Singleton Nursing & Residential Home Limited

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Inspection report

Hoxton Close
Singleton
Ashford
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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

Summary of findings

Overall summary

About the service
Singleton Nursing Home is registered to provide accommodation, nursing and/or personal care for 36 people, some of whom may have dementia. At this inspection, there were 31 people living in the service. The service was part way through major building works, which when complete, will provide an additional 14 bedrooms as well as additional lounges and other facilities.

People's experience of using this service and what we found
People and visitors were positive in their feedback. Their comments included, "I would recommend this home, it's the best money I have spent in my life." And, "I like it because they listen to me. We have a chinwag every so often to make sure everything is okay and how I want it. A visitor told us, "The staff are marvellous, you honestly couldn't hope for better."

Our observations showed people were safe. Staff knew what their responsibilities were about keeping people safe from the risk of abuse. There were enough staff and the provider followed safe recruitment practice.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Medicines were managed safely, but occasionally the storage temperatures were higher than they should be. However, identified by staff and addressed by the use of an air-conditioning unit. Staff followed policies and procedures for safe administration of medicines. Only trained staff gave medicines and their competency to do this was checked regularly.

People continued to receive care from staff who were well supported. Staff received one to one supervision and annual appraisals together with induction and ongoing training. A member of staff told us, "The manager and deputy provide a lot of support and consistency."

Staff understood the importance of promoting people's choices and provided the support people required as well as promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life. One person told us, "I like to do some things for myself, they give me the time I need and encourage me to do all I can every day."

Staff were caring and knew people, their preferences, likes and dislikes well. We received good feedback from people, relatives and social care professionals about the quality of care provided by staff.

We observed people's rights, their dignity and privacy were respected. People continued to be supported to maintain a balanced diet. Staff monitored nutritional needs and supported people to eat safely and at their

own pace.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw that People participated in activities, pursue their interests and maintained relationships with people that mattered to them.

The service continued to be well led. Effective quality audits remained in place and continuous improvement and learning were embedded in the day to day running of the service. Everyone we spoke with were positive about the registered manager and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (Report published on 11 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Singleton Nursing & Residential Home Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Singleton Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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
This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection
We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons 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. This information helps support our inspections.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our inspection in October 2016. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. We used all this information to plan our inspection.

During the inspection
During the inspection, we spoke with 13 people, three relatives, two healthcare assistants, two nurses, the wellbeing coordinator, the deputy manager who was also the clinical lead and the registered manager. We also spoke with a visiting social care professional.

We reviewed a range of records, these included three people's care and medicines records as well as some risk assessments for other people. We checked that all of the nurses were registered to practice and staff were appropriately trained. We reviewed records about the management of the service, quality assurance records and a variety of policies and procedures. We also looked at other records such as minutes of resident and staff meetings where they had shared their views.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received verification of nursing staff registrations.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection, this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines when they needed them and as prescribed by their doctors. One person told us, "I couldn't walk, my legs were very swollen, but they did all my antibiotics, bandages, creams and ointments. It was their care and the right medicine that got me walking again, now I go into town on the bus."
- Medicines required 'as and when' (PRN) were administered safely, staff followed guidance given by GPs and the provider's procedures. Staff recorded how much medicine they gave people, the time they received it and the reason why it was given.
- Where people needed creams for their skin, there was guidance to show how and where the cream needed to be applied and staff recorded when they had applied it.
- Staff who gave medicines were trained and their competence in administering and managing medicine was regularly checked.
- Some people managed aspects of their own medicines. Risk assessments and checks were in place to help people to do this safely.
- Medicines were stored safely in a secured medicine room. Staff checks had identified the need for air-conditioning in the medicine room, to control the temperature at which medicines were stored. The registered manager had received quotes for this work and, in the interim, a portable cooler was put in place.

