

Palms Row Health Care Limited

Westbourne House Nursing Home

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

The inspection took place on 20 October 2016. It was undertaken by two adult social care inspectors and was unannounced. At the last inspection of this service, which was undertaken on 11 November 2013 no breaches of regulation were found.

Westbourne House is registered to provide accommodation for 71 people who require nursing or personal care with a range of medical and mental health needs. It is in the Fir Vale area of Sheffield, close to all local amenities. The service can take people who are living with dementia. At present 29 beds are allocated for the provision of intermediate care for people who are admitted to the service from the community or from local hospitals. This is a provision undertaken via a National Health Service contract which commenced at the service in August 2016. The intermediate care beds have been allocated at the service to help ease the winter pressures on the acute health care services in the area. One unit of 14 beds is located on the ground floor, as well as 15 beds on the first floor of the service. On the ground floor of the service a 20 bedded unit was provided which cared for people living with dementia, there were 17 people living on this unit at the time of our inspection. Rooms on the first floor were used for residential, nursing and intermediate care.

The service has a registered manager. 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.

Staff knew how to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

Staffing levels provided on the day of our inspection were adequate to meet people's needs. Staff understood the risks to people's wellbeing and knew what action they must take to help minimise risks to people's wellbeing.

Staff helped people to maintain or increase their independence working alongside health care professionals. This enabled some people to leave the intermediate care beds at the service and go back home or reside in other local care services.

Staff were provided with training in a variety of subjects which was updated periodically to help develop and maintain the staff's skills. Supervision and appraisal was provided to all staff which helped support them and identify further training or development needs.

People's nutritional needs were assessed and monitored. Their special dietary needs were provided. Staff encouraged and assisted people to eat and drink, where necessary. Advice was sought from relevant health care professionals to ensure people's nutritional needs were met.

People were supported by staff to make decisions for themselves. Staff reworded questions or information to help people living with dementia understand what was being said. We saw people chose how to spend their time and gave consent to their care and treatment.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

Activities provided at the service were varied and creative which helped to stimulate people. People were encouraged to maintain their hobbies and interests, where possible.

General maintenance occurred and service contracts were in place to maintain equipment so it remained safe to use.

A complaints policy and procedure was in place. This was explained to people living with dementia or to their relations so they were informed. People's views were asked for formally through surveys and informally on a daily basis by the staff. Feedback received was acted upon.

A variety of audits were undertaken to monitor the quality of the service. Issues found were addressed quickly. This included the issues we found regarding recording the medicine storage room and fridge temperatures, displaying people's dietary needs in the dining rooms and issues relating to the recording of one person's refused medicines.

The registered manager had an open door policy and an on call system was in place out of office hours to support people, relatives, visitors and staff. There was a homely and welcoming atmosphere within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were enough skilled and experienced staff to meet people's needs.

People were protected from harm and abuse.

Staff were aware of the risks present to people's health and safety. Corrective action was taken to minimise these risks.

The service was clean and infection control was maintained.

The management of medicines was safe. Minor issues found with one person's medicine recording and the recording of the treatment room and medicine fridge temperatures were acted upon immediately.

Good ●

Is the service effective?

The service was effective. Staff were provided with training, supervision and appraisal which helped to maintain and develop their skills.

People's mental capacity was assessed and monitored. People gave their consent to receive care and support where this was not possible the principles of the Mental Capacity Act 2005 were adhered to, to protect people's rights.

People's nutritional needs were monitored and met. The registered manager changed the way people's dietary needs were displayed to make sure data protection was maintained.

Good ●

Is the service caring?

The service was caring.

People told us they were well cared for by kind attentive staff.

Staff were observant and spent quality time interacting with people.

People were treated with dignity and respect.

Good ●

Is the service responsive?

Good 

We found the service to be responsive to people's needs.

Staff were knowledgeable about people's changing health care needs and they worked closely with health care professionals to maintain or maximise people's independence.

There was a creative and varied programme of activities provided for people to enjoy.

People we spoke with told us they felt able to raise concerns and could make a complaint if they wished. Issues raised were dealt with appropriately.

Is the service well-led?

Good 

The service was well-led. The home had an experienced registered manager in place who promoted good standards of care and support.

