Oxford House Nursing Home

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Inspection report

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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

Our inspection took place on 22 February 2018 and was unannounced.

Oxford House 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. We regulate both the premises and the care provided, and both were looked at during this inspection.

Oxford House Nursing Home can accommodate 34 people across two floors, each of which has separate adapted facilities. The service provides care to older adults. People live in their own bedrooms and have access to communal facilities such as a bathrooms, lounges and activities areas. At the time of our inspection, there were 28 people living at the service.

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

We found people were protected against abuse or neglect. People had personalised risk assessments tailored to their support requirements. We saw sufficient staff were deployed to provide people's support. People's medicines were safely managed. The service was clean and infections were prevented and controlled.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practise.

Staff received good induction, training, supervision and support. This ensured their knowledge, skills and experience were appropriate for their caring roles. People's care preferences, likes and dislikes were assessed, recorded and respected. We found there was appropriate access to other community healthcare professionals. People were supported to maintain a healthy lifestyle. People had adequate nutrition and hydration to ensure their wellbeing. We made a recommendation about adaptation, design and decoration

of the premises.

Staff had developed compassionate relationships with people who used the service and relatives. There was complimentary feedback from a variety of sources. People told us they were able to participate in care planning and reviews and we saw evidence of decision-making that promoted people's independence. People's privacy and dignity was respected when care was provided to them.

The service provided person-centred care. Care plans were thorough and contained information of how to support people in the best possible way. We saw there was an appropriate complaints system in place. People and their families had a say in the everyday decision-making and operation of the service. The service used nationally-recognised methods of assessing, managing and monitoring people's end of life care.

The service was well-led. There was a positive workplace culture and staff felt that management listened to what they had to say. We saw the management used tools to measure the safety and quality of care. The service had developed strong relationships with the social and healthcare community in the area. We made a recommendation about the Accessible Information Standard.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Oxford House Nursing Home

Detailed findings

Background to this inspection

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

Our inspection took place on 22 February 2018 and was unannounced.

Our inspection was completed by two adult social care inspectors and an expert-by- experience. Both inspectors are registered nurses. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge of adults living in residential care settings.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked feedback we received from members of the public, local authorities, clinical commissioning groups (CCGs) and other stakeholders. We checked records held by the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and five relatives or visitors as part of our inspection.

We spoke with the provider's main partner, the registered manager, deputy manager, chef, housekeeper and maintenance person. We also spoke with two registered nurses and four care workers about people's

support and treatment.

We looked at five people's care records, three personnel files, medicines administration records and other records about the management of the service. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

Good

Is the service safe?

Our findings

People and relatives told us the care was safe. Comments included, "Quite safe. There are always people available to help", "Oh yes, people (staff) on hand. Never had a need to raise a concern", "Yes, they take good care of mum...(staff) go beyond what you would expect", "Could definitely raise a concern if it was necessary...never been a need", "She (the person) receives very good care" and "He (the person) has difficulty with swallowing and choking. They have made sure he is supervised at all times. (I) have great confidence in them...they (staff) pop their heads in on a regular basis."

Appropriate measures were in place to protect people from abuse, neglect, discrimination and poor care. Systems included policies and procedures, signage and staff training at induction and annually. The registered manager reported safeguarding matters when necessary to the local authority and us.

People's care folders contained risk assessments for falls, moving and handling, malnutrition and skin integrity. Risk assessments were reviewed as needed or at least monthly. We saw that people had personal emergency evacuation plans (PEEPs) for emergency use. These would be used in the event of an evacuation. Some people's fluids were thickened to decrease the risk of choking. These powders were used appropriately in line with the GP and dietitian's advice.

Risks from the building and premises were adequately assessed and mitigated. This included fire safety, gas safety, portable appliance testing, Legionella prevention and checks on the passenger lift, hoists and slings for moving people. Where risks were identified, action such as repairs were organised. Some actions were not signed off as complete. We pointed this out to the registered manager who assured us the required remedial works were complete. Satisfactory evidence of this was sent to us after our inspection.