Assessing risk, safety monitoring and management

- Risk assessments continued to be detailed and guided staff what to do to minimise each identified risk and keep people safe. Individual risk assessments included risks related to health conditions, nutrition and hydration, health, activities, falls and mobility.
- The registered and deputy managers assessed risks to people individually and assessments identified the areas of risk and what action to take to keep these to a minimum. Where people had specific health care needs, for example with epilepsy, diabetes, catheter or stoma care, specific risk assessments were in place. Staff were aware of the risk assessments and knew the support people needed. A stoma is an opening on the abdomen that can be connected to either the digestive or urinary system to allow waste to be diverted out of the body.
- Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. One person told us, "Most days I'm fine and look after myself, but when I need a little help the staff are there to help me."
- If people's skin was at risk of becoming sore or damaged, staff used pressure reducing equipment, such as, air mattresses, air cushions and creams. They helped some people change position in bed and closely monitored the condition of people's skin.

● Environmental risks and potential hazards in the premises were assessed. Gas, electricity and fire systems were tested. People had individual emergency evacuation plans.
● Building works to extend the home were kept secure and people told us they had not been troubled by noise or dust.

Systems and processes to safeguard people from the risk of abuse
● People continued to be protected from harm and the risk of abuse. People told us that they felt safe. One person commented, "Nothing worries me, the staff made me feel very welcome, I am happy." Another person told us, "I press my button and a member of staff comes. I find that very reassuring." A visitor told us, "Mum has always been well looked after, I have every confidence she is in safe hands."
● Staff were clear about their responsibility to safeguard people and knew about different types of abuse. All staff had received safeguarding training and told us what signs to look out for. Staff were confident the manager would listen and act on any concerns they raised. They told us they had not needed to raise any concerns about people's safety.
● The registered manager and staff were aware of local authority safeguarding protocols.

Staffing and recruitment
● People said there were enough staff to give support them and provide the care they needed. People said that staff came quickly if they used the call bell, even at night. One person told us, "There are staff here day and night, they are all good. I know them by name and they know me." Visitors told us they did not have to wait long to be let in and staff were always visible around the home. One visitor told us, "Staffing is not a concern, I have no concerns."
● Staff on duty corresponded with the planned staff rota. During the inspection, staff had time to spend with people and people told us they did not have to wait for care and support.
● Staff felt they had enough time to spend with people but commented staffing would need to be reviewed when building work was complete and the new rooms began to be occupied. The registered manager confirmed that was their intention.
● Staff were recruited safely, and nurse registrations were checked and valid.

Preventing and controlling infection
●All areas of the service were clean and odour free. People and their relatives told us that the service was always clean and odour free. One person said, "The place is spotless."
● Staff followed hygiene procedures, there were sufficient stocks of personal protective equipment, such as disposable gloves and aprons, which staff used. Food Safety training was provided for catering staff.
● Bins were covered, and clinical waste was separated and disposed of safely. Cleaning staff followed a cleaning programme that included emergency and routine deep cleaning of higher risks areas.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored by the registered and deputy manager to prevent similar incidents happening again. Proactive measures were discussed with staff, such as, ensuring people had walking aids to hand when they needed them and closely observing people there were mobility concerns about. During the inspection, the deputy manager identified other measures, such as seat pad and floor mat alarms, may be helpful for some people and arranged for additional supplies.
● The registered manager used opportunities to learn when things go wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans, providing any useful equipment and reviewing room layouts and beds heights for some people to minimise risks of injury.
● When concerns had been identified, these were discussed at shift handovers and at staff meetings to

inform learning and improve the service.

Good

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.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to undertake a thorough initial assessment with people before they moved into the service. This included asking people about their religion, specialised diets and other life choices. Records showed initial assessments considered any provisions that may be needed to ensure people's protected characteristics under the Equality Act 2010 were respected.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. People and relatives were involved in regular reviews of their support.
- One person said, "I am definitely included in decisions about my care, they have talked it through with me every step of the way."
- People received care and support in line with their care plans and other national guidance, for example, in relation to monitoring their skin condition, nutrition and hydration. The service used nationally recognised assessment tools to monitor people's health, these were reviewed and updated monthly or sooner if a concern was identified.
- People's medical conditions were detailed in care plans. This included how it affected people's ability to carry out certain tasks. There was information for staff about what signs to look for and what to do if they observed any deterioration in people's physical or mental health.