Staff were supported by the registered manager who was approachable and listened to their views. The ethos of the service was positive; with was an open and transparent culture.

People's views about the service were asked for and were acted upon. The staff in all departments communicated well and supported each other to ensure people received a reliable effective service.

Quality assurance checks were undertaken. Minor issues found during the inspection were dealt with swiftly. This helped to maintain and improve the service provided to people.

Westbourne 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 registered 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 unannounced inspection took place on 20 September 2016 and was carried out by two adult social care inspectors.

The registered provider was not asked to complete a Provider Information Return (PIR). We looked at notifications we had received and reviewed all the intelligence the Care Quality Commission held about this service to help inform us about the level of risk present. We contacted the local authority prior to our inspection to ask for their views about the service, the feedback we received was positive. This information helped us to make our judgement.

We looked at the care records for three people who used the service and inspected a range of medication administration records (MARs). During our inspection we talked to people using the service, to health care professionals, relatives and visitors. We spoke with eight staff; this included nursing and care staff, activities co-ordinator and chef. We also spoke with the registered manager, deputy manager and with staff working on each unit during our inspection.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision and appraisals records, training records, staff rotas, quality assurance audits, complaints information and maintenance records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

Is the service safe?

Our findings

People we spoke with told us they felt safe staying at the service. One person said, "Yes I do feel safe here." Another person said, "I am safe and well cared for."

Relatives told us they felt the service was safe. We received the following comments; "Yes, [Name] is safe here. There are enough staff on duty to meet [Name's] needs, as far as I am aware." And, "[Name] is definitely safe here." Health care professionals we spoke with told us they had no concerns to raise regarding people's safety. One health care professional said, "People's safety is a priority. I have never seen any abuse since starting working here."

We saw staffing levels provided during our inspection were adequate to meet people's needs. Each unit within the service had different staffing levels which were reviewed and changed as occupancy levels and people's dependency levels changed. The registered manager constantly monitored the staffing levels provided to make sure people received the care and support they required in a timely way. Staff we spoke with said; "There are enough staff, according to people's needs. Intermediate care clients can be a bit more demanding and can be a challenging mix, but we do manage." And a member of staff working on the dementia unit said, "In a morning we have really good staffing levels with four care staff and a nurse who knows this unit so they help as well. We have three care staff in an afternoon, this is a bit harder. Time can fly away. Every one of the staff get on and we talk to each other, and support each other. This helps to provide good care to people."

Staff were provided with regular training about protecting people from abuse and harm. A safeguarding vulnerable adults, and whistleblowing policy (telling someone) was in place for staff to follow. Staff we spoke with knew about the different types of abuse that may occur and understood how to report any issues. A member of staff told us, "I would report any safeguarding issue straight away." The staff, registered manager and deputy manager knew what action they must take to protect people from abuse and they contacted the local authority to report any potential abuse. This helped to keep people safe from harm.

Health care professionals who were working at the service told us they had no safeguarding concerns to raise and had never seen anything of concern. One said, "People are not abused here. Any abuse would be reported."

We inspected three people's care records and found potential risks to people's health or safety were recorded in personalised risk assessments. For example, the risk of falls, prevention of skin damage and the risk of choking had been identified. The risks were regularly reviewed and assessed to help keep people safe. Staff we spoke to understood the risks present for each person in their care and they were able to tell us about action they would take to reduce the risks present.

Information about the support people required in the event of an emergency was present in personal evacuation plans. This information could be shared with the emergency services, as necessary to promote people's safety.

People who received care under in the service from the intermediate care team were observed to see if their health and safety was improving. This monitoring took place for people throughout the service. We saw that as people's needs changed relevant health care professionals were asked for their input and advice to ensure people received the support they required to maintain their safety and wellbeing. Health care professionals we spoke with told us staff throughout the service spoke with them in a timely way to keep them informed and gain their help and advice which helped to maintain people's safety.

Staff ensured special equipment people required to maintain their health and safety was provided. We saw assessments were undertaken for walking aids, the use of hoists to transfer people and the need for special mattresses and profiling beds, to help maintain people's skin integrity. Information was recorded about people's capabilities and the assistance they needed to receive to maintain their safety.