People and relatives told us there were sufficient staff deployed. Comments included, "There are enough for me. They see to all I need, Staff are regular and very good. Anything we need you just ask and they come straight away-Wonderful people- It's a massive big family", "Seem to be...(they) come in regularly to check on me", "It's reasonable. Sometimes they can be quite busy. There is usually someone around at all times", "Most have been here quite a while. Not a big (staff) turnover. Management select excellent staff", "Yes. Always someone available. Not noticed any shortages when I've been in." Staffing was based on people's dependency and the number who used the service at any one time. Call bells were answered promptly throughout our inspection. Rotas we checked for a one month period showed all scheduled shifts were filled. The registered manager said no agency staff were used.

Systems were in place that showed people's medicines were managed consistently. Medicines were obtained, stored, administered and discarded appropriately. We observed staff during the administration of medicines to people, and found their practise was safe and in line with local and national guidelines. Regular checks of medicines safety were completed by a pharmacist consultant. They sent us evidence of the extensive work they completed with the service. This included audits, staff competency assessments, medicines reconciliation and review of documentation, including policies. The pharmacist wrote, "I have been engaged by Oxford House Nursing Home for a number of medication related projects and ongoing ad

hoc advice and support. I find Oxford House management and nurses to be proactive in seeking professional advice and are genuinely committed to following best practice and continuous improvement. I am included as part of their team and they feel comfortable to talk about any medication related problems openly and honestly, so that I am able to effectively help them."

All areas of the service were clean, including communal areas, bathrooms and toilets. There were appropriate handwashing facilities within the premises. Staff carried personal supplies of alcohol hand rub with them, for hand hygiene between people's care. Staff wore personal protective equipment (like gloves and disposable aprons) when they delivered personal care and at meal times. Staff said they received training on infection control and the management team said they conducted regular spot checks to ensure that infection control procedures were being followed correctly. An NHS infection control nurse wrote to us about the service's joint working relationship. They said, "I was impressed that the home had approached me seeking out training for the 'link practitioner' (care home staff member) and also at how receptive they were to the discussions we had...I received several email queries...and telephone conversations seeking clarity around the work they were undertaking to meet the recommendations in my (infection control) report.

Accident and incident reports were completed when injuries occurred to people. These were reviewed by the registered manager and notes were made to reflect any investigations completed. The management team reviewed incident reports to look for trends or themes, so that measures could be used to prevent future recurrence.

Good

Is the service effective?

Our findings

People's needs and preferences were assessed and care was planned and provided to ensure effective outcomes. People and relatives said that choice and control in care was respected in provision of care. Feedback included, "Completely. They (staff) drop everything to help everyone", "Yes, my choice to stay in bed is respected. I make all my own decisions", "As much as can be. Mobility is my main concern", "Oh yes, we have complete control. I (the person's relative) come in everyday" and "They (staff) understand her (the person's) needs. Care documentation was specific to people's individual needs. We observed staff ask people their preferences and respect their decisions. Staff also provided advice and guidance to people to ensure effective care decisions were made.

People and relatives told us that staff were knowledgeable and skilled. Comments received included, "Most are pretty good; they know what they are doing", "They do an excellent job", "When someone (staff) new comes they come round with an experienced carer", "Yes, very good carers and staff", "Staff are very experienced. They oversee any new staff and ensure they are competent to look after mum" and "Yes they are (skilled). (We) couldn't cope without their help and support." We saw staff completed inductions based on Skills for Care's care certificate (a set of 15 national standards for new workers). There was also regular training in safeguarding people at risk, fire safety, moving and handling, infection control, medicines management and nutrition and hydration. Staff had regular supervision sessions with their line managers. Staff were encouraged and supported to progress their careers. This ensured the service delivered effective care and support.

