Sanctuary Care Limited

Rowanweald Residential and Nursing Home

Inspection report

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13 December 2018

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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

We undertook this unannounced inspection on 11 & 13 December 2018. Rowanweald Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Rowanweald Residential and Nursing Home is registered to provide personal care and accommodation for a maximum of 75 older people some of whom may have dementia, mental health needs, physical disability or sensory impairment. The home is a detached house located close to transport and shops. Accommodation is provided on the ground floor, first floor and second floor of the building. The home is divided into five units called Arden, Magnolia, Oak, Pelenna and Rheola. People with nursing needs were accommodated on the second floor.

The last comprehensive inspection we carried out in October 2017 found a breach of Regulation 18 HSCA RA Regulations 2014 Staffing. The service did not have adequate staffing levels and adequate deployment of staff. This placed people's welfare and safety at risk. During this inspection in December 2018, we found that the service had taken action to comply with the requirement and the care needs of people had been attended to. The staffing system had built-in safeguards to ensure that the staffing levels were adequate.

Our last comprehensive inspection of 2017 also found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care. During this inspection in December 2018, we found that the service had taken action to comply with the requirement. The service had ensured that care provided was person centred and met the needs of people. Feedback from people and relatives indicated that improvements had been made and the care needs of people had been attended to.

At the last comprehensive inspection we found that the service did not have sufficiently effective quality assurance systems for fully assessing, monitoring and promptly improving the quality of care provided for people. We recommended that the service regularly audit progress and action taken to ensure that deficiencies are promptly identified and rectified. During this inspection in December 2018, we found that the service had taken action to address the deficiencies identified. The service had a system of checks to ensure people received the care they needed. Regular audits had been carried out since the last inspection. Following these audits, the service had taken action to improve areas identified.

The service had also been subject to inspections by the local authority's commissioning and quality monitoring department. They reported that improvements had been made in the running of the home. This was also reiterated by people and relatives we spoke with. Further effort had been made to engage with relatives and people's representatives by moving the manager's office to a room next to the front entrance of the home. This was aimed at improving communication with people and their visitors.

People who used the service and their representatives informed us that people had been treated with respect and dignity. The service had arrangements to protect people from harm and abuse. Care workers

were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse.

Risks assessments had been carried out and risk management plans were in place to ensure the safety of people. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. There were suitable arrangements for the administration of medicines and medicines administration record charts (MAR) had been properly completed.

There was a record of essential maintenance and inspections by specialist contractors. Fire safety arrangements were in place. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency.

The home had an infection control policy and all areas of the home we visited had been kept clean.

The service worked well with healthcare professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition.

We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

Care workers had received a comprehensive induction and training programme. There were arrangements for staff support, supervision and appraisals.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. The service had made effort to engage people in various social and therapeutic activities within the home and in the local community.

There were opportunities for people to express their views and experiences regarding the care and management of the home. The service had a policy on ensuring equality and valuing diversity and protecting the human rights of people. There were arrangements to ensure that people's religious and cultural needs were met. People were supported with their religious and cultural observances.

Complaints made had been recorded and promptly responded to. A satisfaction survey and been carried out and the results indicated that people were mostly satisfied with the care provided.

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.

The home was well maintained.

Staff had been carefully recruited and our observations indicated that there were enough staff to meet the needs of people.

There were suitable arrangements for safeguarding people.

There were suitable arrangements for the management of medicines. The home was clean and infection control measures were in place.

Is the service effective?

Good

The service was effective.

People who used the service were cared for by care workers who were knowledgeable and had received essential training.

People's healthcare needs had been monitored and attended to. The nutritional needs of people had been met.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA). Care workers were aware of the procedures to be followed to meet the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People had been treated with respect and dignity. People's privacy was protected. Care workers were able to form positive relationships with people.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Meetings had been held for people living at the home and the minutes were available for inspection.

Is the service responsive?

Good

The service was responsive.

Care plans had been prepared which addressed people's needs. These had been subject to reviews with people or their representatives.

There was a varied activities programme and people were encouraged to participate in activities.

People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

Checks and audits of the service had been carried out by senior staff. Deficiencies identified had been promptly responded to.

Care workers worked well together. There were meetings where care workers could express their views and be updated regarding the care of people.

A satisfaction survey had been carried out and the results indicated that people and their relatives were mostly satisfied with the care provided.

