Anchor Hanover Group

Northbourne

Inspection report

Durham Road
Low Fell
Gateshead
Tyne and Wear
NE9 5AR

Tel: 01914825859
Website: www.anchor.org.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 1, 6 and 16 November 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Northbourne 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.

Northbourne provides residential care for up to 33 older people across two floors, in one purpose built building. Some of the people using the service were living with dementia. On the day of our inspection there were 33 people using the service.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2010.

At our last inspection we rated the service good. At this inspection we found the service had improved to outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service was extremely person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. People received exceptionally personalised care that was responsive to their needs. People, family members and visitors were extremely complimentary about the service.

The provider had innovative ways of protecting people from social isolation, and went the extra mile for people they supported and to find out about their past.

The service had extremely effective ways of encouraging discussion and social stimulation, and had developed therapeutic approaches to support people with anxiety and frustration.

People and family members were an integral part of the service and were involved in making decisions about the home.

The registered manager continually strived to develop their knowledge and skills, and shared this learning with staff to ensure continuous improvement across the staff team. Staff were highly motivated and proud to work at the service.

The registered manager worked in partnership with external professionals to develop and improve outcomes for people who used the service. The service had developed excellent links with the local community.

Governance was well embedded in the service and systems were in place that continuously assessed and monitored the quality of the service. People, family members and visitors were provided with several ways of feeding back on the quality of the service.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported 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 practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

The provider had an effective complaints procedure in place, and people and family members were aware of how to make a complaint.

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 clean, and a variety of health and safety checks and infection control audits were carried out.

The registered manager and staff were aware of their responsibilities with regards to safeguarding vulnerable adults, and accidents and incidents were appropriately recorded and investigated.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

People who used the service received effective care and support from well trained and well supported staff.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People and family members told us staff were caring.

Staff treated people with dignity and respect, and care records demonstrated the provider promoted dignified and respectful care practices.

People were supported with their communication needs.

Is the service responsive?

Outstanding

The service was exceptionally responsive to people's needs.

The service had developed innovative ways of protecting people from social isolation.

Staff understood the needs of the different people that used the service and delivered care and support in a way that met those needs.

People and visitors were aware of the complaints process and complaints had been dealt with appropriately.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager focussed on developing a strong and visible person-centred culture in the service. The service had innovative ways of enabling and involving people.

The service had excellent links with the local community and other organisations.

Governance was well embedded in the service. People, family members and visitors were provided with several ways of feeding back on the quality of the service, and their views were listened to.

Northbourne

Detailed findings

Background to this inspection

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

This inspection took place on 1, 6 and 16 November 2018 and was unannounced. One adult social care inspector carried out the inspection. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We visited the home on 1 and 6 November 2018 to speak with the registered manager and staff; and to review care records and policies and procedures. We spoke with five people who used the service and seven family members. Some of the family members were contacted by telephone on 16 November 2018.

In addition to the registered manager, we also spoke with the deputy manager, district manager, wellness coordinator and four care staff. We received feedback from two healthcare professionals and an artist who had lived at the home. We looked at the care records of three people who used the service, five medicines records and the personnel files for three members of staff.

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 could not talk with us.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through

their engagement work. Information provided by these professionals was used to inform the inspection.

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.

Good

Is the service safe?

Our findings

People felt safe at Northbourne. One person told us, "I am [safe]." A family member told us, "The safety aspect is very good." Another family member told us, "The security at the home is good." Another told us, "Oh yes, very happy [family member was safe]."

There were sufficient numbers of staff on duty to meet the needs of the people who used the service. We discussed staffing levels with the registered manager and looked at staff rotas. Agency staff were not used at the service. The registered manager told us they had over-recruited to allow for staff absences. They also employed people on apprenticeship schemes. Staff, people and family members did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Accidents and incidents were recorded and analysed to identify any trends and lessons learned. These were fed back to staff via supervisions and team meetings.

People were protected from the risk of acquired infections. The home was clean, spacious and suitable for the people who used the service. Infection control audits were carried out. Appropriate personal protective equipment (PPE), hand hygiene gel and liquid soap were in place and available.

Checks were carried out to ensure people lived in a safe environment. These included health and safety, fire safety, and premises and equipment servicing and checks. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service and records were up to date.

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Appropriate arrangements were in place for the safe administration and storage of medicines. Regular audits were carried out and staff who administered medicines were appropriately trained and competency checked.

Medicines were safely and securely stored, and temperatures were recorded to ensure medicines were stored at safe temperatures. Medicines administration records were accurately completed and up to date.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. One person told us, "They [staff] look after me." A family member told us, "They [staff] are well trained" and "The new ones are well supervised."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. New staff completed an induction to the service and staff mandatory training was up to date.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs. Nutrition support plans were in place and where necessary included guidance from relevant healthcare professionals, such as dietitians and speech and language therapists (SALT). Support plans, risk assessments, and food and fluid charts were completed and up to date.

