emailing or skyping their relatives who lived abroad.

People and their visitors knew how to make a complaint. The home’s complaints procedure was displayed and people had access to this information in their bedrooms. Everyone we spoke with said they felt confident any concerns would be addressed. One person said “Matron [the manager] is always encouraging us to speak up if we have any niggles. She wants us to be happy.” Another person told us “I don’t have any complaints at all. They couldn’t do anything better. I would certainly say if I wasn’t happy.” A visitor said “I wouldn’t hesitate in raising

## Is the service responsive?

concerns. I know they would be taken seriously.” Another visitor said “We have monthly meetings with matron [the manager]. We discuss all sorts of things and she [the manager] really wants to make sure that we are satisfied with everything.

# Is the service well-led?

## Our findings

The manager is also the registered provider of the home. People were positive about the manager and of how the home was managed. One person said “She [the manager] is always about. She is very bubbly and is always asking how you are.” Another person said “I see a lot of matron [the manager]. She is lovely. You can chat to her about anything.” One person said “The staff follow matron’s lead. She is happy, the staff are happy and we all have a laugh.” Visitors were also positive. One said “Matron [the manager] is very approachable. She always seems to be here. It’s so relaxed and happy here.” Staff told us the manager was “very hands-on.” One member of staff said “She is brilliant. She not only really cares about our residents; she cares about the staff too.”

The manager described the ethos of the home as “open and honest.” They told us “The most important thing is that our residents are safe, happy and get the best care.” The manager holds meetings for people and their family/friends. The minutes of recent meetings showed people were informed about events in the home, staff changes and activities. People were also asked for feedback on the service they received. One person had commented how happy they were and how they felt in control of their life. A dignity tree had been introduced and discussed at one meeting. People and their representatives had been asked to write down what this meant to them so that it could be shared with staff.

The manager had a clear vision for the home. They told us they promoted a “family environment.” In response to a recent satisfaction survey, the manager had stated “I will be happy for my staff to continue their personalised, responsive, dignified care of our residents and give them the highest level of choice and independence.” The manager was very visible in the home and regularly covered nursing shifts. They monitored the performance and skills of staff through day to day observations and formal supervisions. Staff morale was very good. There was lots of laughter in the home throughout our visit. One member of staff told us “This is a great place to work. Matron [the manager] has very high standards. We all do.” Another member of staff said “I just love working here. We have a great team, matron is brilliant and you get lots of support.” Another said “I’ve never come across a home like this before. It really does feel like we are one big family.”

Annual surveys were sent to people and their friends and family to seek their views on the quality of the service provided. The results of a recent survey had been positive. People had expressed a high level of satisfaction about the staff, how they were treated by staff, the care they received, meals and activities. One person had commented “I would choose Holywell over all other establishments.” Another person had said “Everyone has been very caring and helpful to me.” Responses from family and friends had been very positive and the manager had responded to responses and had taken action to address issues where appropriate. For example, labelling of clothes to improve the laundry service provided. Comments made by relatives and friends included “I think Holywell is a lovely, caring and friendly place. Your staff treat us nicely and nothing is too much trouble” and “It’s always nice to see how much time staff have for all the residents and how friendly all the staff are.”

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the manager there was a team of registered nurses, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. One member of staff told us “There is always a nurse on duty and a senior carer. We have a handover before we start and the senior will allocate the areas and residents we will be responsible for.” Another told us “It works really well. You always know what you are doing and you can go to the senior or the nurse or matron if you are worried about somebody.” Activity, catering, administrative and domestic staff were also employed. Staff were also employed to ensure the home and gardens were well maintained.

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. This included fire safety, continence management, staff mentoring and dignity and respect.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. All accidents and incidents which occurred in the home were recorded and analysed. Following an audit of falls, an additional member of staff was on duty during the evenings as it was noted that falls increased during this time.