People received adequate nutrition and hydration. People said, "There is usually a choice. Not too bad...if I don't like what is on offer they will make a sandwich...(I) don't go hungry", "Food is lovely. There are alternatives available. Plenty to drink-come round often during the day with drinks, biscuits and fruit" and "There's a pretty good choice. Plenty to drink. (Staff) come round often. My daughter keeps my fridge full of treats and drinks." Adjustments were made to people's food to prevent choking and malnutrition. For example, one person said, "(I) can't swallow so they purée my food. I like to mix it up." Relatives confirmed this, and one stated, "He (the person) is on puréed food and thickened drinks due to his problem." The service was involved in a local project which aimed to reduce the frequency of urinary tract infections, avoid the use of antibiotics and hospital admissions. Frequent fluids were offered to people to encourage good hydration. The clinical commissioning group and project manager wrote to us and stated, "To date they (the service) have made significant improvement. Prior to the project they had an average of (an infection) every five days, and now have one on average every 17 days, with the longest stretch without (an infection) in the home of 66 days. I was impressed at their interest and knowledge and enthusiasm towards the project."

There was a positive team environment at the service and staff worked well together to ensure people's needs. There were also professional links with other community bodies and they provided positive feedback to us about the way the service worked with them to ensure effective care. One organisation who contacted us wrote, "I have visited the home on a number of occasions to run training workshops. The manager and the care team are a pleasure to work with because: they are keen to learn, to improve standards and ensure best practice, they are happy to have frank discussions of difficulties they have experienced (reflective

practice) in order to get advice and improve the service, staff are motivated and offered a career structure, staff are supported to take responsibility, training is offered to staff when and where it is needed and the manager is welcoming and has a good rapport with visitors and staff."

People received appropriate support from community healthcare professionals. The service's GP responded to us and said, "Very good one-to-one caring of patients from both nurses and care assistants. Patients always look well-looked after and never directly complain to me about their care provided. Management show care and attention to each patient's personal needs and requirements. Good general rapport with other healthcare providers such as myself." People's care documentation demonstrated they received care from opticians, dietitians, speech and language therapists and podiatrists. This ensured people's wellbeing was promoted and they were enabled to live a healthier lifestyle.

The premises were built in the first decade of the twentieth century and converted to a care home with nursing over two floors in 1980. The service was homely with appropriate furniture and decoration. A plan was in place to refurbish and redecorate the premises. We observed examples of new flooring, new furniture and new equipment such as specialist beds. Some areas of the building were awaiting renovation. However, people's rooms were decorated according to their preferences, including the wall colours and curtains. On the day of our inspection, a contractor visited to commence works on updating the conservatory. The registered manager explained the ongoing programme to improve the premises and equipment.

We recommend that the service continues to review the adaptation, design and decoration of the premises.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were assumed by staff to have capacity to make decisions for themselves, unless they were assessed otherwise. People's consent was requested and documented. There was evidence of enduring and lasting power of attorneys on file. This ensured that a legally-authorised person could make decisions if someone lacked capacity. We saw evidence of best interest decision-making meetings. People whose liberty was restricted had appropriate authorisations made to the local authority, and authorisations were stored within the care documentation. The service notified of us of any such authorisations.

Good

Is the service caring?

Our findings

People and relatives told us staff were cheerful and dedicated. Comments included, "They know what I like", "Certainly are (caring). Always have a laugh and a joke. They know everyone", "I'm very happy. They (staff) do have a good approach. Cheerful, happy, friendly. They come and check (on me) all the time", "You get used to them; know their ways and they know yours", "They treat mum as I would want. Some are like family friends. They know her well", "They are here for her whenever she needs them. She has a very painful side at the moment and they make sure she is as comfortable as possible", "They are very kind and caring. They know her likes and dislikes and recognise and accommodate her moods", "They...bend over backwards to keep her happy and safe" and "Care is incredibly good. Absolutely." We observed that people and relatives had a good relationship with the care staff and treated them with kindness and compassion.