We observed lunch and saw the dining experience was pleasant, and people were clearly enjoying their meals. Drinks and snacks were placed on shelves around the home so people could help themselves. One person told us, "The food is good. There's plenty of choice." A family member told us, "The food is lovely."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. DoLS had been appropriately applied for, mental capacity assessments were in place and decisions made in people's best interests were clearly recorded. Consent forms had been completed and if the person was unable to sign, this was clearly recorded.

People were supported with their healthcare needs. Care records contained evidence of visits to and from external specialists including GPs, community nurses, podiatrists, practice nurses, opticians, urgent care teams, SALT and dietitians. Staff spoke positively about the GP 'ward round' that took place at the service

twice per week. A family member told us, "The doctors get called out when needed."

The premises were appropriately designed for people living with dementia. Corridors were wide and clear of obstruction. Bedroom doors were clearly identifiable. Signage was in place to guide people around the home and corridors were designed with different themes. For example, the garden corridor was decorated with butterflies and garden themed displays, and led to a secure patio. Other themed corridors included a movie corridor and a 'rainbow' corridor, that included different coloured displays.

Good

Is the service caring?

Our findings

People who used the service and their family members were complimentary about the standard of care at Northbourne. One person told us, "They [staff] are very caring." Another person told us, "They [staff] are all lovely." A family member told us, "They [staff] are all very friendly" and "You see them [staff] with their arms around [relative]." Another family member told us, "They [staff] are the most caring people. They are very compassionate."

People were well presented and looked comfortable in the presence of staff. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

Staff respected people's privacy and dignity. We saw staff knocking on bedroom doors and asking permission before entering people's rooms. Care records described how staff should ensure privacy and dignity was respected at all times. A family member told us, "They [staff] are very good at [respecting privacy and maintaining dignity]."

Staff supported people to be independent and people were encouraged to care for themselves where possible. This was evidenced in the care records. For example, "Staff should support [name] with all aspects of their personal care needs, offering guidance and support to maintain their personal care needs where possible independently", "Staff should support [name] to wash and dress on their bed. Staff should do this at a relaxed pace, ensuring they talk through the process at each stage" and "Staff to prompt [name] to wash themselves, the parts they can reach, and staff to assist them to wash the rest."

People's preferences and choices were clearly documented in their care records. For example, choices of what clothes to wear, whether to have a bath or a shower, and preference for male or female staff.

People were supported with their religious and spiritual needs. Beliefs, religious and cultural needs support plans were in place that recorded people's individual needs. People were informed about church services that took place and were supported to attend.

Records were kept securely and could be located when needed. Only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had voluntary, independent advocates but they had used them in the past.

Outstanding ☆

Is the service responsive?

Our findings

The service was exceptionally person-centred. Person-centred means the person is at the centre of any care or support plans and their individual wishes, needs and choices were considered. A person told us, "You couldn't ask for any better help." A family member told us, "They [staff] are amazing, all of them." Another family member told us, "I appreciate everything that they [staff] do." Another family member told us, "The staff are fantastic and the care is second to none." A healthcare professional told us, "They [staff] are very responsive." Another healthcare professional told us, "They [staff] put into practice everything we discuss" and "There's a really good atmosphere. It's more like a family and community than a home."

An example of person-centred care was evidenced in the celebrations of a person's 100th birthday. Staff were aware the person had served in the army during the second world war. With the help of the Royal British Legion, they arranged for serving soldiers from the person's former regiment to visit the home and present the person with gifts. The celebrations were also attended by the local Mayor and councillor. The registered manager told us the occasion was a "real tear jerker".

The service had an extremely effective way of encouraging discussion and social stimulation. This was a large map of the local area on one or the corridor walls. Markers had been put on the map to identify local places of interest, including what was on offer at the location and opening times. People and visitors were encouraged to add new places and information to help provide ideas for outings and to stimulate discussions. On the opposite wall was a large map of the world. This was used to initiate discussions about places people have been in the past so they could reminisce, or talk about where family members and friends lived.

The service had developed therapeutic approaches to support people with anxiety and frustration. Doll therapy had been introduced to the home and two people in particular enjoyed holding and cuddling the dolls. For one of the people, this was used as a way to calm them if they became anxious or upset. The other person had been getting increasingly frustrated due to living with advanced dementia and had occasional incidents of aggression. Staff identified that by ensuring the person had a doll to hold when they were feeling frustrated, it reduced the frustrations as they felt they had a responsibility to care for the doll. This had resulted in a reduction in the number of incidents.

The service had an innovative approach to using technology. Some people had been identified as having an interest in music and as Wi-Fi had recently been installed in the home, ways of implementing this were looked into. The service purchased an iPad and several sets of speakers so music could be played in different parts of the home, including the foyer and dining areas. Music was played at meal times and during group activities. People were consulted about their favourite music and individual playlists were created. These were used to invoke memories, prompt conversations and reminisce.