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

- People continued to be supported to maintain good health. Care plans gave clear guidance for staff about if people had specific healthcare needs that may need attention from healthcare professionals such as a GP, occupational therapists or the mental health team.
- People's care plans set out for staff how specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, a medicine review had taken place after staff noticed a difference in one person. Another person had received support from the speech and language therapist team about some difficulties in swallowing.
- Staff kept accurate records about people's healthcare appointments, the outcomes and any action that was needed to support people effectively.
- Staff continued to contact other services that might be able to support them with meeting people's health needs. For example, where some people had Percutaneous endoscopic gastrostomy (PEG) staff engaged the support of specialist nurses when needed. A PEG is a medical procedure where a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Supporting people to eat and drink enough to maintain a balanced diet

● People enjoyed the food provided, one person commented, "I enjoy the choice of food, I can't fault it." Another person told us," If you have a favourite meal you can ask for it to be added to the menu." Staff told us about a person who did not have a good appetite, they found they preferred up to six small meals a day rather than three conventional main meals.

● Where needed, staff kept records about what people ate and drank. This was used as a basis for referrals to healthcare professionals if there were concerns about a person's food or fluid intake.

● There was a daily menu which included pictures of the food offered. Staff asked people what they wanted to eat and explained what the choices were. Where people needed support to eat or used adapted plates and cutlery, this was provided.

● People were happy with the times their meals were provided and told us they could have drinks and snacks throughout the day if they wanted them.

● Staff ensured any special health or dietary requirements were met, such as providing softened foods or thickened drinks as recommended by healthcare professionals.

● Some people enjoyed cooking and preparing food and were supported to do this. One person ordered and received their own shopping from a supermarket home delivery service.

Staff support: induction, training, skills and experience

● Staff received the training and updates they needed, training was up to date and a schedule of refresher training was in place. Staff told us training was effective, which enabled them to carry out their roles.

● Training was provided in face to face settings and online. Staff had received training about end of life care, deprivation of liberty, mental health and pain and symptom management.

● New staff completed the Care Certificate, which is a set of standards staff should adhere to in their working practice. In addition, they had time to read people's care plans and work with experienced staff until they were confident and signed of as competent. Experienced staff were supported to undertake diplomas at various levels.

● Staff had supervision meetings with managers as well as an annual appraisal of their work performance. This provided opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

● Nursing staff had completed their revalidation. This is a process to affirm or establish the continuing competence of health practitioners, whilst strengthening ethical and professional commitment to reducing errors, keeping to best practice and improving the quality of care. Medical practitioners, nurses and midwives practicing in the UK are subject to revalidation to prove their skills are up-to-date and they remain fit to practise medicine.

Staff working with other agencies to provide consistent, effective, timely care

● Staff liaised with professionals when assessing people's needs, their needs were reviewed regularly, so staff could provide information to health and social care professionals when needed.

● There was a close working relationship with the local GPs, occupational therapists, specialist nurses and the mental health team. People confirmed they had access to healthcare professionals when they needed to.

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

● The service was purpose built and designed and decorated to meet people's needs. A passenger lift and stairs provided access around the building.

● The service was spacious and well decorated with wide doorways and corridors. Some people told us they had made suggestions about the décor and room layouts.

● People had access to a small garden, a shaded outdoor seating area and all areas of the service. There

were hand rails and ramps to help people do this.
● People's rooms were clean, recently decorated and personalised to suit their tastes and needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
●Staff had received training and demonstrated a good understanding of the MCA and DoLS. They were aware any restrictions for people should be the least restrictive option. Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. We saw examples of where this had happened, for example about medical treatments.
●The deputy manager was able to explain clearly when a restriction had been placed on a person to make sure they remained safe. At the time of the inspection, seven DoLS applications had been sent to the local authority and one had been authorised. There were no specific conditions attached to the authorisation.
●Staff supported people to make decisions about their care and how to spend their time. We observed that staff respected the decisions that people made people made.