People receiving intermediate care had their safety assessed before being given exercised or activities to undertake to help promote their independence or wellbeing. For example, one person who was unable to walk at present had been assessed by a health care professional. A risk assessment was in place for reduced mobility along with exercises for the person to undertake to help increase their strength and ability to stand. Two staff were required to walk with the person for short distances with a wheelchair being available if the person needed to sit down. This helped to promote their safety and independence. Staff were aware of people's needs to regain their independence in a safe way so they could maintain their safety when returning home.

Throughout the service we saw sanitising hand gel was present for people to use. Hand wash facilities, gloves and aprons were available for staff to help maintain infection control. The laundry was clean and effective infection control procedures were in place.

A secure door entry system at the service helped to prevent unauthorised people gaining entry to the home. There was a receptionist on duty during the day to help maintain the security of the home.

Audits were completed to help maintain and monitor the safety of the premises they covered the general environment, water, gas and electric supply. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarms. Staff undertook regular fire training to help prepare them for this type of emergency.

A programme of general maintenance, repairs and re-decoration was in place. This covered the building, lifts, hoists and all other equipment in use at the service. Repairs were undertaken as required. During our inspection we saw the dementia unit could benefit from a programme of refurbishment. The registered manager told us this was already being planned.

The registered manager undertook regular audits of accidents and incidents looking for any patterns that may occur. We saw corrective action was taken to help prevent further accidents from occurring which helped to maintain people's health and safety.

We inspected the medicine systems in operation throughout the service. They were generally robust. We looked at how medicines were ordered, stored, administered, recorded and disposed of. We checked the controlled medicines at the service and these were found to be correct. People's medication administration records (MAR) contained their photograph to aid identification. Allergies were recorded to inform staff and health care professionals of any potential hazards. People's medications were stored securely. Nursing staff undertook training in how to administer medicines, which ensured they were skilled and competent at this. We observed nurses checked people's identity and stayed with them until their medicine was taken.

During our inspection we found some minor issues with one person's medicines. We found they were prescribed paracetamol syrup four times a day but was only getting it once or twice a day. Codes had not been recorded to say the person had refused this medicine. We discussed this with the registered manager who reminded staff about the importance of using codes if medicines were refused. We also found that on two days each month staff had not recorded the treatment room temperatures of medicine fridge temperatures, to help monitor that medicines were stored within the correct temperature range. This was discussed with the registered manager who reminded staff to undertake this on a daily basis and about the importance of this.

Is the service effective?

Our findings

People we spoke with told us the staff were effective at looking after them, and confirmed the staff were knowledgeable and knew what they were doing. One person said, "They [The staff] know my preferences. They are skilled so they are able to care for me." Another person said, "The staff meet my needs. I have plenty to eat and drink." We saw people's needs and preferences were taken into account by staff.

Relatives we spoke with were satisfied their relations needs were met. We received the following comments; "I am aware regular staff training takes place." "The staff listened to what people want." "[Names] diet is reasonably balanced. They are on a soft diet so it is somewhat restricted." And, "[Name] Loves the food and eats plenty."

Staff was provided with training in a variety of mandatory subjects, such as; moving and handling, control of substances hazardous to health, first aid, fire safety, nutrition, basic food hygiene, safeguarding, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, equality and diversity, person centred care, privacy and dignity, effective communication. This helped to maintain and improve the staff's knowledge and skills. Training for nursing staff included this mandatory training as well as subjects such as catheterization and pressure area care.

The nursing staff had their registrations checked and had to undertake professional developments to be able to revalidate their registration with the Nursing and Midwifery Council (NMC), every three years. This ensured the nursing staff remained fit to practice.

Staff we spoke with confirmed there was plenty of training provided for them to complete. New staff undertook a period of induction training where they worked with senior care staff and their skills were assessed and developed. The care certificate was implemented at the service; this is a nationally recognised care course which helps to provide the correct level of skill to people entering the caring profession. All the staff we spoke with told us their training was kept up to date.

The registered manager had a programme of staff supervision and appraisals in place. This allowed discussion to be held with the manager about any training or development needs the staff may have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were being

met.

Records showed that where needed people who used the service had a DoLS in place around restricting their freedom of movement. Documentation was completed appropriately to protect people's rights. The registered manager displayed a good understanding of their role and responsibility regarding MCA and DoLS. Staff had completed training about mental capacity and were aware of how the DoLS and MCA legislation applied to people who used the service.