Rowanweald Residential and 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 & 13 December 2018 and it was unannounced. The inspection team consisted of two inspectors, a specialist nurse inspector and an "expert by experience". An "expert by experience" is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. The provider completed and returned to us a provider information return (PIR). 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 spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

There were 56 people living in the home. We spoke with eighteen people who used the service and eight relatives. We also spoke with the new manager, deputy manager, regional manager, regional director, the chef, the receptionist and ten care workers including three nurses. We received further feedback from three care professionals.

We looked at the kitchen, medicines cupboard, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for eight people, seven staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

The last comprehensive inspection we carried out in October 2017 found a breach of Regulation 18 HSCA RA Regulations 2014 Staffing. The service did not have adequate staffing levels and adequate deployment of staff. This placed people's welfare and safety at risk. During this inspection in December 2018, we found that the service had taken action to comply with the requirement and the care needs of people had been attended to. We looked at the staffing levels and discussed this with people, their relatives and care workers.

People and care workers informed us that there were enough care workers to meet the needs of people. Our nurse specialist informed us that the care needs of people had been attended to. We checked the rota and noted that the staffing levels were similar to that of the previous year although there were less people in the home. When we activated the call bell, it was promptly responded to. However, several relatives told us that they felt that there were times when there was insufficient staff. One relative stated that this was because they sometimes did not see care workers around. Another relative stated that sometimes care workers did not respond promptly to call bells. The registered manager explained that care workers may sometimes be attending to people in their bedrooms. During our inspection we noted that there were always care workers available. The manager and the deputy manager stated that they carried out daily checks of the home to check that there were enough staff on duty to attend to people. We were also provided with documented evidence that when care workers were unable to turn up or duty, replacement care workers were provided.

The regional director who visited the home on the second day if inspection informed us that they had maintained the same staffing levels even though the home was not fully occupied. At the last inspection the home had a total of 70 people. At this inspection the home had a total of 58 people who used the service. The staffing levels during the day shifts normally consisted of the registered manager and deputy manager together with teams of staff for each unit. Each unit had one nurse and three care workers. During the night shifts there were two nurses for the whole home together with two carers in each unit. The residential unit with people who do not require nursing care had a team leader who was not a nurse. On the day of inspection, there were 16 care workers and four nurses. In addition to care workers, the home had a team of household staff including three kitchen staff, three cleaners, a receptionist, a maintenance person and two activities organisers.

The feedback we received from people, their relatives and care professionals indicated that the care needs of people had been met. Members of the inspection team also noted that the care needs of people had been attended to. The new manager agreed that he would review staffing levels and discuss them with people and their relatives.

The home had a safeguarding policy and details of the local safeguarding team. Information about reporting abuse was displayed in the reception area. Care workers had received training in safeguarding people and ensuring that their human rights were protected. They could give us examples of what constituted abuse and they knew what action to take if they were concerned about possible abuse. Care workers told us they would report it to their managers. They were aware that they could also report it directly to the local

authority safeguarding team and the CQC if needed.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with falls, diabetes and pressure sores. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency. We noted that a new electronic system of care documentation had been implemented. The manager informed us that this was to ensure better and prompt care and care recording. The system also prompts staff when risk assessments are due and to monitor people at high risk.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy and there was guidance for medicines to be administered as required (PRN). We examined eleven medicine administration record (MAR) charts. These contained a picture of the person. The charts were properly completed and there were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range. A care professional stated that the medicines prescribed had been regularly reviewed and they had no concerns regarding the welfare of people.

There were arrangements for protecting people from the risk of fire. The fire alarm and emergency lighting were tested weekly to ensure they were in working condition. Fire drills had been carried out regularly. Fire procedures were on display in the home. Care workers had received fire training. We however, noted that the fire evacuation plan was not sufficiently informative and did not provide sufficient detail regarding evacuation in the event of a fire. The manager provided us with a detailed evacuation plan soon after the inspection.

The hot water temperatures had been checked weekly by maintenance person. The temperature of the water prior to people being assisted by care workers to have shower or bath had been recorded. The home had a record of essential maintenance carried out. These included safety inspections of the portable electrical appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory.

The home had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of ten care worker recruitment records. We noted that all the records had the necessary documentation such as references, evidence of identity, permission to work in the United Kingdom and a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults to help employers make safer recruitment decisions.