The service actively sought people's, relatives' and others' feedback in a number of ways. A variety of methods were used to collect feedback and disseminate information to interested parties. This included the internet, questionnaires, feedback forms, meetings, other written comments and verbal feedback. The registered manager maintained a record of all feedback received and information provided to people. One relative had written to the registered manager, "Thank you so much for taking my dad out yesterday. He tells me the tennis was excellent and the (drinks) too! It really was very good of you to organise the day and to spend the time with my dad when you must be so busy." A collection of cards and letters was kept which demonstrated the care provided by the service. The service had organised a card and 'memory jar' for a person who liked a famous singer. In response, the person wrote, "Very good nursing home. Care staff are lovely." A popular care home review website contained more than 20 positive reviews about the service.

People and others were involved in decisions related to their care and treatment. Some people told us they preferred the staff to plan and review the care, but said they had the choice to be involved if they wanted. One person told us, "Nothing wrong with my mind, just my body!" Another person said, "Everything (care decisions) is taken care of. All brilliant." The next person told us, "Yes, they will explain everything (about my care)." Relatives told us, "Her (the person's) care plan is updated on a regular basis. I usually sit in on any reviews" and "I oversee all decisions about her (the person's) care. Any issues are discussed with me either face-to-face or over the phone. They (staff) keep me fully informed." We saw evidence in the care documentation we reviewed that people and relatives were consulted, and where appropriate signed the documents to indicate their involvement."

People's cultural, linguistic and spiritual needs were respected and promoted. A priest visited weekly to perform communion with people. A church pastor attended monthly to provide a service for interested people. At the weekly church service, people were involved by reciting the readings from a bible. At Easter and Christmas, the service organised prayer booklets for people to read and enjoy. Another person was taken to the temple each week, so they could celebrate their beliefs. We observed people were treated equally and fairly.

In the reception area, there was a 'dignity tree' and on a corridor wall there was a 'dignity pinboard'. The 'dignity tree' had cards attached with phrases written by people. People were asked what dignity meant to

them. Cards quoted words such as "respect" and "caring." The 'dignity pinboard' was situated in a corridor wall frequently passed by staff during their shift. The pinboard exhibited written reflections from staff of what defined dignity and how to ensure respectful care. These were a constant visual reminder to staff, and others who passed by, of the service's commitment to a caring environment. The service also had a dedicated staff member assigned as the dignity 'champion'. The staff member was responsible for the continued promotion of privacy and dignity in people's care, and acted as a role model for other staff.

People's privacy and dignity was protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. We observed that people's doors were closed when staff were in the room to provide care. We also noted staff knocked on closed doors before they entered and announced their arrival and asked permission if a person's door was open. People were called by their preferred names. People were observed to be neatly dressed and well-groomed. We saw one person had dropped some food on their chest during lunch. A staff member promptly came to assist the person, clearing up the food and promoting their dignity.

Confidential information about people who used the service and staff was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record keeping. Records were secured away when not in use. People and staff's confidential information was protected.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. Comments included, "I am very capable of speaking my mind", "Yes, always", "I think so, yes", "Yes, everyone without exception listens and acts on any suggestions. Everything is geared to give mum the best care", "Yes, she (the person) can certainly speak up for herself" and "Anything requested or asked for is handled straight away."

People's care documentation was individualised. There was an initial pre-admission assessment. Care plans were reviewed monthly and as required. There were records of care plan review meetings, most with family involvement. We reviewed three care plans. These included care plans for eating and drinking, communication, personal hygiene, mobility and skin integrity, as well as other activities of daily living. Staff completed daily notes about people's care, including what they ate and drank, their mood and emotional state, what activities the person completed. People who stayed in beds or chairs for long periods had pressure-relieving equipment in place. This was checked regularly by staff and recorded.

There was an activities co-ordinator who was very enthusiastic and asked people the types of social stimulation they liked or wanted. We saw there were a range of options for people, which included the attendance of regular external entertainers people liked. Activities and social events were clearly displayed in throughout the building. One person said, "There is something going on every day. I don't get involved. We had a group of school children come round." Another person commented, "I like everything. There is always something, like sing-alongs. (I) love social days when we have any activity we like; we have a laugh." A further person stated, "They (staff) ask but I prefer to do my word search and watch TV." Comments from relatives included, "They (staff) ask residents what they want to do and involve all those that want to get involved", "By choice she (the person) doesn't go down in mornings. She is happy in her own space", "Very rare for her (the person) to get involved. Sometimes, when she is in the mood" and "He (the person) has a great personality. When he was well, he would spend most of his time on his computer or doing some gardening." There was a dedicated garden at the rear of the premises, where people were involved in warmer weather. We noted there were pictures on the fence of staff and people who were involved in gardening. The reception area also displayed several gardening awards the service received from local organisations.