We found capacity assessments had taken place and there was evidence in place to record the decision-making process to ensure care was provided in people's best interests. We found the registered manager had submitted applications to the 'Supervisory Body' for authority to deprive specific people of their liberty. Four people living at the service had authorised DoLS in place a further 29 applications were awaiting authorisation from the local authority. Advocates were able to be provided locally to people to help protect their rights.

We saw people had their nutritional needs assessed. Information was provided to the chef and to the staff about people's dietary needs and food preferences or allergies. Special diets were catered for including diabetic meals, soft and fortified foods. We saw people were asked for their views about the food served at resident and relatives meetings, suggestions received were included on the menu.

There were three dining rooms at the service, one for each unit. People could choose where they wanted to eat. A menu board displayed information about the meals to be provided. We observed lunch on two of the units. Mealtimes were sociable occasions, background music was played and people spoke to each other. The food served looked appetising and nutritious. Drinks and snacks were offered at mealtimes and throughout the morning, afternoon and evening.

We noted there was a board on the wall displaying people's names and their dietary needs. This was discussed with the registered manager who told us it was there to make sure staff were reminded of people's dietary needs. Displaying people's names and their needs in this way did not ensure people's privacy was maintained and the registered manager told us they would change this immediately to protect people's identity and maintain data protection.

We saw staff supported and encouraged people to eat and drink, where necessary. Adapted crockery and beakers were provided to help people maintain their independence with eating and drinking. People who needed their dietary needs monitored had food and fluid charts in place and we saw evidence which confirmed relevant healthcare professionals were involved in monitoring people's dietary needs. This ensured people's dietary needs were met.

The service had gardens at the front with flower beds and level access into the service. Communal areas of the service were clean and spacious. Corridors were wide and people's bedrooms were set out as people wanted them and to make sure care staff had enough room to use special equipment such as hoists effectively to meet people's needs. There was a lift provided so people who were unsteady on their feet or who required a wheelchair were able to access the first floor of the service.

Pictorial signage was provided to help people find their way around. Bedrooms were numbered and some people had photographs on their doors to help identify their room

The registered manager told us that they were decorating the dementia unit and refurbishing the dining room to enhance the environment further for people who were living with dementia.

Is the service caring?

Our findings

People we spoke with told us the staff were caring and their needs were met. One person told us, "Caring for the elderly is a challenge. They [the staff] are patient. The staff are a lovely bunch." Another person said, "The girls [the staff] are great. If they weren't I would say something. I am cared for." We observed staff treated people with kindness and compassion on each unit within the service.

Relatives of people told us the staff were caring, compassionate and kind. Health care professionals we spoke with said the staff were pleasant and kind and worked closely with them. One said, "I cannot fault the staff." Another told us, "The staff are compassionate and caring."

During our inspection we saw throughout the service staff were attentive to people's needs and offered help and assistance, when this was required. For example, we saw a person was struggling to eat independently; a member of staff observed this and immediately offered to help them. We saw another person began to get agitated; staff went to speak with them straight away to ask what was wrong and took appropriate action to re-position them to make sure they were comfortable, which helped reduce their anxiety.

We observed staff constantly asked people if they were alright or if they needed anything. People who were living with dementia who could not speak were checked upon regularly by staff to make sure they had their needs met and remained comfortable.

We saw staff were attentive and took their time to gain eye contact when speaking with people by bending or kneeling down. Staff listened to and acted upon what people said. They used gentle appropriate touch to reassure people and let them know they were by their side. We observed staff spent quality time with people to help them reminisce or talk about their needs. Friendly banter took place between people and staff which helped to create a welcoming and relaxed atmosphere within the service.

We observed staff respected people's dignity. Staff knocked on people's bedroom doors before entering and they addressed them by their preferred name. Care and support was provided to people in their bedrooms and bathrooms behind closed doors. This helped to maintain people's privacy.

During our visit we spoke with staff who said they would not want to work anywhere else. Staff told us they always treated people with dignity and respect. A member of staff said, "We treat everyone as they would like to be treated. When I go in a morning to see people I always find out how they would like to be addressed." Another member of staff said, "It is a lovely home, there is a nice feel to it. The clients are lovely."