The premises were clean and tidy. No unpleasant odours were noted. The home had an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available. Colour coded bags had been provided for soiled linen.

We reviewed the accident records. Accident forms had been fully completed and signed. Where appropriate, there was guidance for care workers on how to prevent a re-occurrence. This was documented in the care records of people.

The service had a current certificate of insurance and employer's liability.

Good

Is the service effective?

Our findings

People and their relatives told us that care workers made positive comments about care workers in the home. They told us that people had access to healthcare services. One person said, "The staff are very nice. The food is very good." Another person stated, "I am happy and pleased to be here." Three care professionals expressed confidence in the staff at the home and told us that care workers were capable and able to care for their clients.

People's care records indicated that they had received an initial assessment of their needs with involvement from their representatives or relatives before moving into the home. The assessments contained important information about people's health and other care needs. Individual care plans were then prepared with details such as people's preferences, activities they liked and how care workers were to provide the care they needed. People's healthcare needs were closely monitored by care workers. People's care records contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or behavioural issues. Appointments with healthcare professionals had been recorded. We saw evidence of recent appointments with healthcare professionals such as people's physiotherapist, podiatrist, medical consultant and GP. A care professional told us that the service kept them informed and shared information regarding people's progress with them.

Arrangements were in place to encourage healthy eating and ensure that the nutritional needs of people were met. People were assessed using the MUST (Malnutrition Universal Screening Tool). This is a method used to work out a person's risk of nutritional problems so that support or referral to specialist professionals can be arranged if needed. This method included checking their medical history, dietary history weight and other information. Those found to be at risk were monitored to ensure that their nutritional intake was adequate. Referrals were made to the GP or dietitian if needed. Nutritional supplements were prescribed for people who needed them. Care workers were also aware of the special dietary needs of people such as diabetic diets and soft pureed diets. This information was also shared with kitchen staff and this information was displayed in the kitchen. People were weighed each month to monitor nutritional intake and any significant weight fluctuations. Some people we spoke with expressed dissatisfaction at the meals provided. Some stated that the food was bland and others wanted more variety. The manager stated that they would consult more closely with people to ensure people were satisfied. Following the inspection, he informed us that they had already spoken with some people and would be arranging to meet the dietary preferences of people.

Care workers confirmed that they had received appropriate training for their role. When interviewed, they were aware of their roles and responsibilities. There was evidence that care workers had completed the required training to enable them to care for people. We saw the training matrix and copies of their training certificates which set out areas of training. Topics included the administration of medicines, first aid, health and safety, moving and handling, dementia care and safeguarding. Two relatives felt that some care workers did not have an adequate understanding of people with dementia and had mentioned this to the manager. The manager informed us that further refresher training would be provided for all care workers. He informed

us soon after the inspection that further training in dementia had been booked for February 2019. He also stated that he was looking at having a staff member who would be the dementia "champion" for the home.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive and lasted 12 weeks. During this period, they shadowed senior care workers until they were deemed by the manager to be ready to work with people who used the service. The topics covered included policies and procedures, emergency arrangements, staff conduct and information on health and safety. Some new care workers had started the Care Certificate. This course is comprehensive and has an identified set of 12 standards that care workers cover in consultation with their trainer.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision meetings. Care workers said their supervision sessions were useful. We saw that supervision sessions occurred on a three-monthly basis and included feedback to care workers on their performance, details of any additional support needed and a review of any training or development needs. Appraisals had been carried out annually and these were comprehensive. Care workers we spoke with confirmed that they found their managers to be supportive and approachable.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked capacity, details of their advocates or people to be consulted was documented in the assessments. The new manager informed us that most people in the home lacked capacity and when needed, they would consult with their representatives. We saw documented evidence of best interest decisions in people's care records. Care workers had been providing with training and they had a basic understanding of the MCA.

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 home was working within the principles of the MCA. The manager informed us that most people required DoLS authorisation. We noted that authorisations were evident in the care records. The manager and deputy manager were responsible for ensuring that appropriate DoLS authorisations were in place and renewed if needed. The manager informed us that they checked them monthly to ensure that all conditions were met. In addition, they ensured that a month prior to their expiry new applications were submitted to the local authority concerned.

Good

Is the service caring?

