Park Riding LLP

Park Riding

Inspection report

66 Greenfield Road
Holmfirth.
HD9 2LA
Tel: 01484 684503
Website: www.parkriding.co.uk

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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

Overall summary

The inspection of Park Riding residential home took place on 23 November 2015 and was unannounced. The home had previously been inspected in September 2013 and was found to be fully compliant with the requirements of the Health and Social Care Act 2008.

Park Riding is a family owned residential care home situated close to the town centre of Holmfirth in West Yorkshire. It provides personal care and accommodation for up to 15 people. On the day of our inspection 14 people were using the service.

On the day of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us they felt safe and we found that staff knew how to report any safeguarding concerns appropriately. We saw individualised risk assessments that were reviewed regularly.

Summary of findings

Staffing levels were appropriate to the level of people's care needs and the home had a low staff turnover which reflected in how well staff knew the people living there and their needs. Medicines were administered, recorded and stored in line with legislative requirements.

We found staff had access to supervision at least five times a year and this included being directly observed by the registered manager to ensure they were practising in line with expectation. Staff were supported to undertake training and we found the training materials to be informative and detailed, promoting staff to reflect on their own performance and to consider how they could meet the needs of people in an even more person-focused manner. The training materials extended far beyond the knowledge required for the level of people's needs in the care home and this showed the registered manager was encouraging staff development and excellent practice. Staff's contributions were regularly acknowledged which helped promote high morale and the incentive to ensure quality care at all times.

People had access to nutritious meals, evidenced by some people no longer being at nutritional risk as they had been when entering the home. External health and social care support was also accessed promptly when needed.

Staff presented as caring and empathetic in their approach with people, clearly knowing individuals well and encouraging them to be as independent as possible. Staff respected people's privacy and promoted their dignity by offering discreet support when needed.

Although group activities were limited on the day of the inspection we did see evidence of various events having taken place and people spoke with us about how much they enjoyed doing different things. The summer fair was a particularly popular occasion.

Complaints were handled sensitively and with thought to promote a positive outcome for people.

The registered manager and registered provider were both highly spoken of, and resident and staff surveys indicated a high level of satisfaction with the home. We were told on two separate occasions that the home ran as well when the registered manager was away as when they were there which suggested an embedded culture of quality provision with sound care practice.

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?

Good

The service was safe.

People and relatives told us they felt safe and staff knew how to identify and respond to any safeguarding concerns.

Risk assessments were based on individual need and updated regularly.

Staffing levels reflected the needs of people in the home and medicines were stored, administered and recorded in line with requirements.

Is the service effective?

Good

The service was very effective.

Staff had access to, and were supported in, receiving regular informative supervision and training which went over and above the extent of their roles showing the registered manager was keen to develop knowledge and practice to a very high standard. Staff were praised often which contributed to high morale and provision of quality care as each sought to ensure they did their best.

People were enabled to make choices and had access to nutritious meals and regular drinks. External healthcare was sought as required.

Is the service caring?

Good

The service was caring.

Staff were extremely caring and knew people well which was evident through the interactions we observed.

People living in the home were involved in making everyday decisions and in discussing how they wished to be supported.

Support was offered discreetly and ensuring people's dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People were supported in an individual capacity, ensuring they had their needs met as they wished. This was reflected in the care records.

Activities were on offer for people to choose to participate in.

Complaints were dealt with effectively.

Is the service well-led?

Good

The service was well led.

People living in Park Riding and their relatives spoke highly of the home. Staff also enjoyed working there as they were well supported by the registered manager and the registered provider.

Summary of findings

The home had a positive atmosphere and we saw that all staff had the same vision, to provide high quality care.

Park Riding

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 23 November 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

We asked the provider to complete a Provider Information Return (PIR) which was sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked information held by the local authority safeguarding and commissioning teams.

We spoke with three people living in the home and four of their relatives. We spoke with four staff including one carer, the cook, the deputy manager, and the registered manager.

We looked at two care records, three staff personnel records, minutes of staff meetings and audits including accidents, medicines and care plans.

Good

Is the service safe?