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. They said the service was effective at supporting them and their needs were met. One person told us, "The staff are very attentive when looking after you. I want to get back home. The staff are helping me." Another person said, "I am getting the support I need, I am trying to walk on my own. My determination and will power is good. The staff are helping me do this. They have got me walking." Relatives commented that the care and support provided effectively met their relations needs.

During our inspection we saw that staff gathered information before people were admitted to the service. For example, we saw hospital discharge letters on file for people who were admitted for permanent care or to the intermediate care beds. Information about people's needs were also obtained from the local authority (LA) for those who were funded by them or for people who had received input from the LA in their own homes before being admitted to the service. This information was used as a base line for staff to start to complete individualised care plans and risk assessments regarding people's needs.

We saw people's care records included information which covered their social history, likes, dislikes, preferences and goals to be achieved. This helped staff to provide appropriate care and support.

We saw regular reviews of people's care took place. Some people we spoke with said they were involved in reviewing their care, others said they were not and this was their choice. People we spoke with told us they could see their care records at any time.

We observed staff delivering care and support in the communal areas of the service and they assisted and encouraging people to maintain their independence, where this was appropriate. We observed staff throughout the service made sure people received the care they needed.

People receiving intermediate care were seen by a team of health care professionals who worked at the service. They provided people with the knowledge and skills to help improve their health and wellbeing so they could be discharged home or gain their health so they could move to other care settings. Staff supporting people requiring intermediate care had developed the skills and knowledge they needed to help people with their rehabilitation. For example a person we spoke with told us the physiotherapist had given them some exercises to complete and said the care staff made sure they completed these properly. We observed staff throughout the service made sure people received the care they needed.

We saw that people were transferred in a timely way from the community or from local hospitals into the intermediate care beds at the service. This helped to decrease the winter pressures on the acute healthcare services in the area.

External health care professionals visited people who were not receiving intermediate care to ensure their needs were met. For example, people received visits from community psychiatric nurses, speech and language therapists as well as local GP's. We saw a member of staff escorting a person to the dentist during

our inspection. People attended hospital appointments supported by family or staff. This ensured people's health was effectively monitored to maintain their wellbeing.

Health care professionals we spoke with looking after people receiving intermediate care told us staff communicated well with them, reported any issues timely and acted on their advice which ensured effective care was delivered. One said, "There are lots of admissions and discharges taking place. We take pressure off the hospital. We get a lot of people home. Our patients are more complex with more issues and all their needs cannot be treated in the community. Staff help us to rehabilitate people here. They [The staff] work closely with us and the registered manager. I cannot fault them (The staff). I am very happy with how we meet people's needs."

Positive views were shared with us by health care professionals who were not supporting people who were receiving intermediate care. One said, "They are really accommodating here. Nothing is too much trouble. Staff are very willing to help, and they maintain their paperwork to a good standard so we can see what is occurring."

Staff we spoke confirmed they contacted relevant health care professionals for help and advice as people's conditions changed. They told us they called for out of hour's medical support, when required. We saw evidence that confirmed health care professionals were in regular contact with this service.

Staff told us any equipment needed to help people was provided timely to prevent any deterioration in people's conditions. For example, pressure relieving cushions and mattresses were provided, along with weight bearing hoists to help move people safely and to maintain their skin integrity.

During our inspection we were told by staff handovers occurred between shifts. Staff told us they discussed people's health and wellbeing as well as information about their emotional state. Discussions were held about what people had achieved that day and any changes in people's needs were handed over so that staff coming on duty were fully informed.

We observed the registered manager and deputy manager made themselves available to see how care was delivered throughout the service. This helped the senior staff to prioritise people's care needs, for example, extra staff were sent to help people at lunchtime to serve people their meals in a timely way.

There was an activity co-ordinator in place who was creative with the programme of activities provided. They took pride in their role and they tried to put on interesting and unusual events for people to enjoy. For example; a 'Disney' weekend had been held, a Scarecrow Festival and a Murder Mystery Weekend had been held. The activity's co-ordinator said, "I like to try something different, we have even had an activity called 'I'm a resident get me out of here' and held a 'Jeremy Kyle Show', which people loved. They told us, "People have memories in their minds, people living with dementia know the old songs and they join in, they love it when they are singing and dancing." People's life histories and hobbies were considered so activities could be undertaken to stimulate people's memory. People were taken to a local dementia café on a Wednesday and were taken out on bus trips during the summer.