Our findings

People said they had been treated with respect and dignity. One person said, "It's a great privilege to be here and we are treated with dignity and respect"." Another person said, "I am OK. They are nice to me. They show respect for me." One healthcare professional informed us that that they were very satisfied that the person they supported was well treated. Our "expert by experience" stated that people reported that care workers were very kind and compassionate and treat people respectfully. Two care professionals told us that they found care workers to be pleasant and respectful towards people.

We observed that care workers were helpful and attentive towards people. They engaged in conversation with people when attending to them. People appeared comfortable and at ease with care workers.

Care workers respected the privacy of people. We observed that they knocked on people's bedroom doors and waited for the person to respond before entering. They could explain what they did to protect the privacy and dignity of people and this included closing doors and curtains when assisting people with personal care.

Our "expert by experience" stated that people informed her that they had been consulted regarding the care provided. Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. Religious services had been arranged for people who wanted them. The registered manager told us that when requested, arrangements can be made for people to attend their chosen place of worship. In addition, religious holy days and special cultural days such as Diwali, Hanukkah, Christmas and Easter were celebrated at the home. The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. Care workers were aware that all people should be treated with respect and dignity regardless of the background or individual differences.

Regular meetings with people who used the service had been held where people could express their views and be informed of any changes affecting the running of the home.

Effort had been made to provide a pleasant environment for people and help them feel at home. The courtyard garden beside the home was well maintained. The lounges had comfortable seating. The bedrooms were well-furnished and had been personalised with people's own ornaments and memorabilia.

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The home had an Accessible Information Standard. The manager stated that people were assessed regarding any communication needs they may have before they came to the home. This was to ensure they had arrangements in place to meet their needs. The home had notice boards where information was displayed using big print. This included the complaints procedure. The manager stated that policies and procedures could be translated into other

languages if needed for people. In addition, the home's satisfaction survey requested feedback regarding any information and communication needs people may have.

Good

Is the service responsive?

Our findings

Our inspection of 2017, found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care. During this inspection in December 2018, we found that the service had taken action to comply with the requirement. The service had ensured that care provided was person centred and met the needs of people. The manager stated that he and his deputy carried out daily checks to ensure that people received appropriate care. They stated that the care charts of people had also been checked to ensure that the agreed personal care had been carried out. Our "expert by experience" found that most people were happy with the services and the care that they were receiving. She stated that care workers knew people on a personal basis and were able to provide her with information about people. Our nurse specialist noted that the care needs of people had been attended to.

Feedback from people and their representatives indicated that people's care needs had been attended to. One relative stated, "My relative's needs have been attended to. My relative has had personal care. Whenever I visit my relative is clean and comfortable." One person said, "I am happy with the care provided." A care professional stated that people's care needs were met by staff.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their cultural and religious needs, medical health, pressure area care, mental health, nutritional needs and behavioural needs. Care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of how to care for people.

We looked at the care of people with nursing needs. Several people in the home had diabetes. We found that care workers were knowledgeable regarding the care needed and special arrangements for monitoring the glucose levels of people. People's care records contained an appropriate care plan for the specific need. There was guidance on action to take if this person appeared to be deteriorating or experiencing problems. Reviews of their care had been carried out with healthcare professionals.

We also discussed at the care of people with pressure sores with the nursing staff and checked care plans and monitoring records. Pressure area assessments had been carried out. Pressure area care plans were in place and this included body maps detailing areas affected. Charts for position changes had been completed. People's care had been reviewed with the tissue viability nurse. The charts indicated that people had been turned in bed to reduce the pressure on their skin.

We discussed the care of people on PEG (percutaneous endoscopic gastrostomy) feeds. Five people were noted to be on PEG feeds. PEG feeds are used to feed people whose oral intake of food is not adequate. A tube is inserted into the person's stomach via the abdominal wall. This is usually carried out in a hospital operating theatre. We noted that fluid charts were in place and the care had been reviewed by nursing staff and a dietician. The PEG feed sites had now been cleaned daily and the care plan concerned had been

updated.

There was a procedure for the use of bedrails. Bedrails had been provided for people who were assessed as needing them. These were subject to regular reviews.

Care records contained evidence that formal reviews of care had been arranged with people, their relatives and health and social care professionals involved. Our "expert by experience" reported that relatives informed her that people's care plans were regularly reviewed. Our nurse specialist said that a care worker stated that they had learnt a lot from previous CQC inspections and feedback related to PEG feeds and fluid intake charts.