Our findings

One person we spoke with told us "I've nothing to worry about. Staff are alright. I feel safe". A relative visiting the home also told us "I feel my relation is safe here – 100%." They told us originally their relation was upstairs but due to increasing cognitive difficulties the home offered their relation a room downstairs as "it was better for them. We feel this shows the home was thinking ahead." Another relative said "I feel my relation is safe, partly because staff respect their independence."

We spoke with staff about their understanding of what may constitute a safeguarding concern. One member of staff explained the different types of abuse they may encounter such as "physical, financial or institutional" and was able to explain what actions they would take if they suspected this.

The registered manager advised us there had been no safeguarding incidents over the past year. We were aware of a recent whistleblowing concern but had been provided with documentation to mitigate the concerns raised.

We observed most people living in the home needed minimal assistance and had capacity to make most decisions themselves. No one needed the use of a hoist or wheelchair on the day of inspection, however we noted that all staff had received the necessary training if such equipment was required. We also spoke with the registered manager about how they managed risk and they advised us "we do a lot of observations and complete a capability assessment for people." They also said "I am always reminding staff to be aware as people's needs continually change."

Staff were also aware that each person had their own risk assessments which were updated on a monthly basis and looked at areas including mobility, nutrition and weight management. We found these in people's care plans where there was evidence of regular checks and that the identified risks had been discussed with the individual, who had then signed to say they agreed with these decisions. Although the risk assessments identified the risk, how to manage this was not always very detailed. For example, one risk assessment identified that someone needed soft food but didn't specify why. In the mitigating risk section the assessment read "waiting to see the dentist" which did not indicate how the home were managing the risk in the interim and the methods to be used for reducing the risk. We spoke with the registered manager about this and they agreed to look into this aspect. This meant that the home was keen to improve promptly and consider all suggestions.

We looked at accident records and found these were completed in detail outlining the actual incident, the resulting injury and action taken. We also saw rigorous fire safety checks with a weekly inspection of the escape routes alongside an alarm test. Fire training had been delivered to all staff in June, September and November this year ensuring all had an up to date knowledge of what action to take in such an emergency. There was also an in-depth fire risk assessment completed in September 2015 which showed the home had considered all areas of fire risk.

We asked people living in their home their view of staffing levels. One person told us "It's the same people here. There's no trouble with the staff." Relatives told us that staff turnover was low. One said "There are always familiar faces." Another told us "There's always staff available." We found the home had an appropriate level of staffing on the day of inspection based on the level of assistance people needed within the home. Appropriate pre-recruitment checks had been carried out for all staff including identity and Disclosure and Barring (DBS) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We did note, however, that although references had been taken as required and checked, they were not always dated and so we advised the registered manager to remedy this which they agreed to do with immediate effect.

One staff member said "There are enough staff and I'm happy at staffing levels. Staff all pitch in to help cover shifts." This was endorsed by a further member of staff. The registered manager advised us they always did a shift during the weekend and bank staff were only called in if needed. The registered manager told us they never used agency staff. We saw on the staff rotas that there was usually a senior and two care staff on duty at any time.

We observed staff administering medicines to people in the home. The staff member wore a tabard to indicate they were not to be disturbed and they washed their hands prior to starting the round. We observed one person being asked if they required pain relief. This was duly offered with an explanation of what the medicine was. The person was observed actually taking the medication and the record was only signed upon completion of this. We also noted

Good

Is the service safe?

that the staff member wore appropriate personal protective clothing when administering eye drops to someone. This demonstrated that staff were aware of the importance of measures to reduce the risk of infection.

We found that all medicines including controlled drugs were stored appropriately in a locked cupboard. Most medicine was in blister packs and stock levels corresponded with the Medicine Administration Record (MAR) sheet. Medicines were recorded on the MAR sheet by prescription labels, thus minimising the opportunity for errors. We also saw that where medicines were received mid-cycle, such as antibiotics, they were handwritten on the MAR sheet but checked in by two members of staff and this was signed by both staff members.

We asked staff if they had received training to support people with medication. One person told us "I had Boots training which followed on from my induction". They continued "The registered manager completes regular audits to check they are being administered correctly."

The registered manager advised us no one was administered covert medication. One relative told us "There are regular reviews of medication with the GP, and the home always asks for them to visit if they feel it is necessary." Another relative told us their relation self medicated and was happy that the home supported this.