We saw that information was provided to people about the provider's complaints procedure. There was a comments and suggestions box provided so people could give their feedback. People we spoke with said they had no reason to complain but said they would raise issues if they wished to. One person said "I have no complaints." Staff told us that if someone wished to make a complaint they would report the issue straight away to the registered manager so that it could be dealt with. We looked at the complaints that had previously been received. We saw that complaints that had been made were investigated and resolved. Complaints were monitored by the registered manager to look for common themes or issues. The analysis

of complaints were shared with head office within 28 days to keep them informed. This included a breakdown of action taken to resolve issues raised, for example putting fluid charts in place to monitor fluid intake. Complaints were dealt with appropriately.

Is the service well-led?

Our findings

People we spoke with said the service was well managed. They told us their views were sought and were acted upon by the management team. One person we spoke with said, "It is very enjoyable here. It seems to be a well-run place." Another person said, "The manager is good."

During our inspection relatives commented that they were satisfied with how the service was run. One relative told us, "The manager and deputy are brilliant, all the staff are fabulous. They are responsive to all the input from families. Regular resident and relative meetings are held." Another relative said, "Yes, there are bi-monthly resident/family/ friend and relatives meetings they [The staff] listen and try to resolve any issues." People we spoke with and their relations confirmed their views about the service were sought and were acted upon by the management team.

The registered manager told us they wanted the service to be a homely and welcoming home for people to stay. We found there was a welcoming open and transparent culture in place.

We saw that residents and relatives meetings were held to gain people's views and to ask for suggestions about how the service could improve. People we spoke with told us they did not have to wait for these meetings to occur because they were able to discuss anything with the staff or with the registered manager or deputy manager at any time.

The management team monitored and reviewed the quality of service provided. Policies and procedures were available to help advise and guide staff. The staff we spoke with told us they understood the management structure in place and they confirmed the management team supported them effectively. A member of staff said, "The management team help us. We can knock on the office door and get things resolved. We can speak with the manager or deputy at any time. They both work the floor with us."

The registered manager had a range of audits in place to help them monitor the service. This included monitoring of the call bell system, kitchen services, health and safety, infection control, moving and handling equipment, resuscitation equipment, accident, medicine management and care plan audit. We looked at some of these audits. The infection control audit was undertaken quarterly and looked at all aspects of infection control including staff uniforms. We saw any issues found were addressed. The call bell audit monitored when people used this system to ask for help, how long it took staff to respond to people in each unit within the service. We saw there was a report with the audit findings. Where necessary, if issues were found an action plan was produced. This detailed the name of the member of staff responsible for completing action to resolve the issues found, with a due date for completion. This system helped to ensure a good service was provided to people.

External auditing of the intermediate care provided at the service was undertaken by National Health Service Matrons attached to the unit. They undertook checks of the service provided two to three times a week and more detailed audits were carried out regularly. We were told by the matron there were only minor issues that had been found with the intermediate care provided which had been acted upon straight

away.

We saw a letter which the National Health Service Matron had sent which thanked the management team at the service for the professional partnership working, which had providing 'excellent care for patients'. The health care professionals working with the intermediate care clients told us they had been made to feel welcome at the service and said they had fed back how much they enjoyed working with the management team and staff at the service because the home was well managed.

There was an 'open door' policy in place, the management team made themselves available to people, relatives and staff at any time. They were contactable by phone and an on call system was in place to support the service.

Staff meetings were held to gain the staff's views. This included separate meetings held for the nursing staff. Staff we spoke with said they found these meetings helpful and they told us they were able to raise issues with the management team. Staff said they were listened too and felt supported. One member of staff said, "The management team are very supportive."

The deputy manager had allocated time to undertake their office duties so they did not have to complete this whilst they were caring for people.

We saw general maintenance occurred. Service contracts were in place for the equipment and utilities supplied at the service.

People and their relatives were sent surveys to gain their views. We saw the feedback from the last survey was positive. The results of the survey were displayed to inform people of the outcome. We saw 'thank you' cards from people and their family which reported they had been happy with the service they had received. The registered manager and deputy manager told us they were committed to the continuous development of this service.