Good

Is the service caring?

Our findings

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

Good: At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. People's comments included, "You couldn't get a nicer bunch of staff, they all make time for you, even the doctor who owns the place comes and says hello how are things going." Another person said, "You can have a laugh and a joke, it's such a lovely place. It has made such a difference to my life." A visitor told us, "Nothing is too much trouble for the staff."
- People, visitors and staff told us they would not hesitate to recommend the home.
- The deputy manager and staff were aware of the need to ensure people's diversity was respected and catered for. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability, race or gender.
- Staff were positive and encouraging when they interacted with people. Staff spoke kindly with people and laughed and joked with people throughout the day. People were relaxed and happy in their interactions with staff. One member of staff commented, "Their needs and what they want is what we are here for." Another staff member said, "I want to make every day they have with us the best it can be."
- Care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to tell us about people, their support needs, likes and dislikes throughout the day, without needing to refer to their care plans.
- Staff helped people to keep in touch with their family and friends and organised social events in the home and village hall. There were many visitors throughout the day.

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

- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff. One person told us they preferred to have a shower in the evening. He said staff told him, "That's fine, you can have a shower when you want to, just let us know."
- People decided how they wanted to be supported. The registered or deputy manager assessed each person's ability to do things for themselves or the levels of support they needed.
- People told us they were involved in making decisions about their day to day care. One person had recently moved to the service and they told us they were asked about how they liked to be supported. They told us, "I was happy at my last home I didn't want to come here, but I can see this is better. I feel very welcome and receive the support I want; we talked it all through."
- Information about advocacy services was available, which some people told us they had used. Advocates

help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

Respecting and promoting people's privacy, dignity and independence

● People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet.

● People told us their dignity was protected and gave examples of staff closing doors for personal care and covering people with towels, only leaving the area exposed which was being washed. One person told us, "I am a very private person, I thought I would struggle with people washing me, I thought they'd pull me about. But the staff are sensitive to my feelings and gentle, I don't mind the help or feel embarrassed at all."

● Staff were attentive and observant of people's needs, they ensured people's walking aids were to hand when people mobilised. When one person was walking around the home, a member of staff asked they were alright or needed anything. The person was content just having a walk around.

● People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with. People told us they received the support they wanted.

● People carried out tasks independently, such as eating, drinking and mobilising, but staff were nearby to help if it was needed. Other people ordered their own medical dressings and other equipment, staff commented, "The person always has, they are happy to, so why should they stop doing it now?"

Good

Is the service responsive?

Our findings

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

Good: At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were individual. They contained personal information about people, such as important people in their lives, where they had lived and worked, as well as their interests and hobbies. There was guidance for staff about what made people happy as well as things that might make them sad or anxious and how staff might recognise this and how to support them.
- People and family members or friends were involved in developing and reviewing care plans. This provided an opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Daily care records kept by staff were clear and included personal care given, well-being and any activities people may have joined in. Religious and cultural needs were documented. Some people identified with a specific religion and went to church or place of worship. A local priest visited the home.
- Activities were led by a wellbeing coordinator. People could join group or have one to one activity. During our inspection some people, accompanied by staff and volunteers, went to the local pub for lunch.
- A service newsletter let people know what activities were planned, these had included a visitor with a Shetland pony, word search games, quizzes, gentle exercise and relaxation therapy. One person enjoyed gardening, they had planted and looked after the flowers. Where people were unable to or preferred not to join in group activities, staff sat with them and chatted, gave hand massages and read to people. Other people enjoyed the company of the house cat.
- The service worked with two local schools, pupils had visited the home to socialise with people and had performed Christmas plays and singing. Some people had visited a local pub for lunch and afternoon tea. People went to the village hall for coffee mornings, or a sherry if they preferred.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had spoken with people and their relatives about end of life plans and, where people had agreed, written plans were in place.
- Staff had received training about end of life care and were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses, hospice services and GPs for anticipatory medicines. These are medicines people may need towards the end of their lives, for example to help to control pain. They are prescribed and held in stock at the home before they are needed so there is no delay in getting them when they are needed.