People had access to the local community, although not everyone wished to leave the building. People's choices about outings were respected by the service's staff, although they were encouraged to take part or try different things. One person said, "I spend my time in my room in bed. Sometimes they (staff) get me up with a hoist, but I prefer to stay where I am." Another person said, "I don't go out anymore, although they (staff) would help me." A relative stated, "I take her (the person) out quite a lot. We go up to high street, shopping and have lunch. I've not asked staff but I think they would take her."

An appropriate complaints management system was in place. There were posters and other literature that explained how to make a complaint. The registered manager was able to explain how complaints would be handled and showed us the documents they used to record concerns or complaints. We also saw examples of the communication between the service and a complainant. A meeting was held to discuss the matters

and ensure the reported matter was resolved amicably. The service's complaints policy provided satisfactory information about other places to make complaints, such as the local authority and Ombudsman.

None of the people and relatives we spoke with expressed any concerns or complaints. They knew how to raise issues if needed. Comments included, "No complaints, but will express my point of view if necessary", "I have no complaints", "Would be very unusual for me to complain (but) yes, would if necessary", and "I previously had a problem, but it's been perfect since (the registered manager) took over."

The service provided dedicated end of life care. At the time of our inspection, two people received palliative nursing treatment. The service had ensured alignment with national best practise in end of life care. Oxford House Nursing Home remained accredited for six years as a Gold Standards Framework (GSF) service. GSF is a systematic, evidence-based approach to optimising care for all people approaching the end of life, delivered by generalist frontline care providers, overseen by a specific national organisation. The service achieved 'platinum' status for end of life care. This meant staff had successfully embedded and sustained GSF in their core working practises. There were dedicated staff 'champions' in the GSF end of life care. These staff ensured that other workers had the necessary training, knowledge and skills to provide dignified, pain-free palliative care for people. The 'champions' also ensured that the service's care was in line with the rigorous requirements set by the GSF organisation.

People's end of life wishes were assessed and documented. This included do not resuscitate orders, burial or cremation preferences, information about funeral directors and specific cultural or religious requirements. Staff ensured that anticipatory medicines (those used for the final hours of life) were prescribed and available. There was a memories book in reception with photos of activities, but also included happy moments of people who had used the services. We saw mementos in the building for people who had passed away, so staff could remember them. The staff also organised a wake to be held at the service for a person who had no friends or family. After the wake, an attendee wrote to the service to praise their efforts. They stated, "(The registered manager) and some of the carers made (the person's wake) a caring and emotional time."

Good

Is the service well-led?

Our findings

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the SoP for the service was appropriate and up-to-date. The registered manager and provider's main partner explained a credible strategy to ensure safe, high quality and compassionate care. This was reflected in the service's SoP. For example, objectives in the statement of purpose included, "To have robust quality assurances in place", "To provide staff with a positive working environment and one they feel valued in" and "To keep up-to-date and reflect and action the latest research and initiatives." The service had a weekly management meeting where relevant information and issues were discussed. This included problem solving, reviewing progress towards goals and examining areas for continued improvement.

People and relatives consistently told us the service was well-led. One person said, "Management are approachable and available if you need to speak to them." The next person spoke about the registered manager and stated, "She is lovely, brilliant, everyone works well together. No arguments. She is always available." Another person told us, "Very good. Everyone works well together. Yes, I think (the service is well-run)." Another comment was, "She (the registered manager) is very good. (She) has made a big difference. Very approachable and everyone works well together." Feedback from relatives included, "If I could, I would love to work with the manager and her team. She is lovely. Always ready to have a chat about mum's health and welfare. (Staff) team is excellent", "The manager and deputy manager are both excellent. Very well led", "The manager is so dedicated. Available Monday to Sunday. Very approachable. Only wants good staff. Very well-led", "The manager is very good. Available whenever. Staff are well-trained and work well together" and "Whenever you call, the manager picks up straight away. She is very kind and has great empathy. I am kept fully informed on everything."