Staff were aware of the various requirements with regard to infection control. One staff member told us "We always use personal protective equipment when assisting someone with their personal care or showering. This is then removed as soon as possible after to limit the risk of infection."

The registered manager told us their latest infection control audit had received 91% which showed the home was managing this area very well. We saw an infection control poster on display and found the home to have appropriate hand gel and personal protective resources available for staff to use as necessary. There were also posters demonstrating effective hand washing in all communal bathrooms.

Good

Is the service effective?

Our findings

We asked people if they felt staff were suitably trained. One relative told us "I feel staff are trained and skilled. They are very aware of my relation's needs. My relation also has a keyworker." Another relative said "Staff are well trained. My background is in nursing and usually I offer support to homes but they don't need it here!"

We looked at staff records. We saw that staff had undertaken a comprehensive induction programme incorporating areas such as values, relationships, communication, the role of a carer, moving and handling and understanding the effects of ageing. This showed the home was keen to offer staff a wide base on which to build their knowledge. Staff then undertook training at both a foundation and more senior level where appropriate. We saw on the training matrix that staff had received all the necessary training, often above and beyond what was required in their role.

The foundation training included promoting the empowerment of a person living in the home, and helping achievement and fulfilment. There was also evidence of discussions around a staff member's understanding of discrimination and oppression, effective listening and the principles of good record keeping. In one staff member's file we saw evidence they had been supported to achieve a National Vocational Qualification (NVQ) level 2. Through this training and the regular observational supervision sessions, the home ensured all staff were encouraged to think about what quality care provision looked like over and above the practical elements. We observed staff interacting with people which showed they put their learning into practice.

The senior carer development training pack covered aspects such as medication administration, managing staff on shift and emergency admissions. We saw comprehensive training files with completed course details and answer sheets that had been checked by the registered manager. There was one course which all staff had completed based on dementia awareness and this had comprised watching a programme followed by a detailed discussion paper. The answers revealed how much staff had gained from this with comments such as "made me realise that a person with dementia was still able to share their feelings, emotions and experiences, even when the illness is advanced. Knowing more of the person with dementia helped support the person" and "made me think how I could make a difference." This showed the home was very person-focused in its training programme, ensuring that people living in the home were cared for by staff who put their needs first and were empathetic in their responses.

There were records of regular staff supervision. Various areas of practice were assessed through observation at each session and a follow on discussion. This included conduct during personal care assistance, while a person was mobilising, nutritional support where needed and general interaction. Comments on observed practice included "was patient and caring, sat with a gentleman who was unsettled and calmed him down. They discussed the snooker" and "I have observed them using techniques they have been reading up on. They understand fully and are implementing their learning with patience and consideration due to the different needs of people." Each staff file we saw showed staff had at least five of these sessions a year. Again, this showed the registered manager was keen to ensure staff performance was witnessed as much as discussed and that staff were praised as often as possible to promote their wellbeing and morale.

We saw that staff had received an annual appraisal. This considered both professional and personal attributes, and practical skills and graded each area according to ability. Staff's strengths were identified. In one file we noted "[Name] works hard but is empathetic. Staff and residents are very fond of [name]. They have worked hard on their delegation skills this year and has proved to be a competent staff leader." We saw where training needs had been identified these were then actioned and undertaken.

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.

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

Good

Is the service effective?

the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Park Riding did not currently have anyone living there who required a DoLS as people had capacity to make their own decisions.

The registered manager advised us they completed a capacity assessment for everyone as they moved into the home. They said that most people had full capacity and there was no one they needed to restrict for their own wellbeing. The front door of the home was not locked as people liked to go to the post box. People also had the option of a key for their room to keep it locked if they so wished. This showed that the home promoted the rights of people to leave as they wished.

We asked people living in the home about the choice of food offered to them. One person told us "At tea time we get sandwiches, ravioli or a cup of soup. We had lamb yesterday for dinner which was very nice." A relative said "It's all home cooking. People are regularly offered baking and I often smell it when we visit the home. It's lovely food." We also spoke with the cook who told us "We always ask people and are aware of their choices. I often bring things in if people like them. I am allowed to add anything to the shopping list." They told us about someone who had thrived since being in the home due to having regular meals.