Meeting people's communication needs; improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's care plans were in clear print and some forms contained easy read or pictorial prompts.

● Staff were aware of people's communication needs and spoke with them patiently and using short sentence structures that people would best understand.

● The complaints policy in place was available in printed format. When we discussed this with the registered manager, they agreed to produce it in large print and consider providing an audio version.

● The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern.

● The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as, social services and the local government ombudsman.

● People and visitors were aware of how to complain if they needed to.

● The service had not received any formal complaints since we last inspected. However, the registered manager maintained a written record of concerns or gripes, each of which were resolved to people's satisfaction.

Good

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.

Good: At the last inspection this key question was rated as Good. At this inspection, the rating of this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Staff supported people using the Esther model of wellbeing. The Esther model uses continuous quality improvement, cross-organisational communication, problem-solving, and staff training to provide the best care for older people with complex care needs. This was particularly evident in the range of activities available and people's sense of value and belonging.

● There continued to be an effective and visible management team at the service. The registered manager was supported by a deputy manager who also acted as the clinical lead. Key staff were given other delegated responsibilities. The service provider visited regularly and provided support to the registered manager.

● Each person knew the registered manager and each member of staff by name. One person told us, "If it wasn't for the staff and this place, I don't know what would have happened to me. I can't tell you how happy I am to live here." As the person was telling us this, they smiled and waved to a member of staff who had waved to them as they passed the person's window as they were leaving work for the day.

● Staff found the registered, deputy manager and provider supportive and approachable. One member of staff told us, "The owner is here at least once a week, often more. We have been kept informed all through the building of the new rooms." Another member of staff commented, "If I need to know anything, I just ask. It's good that the managers work on the floor with us." A visitor told us, "The home is so good. My mum knows the maintenance man, all the cleaners and staff. They have become her friends, it means the world to her when they say hello and ask how she is."

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

● Communication was good, staff and people told us there were regular meetings. These included, staff and resident meetings. People told us they were asked if they wanted to be included in meetings but were not pressurised to be.

● The service provided a plan of upcoming events and news to keep people and relatives informed of what was happening. People commented they found this reassuring.

● There were systems in place to gain feedback about the service including an annual questionnaire, and a suggestion box. Responses were positive; people were satisfied with the service provided.

● Feedback we received about the service was positive, comments included, "This has become my home," and, "I have made so many friends here."

● Visitors told us communication was good and gave examples of receiving telephone calls if their relative

was not well.
● Staff felt their opinions were valued. One member of staff told us where they had some tall people living at the service, they had suggested providing bed extensions to make people more comfortable; these had been provided.
● One person told us they didn't like the cutlery and when they told staff it was all replaced.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
● The provider understood the responsibilities of their registration.
● Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.
● It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.
●There continued to be effective systems in place to monitor the quality of the service.
●The registered and deputy managers completed regular audits on all areas of the service. When shortfalls were identified, they were actioned and signed off when complete.
● The provider visited often and took an active interest in the running and development of the service. The registered manager told us if equipment needed to be bought or replaced, the provider supported their opinion. The service had recently invested in an electronic care plan system and was in the process of improving the Wi-Fi coverage and speed.

Continuous learning and improving care
● The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager had recently completed a Well Led training programme facilitated by a leading social care training service.
● The service was a 'research ready' care home and had worked with universities. This is a scheme aimed at improving the lives and health of people living in care homes. The Enabling Research in Care Homes (ENRICH) initiative and Research Ready Care Home Network aim to improve the consistency of support for research outside the NHS.

Working in partnership with others
● Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
● The management team worked with funding authorities and other health and social care professionals such as the district nurses to ensure people received joined up care.