Staff comments mirrored those of people and their relatives. Staff described a positive, team-centred approach to care. We observed staff worked well together throughout our inspection. Staff were friendly and engaging and willing to participate with the inspection team. Regular staff meetings and surveys were held, and information was also distributed to staff via memos. Comments from the 2017 staff survey included, "We are doing a good job. I love working in this care home", "(The nursing Home is running well; organised well", "I am really happy. We all work as a team and treat each other like family. We all get along and I enjoy working here" and "I don't think we can improve anymore as we have improved so much over the last six months." This ensured a happy workplace environment, which assisted in the provision of quality care.

The staff turnover rate was low, and some staff had worked at the service for many years. The registered manager explained a number of initiatives to retain staff. Examples included social events (bowling, bingo, Bollywood), a massage therapist, free fruit and meals during shifts, recognition of good practise through a rewards and recognition scheme and the provision of pedometers (which measure the number of steps walked). There was also promotion and progression of staff from within the service. For example, two cleaners who demonstrated enthusiasm swapped roles to become care workers. The registered manager explained the two staff were eager and then commenced qualifications in social care, supported by the

service.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the circumstances under which they would send statutory notifications to us. We checked our records prior to the inspection and saw that the service had notified us of relevant events. This ensured we were able to monitor the quality and safety of the service between our inspections.

There was an underlying equality policy and procedure which staff were aware of. People were respected by staff regardless of their cultural, religious, or linguistic backgrounds. People's characteristics were protected by staff and the management team. The registered manager also told us the principles applied to the workforce and we observed this. Staff treated each other with respect and dignity. The kitchen demonstrated preparedness for special dietary requirements and staff knew specific end of life regimes for different cultures or religions. The service had satisfactorily assessed and implemented the principles of equality, diversity and human rights in the provision of care and the daily operations.

A number of quality audits and checks were used to gauge the safety and quality of care. These were completed according to an audit calendar set by the registered manager and provider. We saw areas that were audited included the kitchen, laundry, maintenance and repairs, medicines, infection prevention and control, staff training and people's care documentation. When necessary, any areas identified for improvement were always reviewed, and signed off by the responsible staff member and the date. The service had an emphasis on the continual review of the quality of care. This ensured people received care that was relevant, led by best practise, and protected them from harm.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Although the service assessed and recorded people's communication impairments, further work was required to comply with the principles required by the AIS. We toured the premises and noted that bedroom and bathroom doors did not have suitable signage for people with sensory loss. The registered manager was receptive of our feedback and reassured us they would review the AIS standards.

We recommend that the service reviews the Accessible Information Standard to provide information to people in a format they can understand.

The service worked well in partnership with various community organisations. The service used volunteers from the National Citizen Service to enrich the lives of people. This included the provision of drama and musical pieces to people by the volunteers. The service was also a member of the patient participation group at a local GP surgery, providing feedback and ideas from a care home's point of view. The service was involved in a local project with the hospital, called "red bags". These were bags with important documents and information about a single person that would follow them through a hospital admission, stay and discharge. The aim of the project was to ensure coordinated care between the service and hospital, and reduce the length of hospitalisation. The registered manager also told us of a trial about that commenced using telemedicine. Vital information (like temperature, blood pressure and pulse) were captured by the service staff using specific equipment. This was then sent to the GP using mobile phone technology. This allowed a specialist nurse or GP real-time information about a person's condition, enabled ongoing monitoring and prevented avoidable hospital admissions. The service also worked well with the local authority, who told us "During our visit (in January 2018) it was observed that the staff were very caring towards the service users and were providing a very effective service." The local authority stated they had no

concerns about the service's care management.