We also noted that the home carried out its own regular monthly evaluations of care plans to ensure that the care provided for people was appropriate. One relative stated that care documentation had been poor however, this had now improved. Another relative stated that the care was excellent, but they were unhappy that care plans and progress reports were now in electronic form and it was not always accessible. The manager informed us that the system was new and their intention was to make this information more accessible to people's representatives and that the system had only just been implemented.

The service had arrangements for providing end of life care to people. End of life wishes and arrangements were documented in people's care records. This was done with the help of people and their representatives. The deputy manager told us that there had been occasions when people had received care and support at the end of their life and they would liaise with relatives, GPs and community nurses in supporting the person. Care workers had been provided with end of life training.

The home had a varied activities programme and this was confirmed by people we spoke with. Our "expert by experience" told us that they witnessed a ball game being organised for people in the home. The home employed two activities organisers. However, one of them was on long term leave and a care worker assisted with organising activities during this period. Activities people had chosen to engage in were documented in their care plans. These included gentle exercise, quizzes, walks, chair netball and singalong sessions. Details of these activities were on display in the reception area.

Care workers had received training in equality and diversity issues and the service had supported people with their religious observances. Religious services and cultural celebrations had been held in the home.

The home had a complaints procedure. Our "expert by experience" found that most people felt confident to voice concerns. We examined a sample of five recent complaints and noted that complaints had been promptly responded to. People and relatives we spoke with were aware of who to complain to if needed.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found that the service did not have sufficiently effective quality assurance systems for fully assessing, monitoring and promptly improving the quality of care provided for people. We recommended that the service regularly audit progress and action taken to ensure that deficiencies are promptly identified and rectified. During this inspection, we found that the service had taken action to address the deficiencies identified. The service had a system of regular checks and audits to ensure people received the care they needed.

Daily checks were carried out by the manager and deputy manager to ensure that people were well cared for. Weekly checks were carried out in areas such as cleanliness of premises, health and safety, fire safety, medicine administration and care documentation. The regional manager carried out monthly audits. In addition, the quality assurance department of the company carried out regular audits. Following these audits, the service had taken action to improve deficient areas identified. The regional director who was present during the inspection stated that she regularly visited the home to check on progress made. She informed us that senior management staff had been carefully recruited to ensure that they were able to manage the home and provide a high quality of care.

The service had also been subject to inspections by the local authority's commissioning and quality monitoring department. Their recent reported indicated that that improvements had been made in the running of the home and no major areas of concern were noted.

The feedback we received from people and their relatives was mostly positive. They stated that improvements had been made in the care of people although there were still areas where further improvements were needed. One relative stated, "Communication had been difficult. However, we had meetings with the manager and this has thankfully improved a lot recently." Care professionals informed us that the service had been improving. One care professional stated that the people they supported were well cared for and the management of the service maintained close liaison with them. A second care professional stated that the home had made improvements and they had no concerns about the service although there was a need for ongoing work in care documentation.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, equality and diversity, safeguarding and health and safety. Our nurse specialist reported that care records were up to date and well maintained.

The home had a management structure. The new manager was supported by a deputy manager and a team of care workers including nurses. There was an effective communication system. A meeting of heads of department was held daily to update the management on issues affecting the care of people. In addition, hand-over meetings took place at the beginning and end of each shift. They stated that communication with their managers was good. They had confidence in the management of the home and found their managers approachable. However, some care workers stated that the home has had changes in management and this

had been unsettling for them particularly when they had to adjust with changes in care documentation. One care worker however, stated that at present the management of the home was willing to listen rather than rush into changes. Care workers were aware of the aims and objectives of the service and stated that they aimed to treat people with kindness, respect and dignity and provide good quality care. To promote excellence in the carrying on of their duties, the company had a scheme for awarding staff who were kind and excelled in their work. Vouchers were given to those receiving these awards.

Care workers informed us that there were also team meetings where they regularly discussed the care of people and the management of the home. We examined the minutes of these meetings and noted that the views and comments of staff were not always reported. The manager agreed that in future this would be minuted.

A satisfaction survey had been carried out in 2018. The results of the survey were positive. Comments made by people, their relatives and care professionals indicated that they were satisfied with the care and services provided and people were well treated. There was an action plan to address suggestions made.