We observed the lunchtime experience. People were prompted five minutes before food was served so they could move into the dining room. Meals were ready plated but we had heard people being asked their preferences earlier in the morning. We did speak to the registered manager suggesting that perhaps they could consider people being able to serve themselves given most were able to do so and they agreed to look into this. A choice of drinks was offered to people including shandy. People were asked if they wished to have more gravy or vegetables, and were encouraged to just ask. Condiments were on the table and people who chose to have their meals in their rooms had nicely presented trays with napkins and condiments as well.

One relative told us that as soon as their relation entered the home the GP visited to meet them and now they come in "as and when needed." The relative said their relation had been in pain getting out of bed and the home had contacted the GP for an assessment. They said they also had regular contact with the district nurse. Staff's interaction with visiting health professionals was also noted in their supervision notes. In one supervision record we noted "[name] assisted the district nurse and ensured they had everything they requested by the GP. People were assisted to their rooms for treatment."

We spoke with a member of staff about how they supported people with pressure care. They told us "We look at key areas such as someone's heels and identify if any pressure relief support is needed such as a pressure cushion. Some people are on special mattresses and this is documented in their care plans." This showed that the home were aware of how to support people effectively, limiting the risks posed by being less mobile.

The home was decorated to a high standard with personalised rooms and toiletting facilities. Due to the constraints of the building the bathroom privacy in people's rooms was only via a shower curtain rather than purpose built ensuite facilities. We saw that alarm cords were accessible in all rooms and in communal bathrooms. There was a pleasant outside grassed area with patio chairs and tables for the summer. People's rooms were easily identifiable by names on their doors. In one person's room we saw labels on the furniture to assist the person in finding their personal effects.

Good

Is the service caring?

Our findings

We asked people living in the home how they felt about living at Park Riding. One person said "It's absolutely wonderful living here. Everyone is so kind. I'm perfectly satisfied." Another person told us "It's as good as you'll get. It's not like home but it's getting there. I've never felt uncomfortable. My family can visit anytime." A further individual said "Carers are very pleasant."

One relative we spoke with said "My relation is encouraged to be as independent as possible. They are helped to have a shower but get up and go to bed when they wish." Their relation emphasised this and told us "I know some nice people who help me with my shower." Another relative visiting the home told us "Staff always give my relation a cuddle when they get up." This demonstrates the staff valued people as individuals and were happy to show they cared.

A further relative said that staff "are friendly, professional, respectful and courteous. I've never had an issue with anyone. All staff are genuine. They encourage people to do what they can for themselves."

We asked relatives their view on staff's approach towards people in the home. One relative said "All staff are understanding. They don't respond differently to different people. They are very consistent in their approach. We visit every day and so see this all the time." Another said "Staff are always very welcoming."

We asked staff how they knew what was important to people. One staff member told us "We ask people's likes and dislikes as soon as they enter the home, and we also record their life story. It's important to know about people's backgrounds. We get time to read these and always encourage any new staff to do so." They also said "Every last Monday of the month there is a church service which people can choose to attend if they wish." Another staff member said "People make their own decisions regarding food choices, or whether they prefer to have a bath or a shower." This shows the home was actively encouraging people to participate in how they wished to live on a daily basis.

We saw evidence in the staff handover records as to how staff were preparing for the forthcoming Christmas celebrations. We noted that some carers were taking people to a special event in the local town where they sang carols and had afternoon tea and other discussions were held around other preparations to be arranged. This handover record also showed that each person was discussed and any pertinent information was shared with each staff member.

We saw evidence in people's care records that they were audited monthly and people living in the home were involved in this process and signed to reflect any amendments. Family were included where the person wished them to be.

Staff were able to tell us how they respected someone's privacy. One staff member said "We close the door and curtains when assisting people. We also ask people about the level of assistance they would like." Another stressed "We knock on their door and always ask about how much help they want." We observed a member of staff prior to lunch asking someone very discreetly if they needed the bathroom. They went right up to the person and asked very quietly. This showed the home understood the needs of the people living in the home by providing assistance discreetly and sensitively in line with people's preferences and moods.

The registered manager, through their observational supervisions, noted how staff respected people's privacy and dignity. This was noted in the supervision records. In one example we noted "[name] was empathetic, patient and caring. They treated all people with dignity, ensuring all their needs and wants were met." In a different record it was recorded that a staff member had assisted someone with their personal care due to continence needs and they had been "attentive, caring and empathetic."

Throughout the day we observed a positive level of banter, both at group and individual levels. As most people were able to choose their activity, staff respected those who were reading and engaged in conversation with those who wished to. It was evident that all staff knew people well and the conversation was relevant for each person's own situation. We observed the registered manager spend some considerable time supporting someone to find their hearing aid and ensure it was working as they explained the person was isolated if they couldn't hear.

Good

Is the service caring?

We asked the registered manager about how people's end of life wishes were recorded. They explained that all staff had received training in this area but that not everyone wished to discuss this. However, they would continue to offer this whenever the opportunity arose.

Good

Is the service responsive?

Our findings

One person living in the home told us "We get visits from the church and do craft activities. I recently decorated some dolly pegs." A relative said "My relation has made cards, planted bulbs, had a day out at a local restaurant and there was an amazing garden party in the summer." Another relative said their family had been welcomed by the home for Christmas day as it was too unsettling for their relation to leave the home. They also said the home was very amenable to having families visiting.

We observed people in the two lounges. One lounge was smaller with four chairs and a piano but it did have a large screen television. We did suggest to the registered manager that consideration should be given to the positon of the chairs as it was impossible to see the screen comfortably from two of them. They agreed to look in to this. The other lounge had more people who were enjoying listening to some music, chatting with each other and visitors, and also reading newspapers. There was also a small conservatory at the end of the larger lounge which contained a selection of board games and jigsaws.

Relatives told us that there were alternate fortnightly craft and reminiscence activities. They said they had also visited when there were sing-a-longs and disco lights had been used. We observed one person assisting staff in the afternoon with the 'tea' round by offering people biscuits. This demonstrated that the home were keen to promote people being as active as possible and encouraging social interaction.

After lunch we observed someone come in to the lounge and say they were cold. A staff member immediately increased the fire temperature. Another person wished the flowers to be moved so they could see the television and this was duly done. A staff member asked if people wanted the television on or some music, and after the latter was chosen asked people if they were happy with the choice. We observed the registered manager dancing with a person living in the home as this person had enjoyed dancing when they were younger. There was a good rapport as the person accused the registered manager of 'leading' them. We also noted a member of staff discussing the news in someone's paper with them.

The home kept an activities file and we saw it logged that someone liked to paint and another person had enjoyed watching BBC2. There were also photographs of events and activities such as the recent Tour de Yorkshire cycle race which had passed by the home, art activities, a person using the computer, trips out and the large summer fete and Christmas fairs that were held annually. We saw in the garden that one person had their own greenhouse to maintain their love of gardening. People were also able to access the community as they wished, one person particularly liked to post their own letters. This showed the home encouraged people's independence and interests.

We looked at care records and found them to be person-centred. They contained a photo, core health and personal information, and a very detailed life history written in the first person. There was written consent to sharing information signed in the file by the person themselves. An outline of people's basic care needs was provided looking at areas including maintaining a safe environment, communication, eating and drinking and personal hygiene support needs.

Records contained evidence of other health professionals' involvement such as who called, the reason why and action taken as a consequence of the visit. There were also completed hospital 'passports' which contained all pertinent information should an individual need to be admitted to hospital.

We saw that people's preferences were recorded such as if they wished to have a key for their room and that this was reviewed monthly.

The care plans comprised needs and goals, aims and objectives and what I need to achieve. The information in these sections was detailed. In one record it was noted that someone needed a handling belt to be used on occasion under the mobility section. The detail included why it was needed, to make sure the belt was always accessible "so [name] can use it whenever they need it", and we later saw this in use appropriately. Other needs included personal hygiene and we saw it noted "to help [name] maintain her own standards of hygiene" which showed the home was focusing on the person's standards. In a different care record we saw "[Name] likes to stop up late They will let staff know when they want to go to bed. They like to get up at 7am and like a cup of tea with two sugars."

Good

Is the service responsive?

In addition to the care records, the home kept daily notes which included details of how well a person had slept, what support had been offered in regards to personal care, how they had eaten and any significant events that day.

One relative we spoke with said "I've never had to complain about anything." This was repeated by another relative visiting on the day of our inspection. We saw the complaints book in the reception area and the policy on the wall. We asked the registered manager if they had received any complaints. They showed us their record of just one concern which had been dealt with as expected and had fully involved the person who had lived at the home. The person had decided living in care was not the best option for them and so the home helped them settle back into the community. This showed that the home did not see it's role limited to the close environment but promoted people's wellbeing in the community and ensured their contact was maintained.

Good

Is the service well-led?

Our findings

We asked people living in their home what could be improved. One person said "I don't know how it could be improved. My room is kept nice and clean, and the bed is changed regularly. I did originally find it quite cold in my room but was offered extra bedding immediately."

One relative we spoke with told us "The registered manager and every member of staff have been superb. They have really helped my relation settle in. I'm always offered a cup of tea when I visit". They also said they were regularly asked if everything was acceptable and if anything could be done better. The relative said the registered manager was very approachable and they would feel able to discuss any concerns they had.

Another relative said the registered manager had recently been away on leave but the home had not changed in that time. They felt this indicated how well the home was run as "We wouldn't know they had been away. The systems must be so good." This relative also said they were regularly asked for feedback and always recommended the home to other people. A different relative also pointed out that "if the registered manager is away, there is no drop in standards." This showed the home had an embedded culture that offered consistent provision with well trained staff who knew their roles and responsibilities well.

We asked staff about how they felt working at the home. One staff member said "You get one-to-one time with people. You get to know people personally. It's homely. People have choice." Another said "It's a nice, friendly small home." We queried how they knew they were doing a good job and one staff member said "People are happy and families are always appreciative. There is a low staff turnover as people like to work here."

We also asked if they felt supported in their role. One staff member told us "I am able to raise any concerns I felt were necessary. I have been supported to undertake further training." Another said "The registered manager is really good. We all work well as a team." A further staff member said "The registered manager is hands on and I would feel able to put forward any suggestions. I can't think of any improvements needed at the moment."

We saw evidence of regular staff meetings which included discussion points such as pressure care management and discussion of people's care records. However, not all points corresponded with what we saw, for example not everyone's file did contain evidence of end of life decisions as suggested by the minutes. This meant that the home needed to consider more in-depth audits around the contents of care records to ensure they corresponded with what was required.

The registered manager told us the registered provider was very active in overseeing the home. They had recently replaced all the carpets, re-decorated and provided new curtains and blinds. They had also refitted the kitchen and dining room, and replaced the roof. There was regular contact to see if anything else needed attention. Staff also knew the registered provider who visited monthly and provided "anything we need."

We asked the registered manager what they felt the key risks to the home were and they could not identify any as they felt everything was addressed promptly and had support of the registered provider if needed. They were keen to keep abreast of constantly changing legislation which was shared with staff promptly as evidenced through the supervision and training provision. This showed that the home was aware of external influences and the impact this could have on the provision of care and support. It was keen not to act in isolation.

We saw the home held a residents' meeting once a month and that this was advertised in the entrance area to the home. This included topics such as the menu choices and forthcoming events. In one meeting someone and asked to go swimming but we later found this had not been actioned.

We saw the results of a survey of people and their relatives living in the home. All but one had been returned and showed that satisfaction levels were high with regards to nutrition, communication, cleanliness and care support. Comments included ""We are happy with everything that is done for my relation" and "Carers have a lot of patience with my relation at all times." We also saw a visitor questionnaire from May 2015 which evaluated how people were greeted, the conduct of staff and if everything needed was provided. Again, comments were all positive including "A very happy home. Long may it continue." The home also displayed a carehome.uk rating certificate indicating that they had received a high satisfaction rating from both people living in the home and relatives.

Good

Is the service well-led?

The registered manager was part of a home managers' forum which met at the local hospice and they attended training there. This had included topics such as hospital admissions, safeguarding and Deprivation of Liberty Safeguards and end of life care. They also had a constructive relationship with the local authority contracts monitoring officer. This meant that the home ensured it was providing care in line with current requirements and expectations.

We saw that equipment had been properly serviced and maintained with the appropriate certification in place. There was evidence of regular audits including for medication where any errors were recorded and action taken to remedy, for example staff were reminded of the recording procedures. Due to the day to day management input of the registered manager few issues were identified.