Music therapy was used to encourage participation and involve people in activities they enjoyed. The service had purchased musical instruments for people to play and had introduced the 'Northbourne choir', which was led by a volunteer. The benefits of music therapy were evidenced by the impact on several people who

used the service. One person had been identified as being quite withdrawn and had spent a lot of time in their bedroom. Following the introduction of music to the foyer, the person was spending more time there, singing along to songs and developing friendships with other people. Another person was noted to observe activities rather than take part in them. The introduction of the choir has enabled them to express themselves, spend time with family and friends, and participate rather than observe. The choir had also given another person the confidence to revisit a previous interest and play the piano for their own enjoyment and that of other people. A family member told us, "[Name] loves the singing, she's in the choir. She sang in the church choir before and she loves it." Another family member told us, "Oh my goodness, [name] loves a sing song. It is wonderful."

The iPad was also used to show people photographs so they could reminisce. Plans were in place to purchase a virtual reality headset to further develop the use of technology in the home.

During the summer, two artists had moved into the home for a period of five weeks. The idea for this had come from discussions between the service and the artists, and their comments that they usually only had a "narrow window" to engage with people. The project was funded by the provider's legacy fund, the Arts Council and Equal Arts. It involved the artists working with people in arts and crafts activities such as sewing, 'yarn bombing', photography, hand casting and painting. An exhibition of the work carried out at the home was put on display.

We saw the artists had supported a person new to the home by helping them to decorate their bedroom, which had helped the person to settle in. They had also improved contact with the local community and developed new friendships by leaving postcards outside a shop for local people to fill in with information about themselves and send back to the people who used the service. A family member told us, "[Name] enjoyed painting with the artists. They were lovely girls. They showed her what to do. She used to paint and they [staff] know it." One of the artists told us, "The staff and management would support anything we wanted to achieve and encourage residents to take part. We felt the staff were forward thinking and the residents' well-being was at the forefront of their minds at all times" and "For us, this was the most rewarding project we have ever done as we were able to spend lots of time developing meaningful and deepened relationships and really delve into what was going on at that specific moment in the care home."

Staff had gone the extra mile for people they supported by working with people and family members to find out about people's past, what was important to them and what they enjoyed doing. For example, a local children's' group was contacted and agreed to hold regular sessions at the home. The children carried out activities alongside people and spent the day with them. This had a significant impact on one person who had been struggling with the transition from their home to residential care. Staff were aware from discussions with the person and family members that they had a large family and particularly liked children. The person and other people who used the service enjoyed watching and interacting with the children, creating inter-generational links. The person became more settled and looked forward to the sessions, where they were involved in caring for and looking after the children when they visited.

These sessions also had a positive impact on another person who was at risk of social isolation. The person had been reluctant to leave their bedroom but when the children visited, they started going into the communal areas and interacted with the children and other people. The service also held 'invite your children to work' days where staff and family members brought their children into work.

The service had developed innovative ways of protecting people from social isolation. It was identified a person was experiencing a decline in their health and was having periods of anxiety. Staff researched the person's history and found out they had been a housewife and keeping a clean and tidy environment was

important to them. The service's housekeepers and laundry assistants were consulted and agreed to support the person to partake in activities they enjoyed, such as cleaning, dusting and folding laundry. This gave the person a sense of purpose, and it was noted that the person's diet had improved and they were sleeping better.

We spoke with the wellness coordinator. This was a new post that had been filled by the service's previous activities coordinator. Their role was created to support staff in three of the provider's homes with developing person-centred activities for people. They told us six staff in each home were being trained as 'activity champions'.

An activity tracker for each person was completed every day so it could be identified if little or no engagement had taken place. Following the activity, the outcomes and benefits were assessed to see whether any changes or adaptations could be made to make it more effective. The 'what's going on' notice board advertised activities that were taking place that week and included a variety of individual and group activities to encourage participation and stimulate discussion.

Every opportunity was taken to engage people and stimulate memories. For example, when a visitor arrived on a bicycle, two people tried on the visitor's cycle helmet and staff used it as an opportunity to reminisce with people about cycle rides in the past.

People received personalised care that was responsive to their needs. Support plans were comprehensive and detailed. They provided information on the person's individual needs and how staff should support them. For people identified as being at risk, recognised tools and assessments were used to identify and reduce the level of risk. Records were regularly reviewed and up to date.

The service was aware of the accessible information standard, which ensures people with a disability or sensory loss are given information in a way they can understand. Each person had a communication support plan in place, including for two people who were registered blind. These described the level of support they required with their communication needs and provided guidance for staff on communicating with them.

People were supported with their end of life wishes. Discussions with people and family members had been documented, including who they wanted to be contacted and whether they had any funeral plans.

Complaints were effectively managed. The provider had a complaints policy and procedure in place, which was made available to people and visitors via notice boards and the service user guide. People and family members we spoke with were aware of how to make a complaint but did not have any complaints to make. One person told us, "I've got no complaints." A family member told us, "I can't fault them with anything."

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well-led. A family member told us, "They [registered manager] are always about." Another family member told us, "I have nothing but good things to say about the home" and "It was difficult to look at anywhere else once we'd been there. We were lucky to find it." Other family members told us, "I think the lady who runs the home [registered manager] is a very caring lady. There's nothing she wouldn't do for the staff or the home" and "I've got nothing but praise for them [management]. To me [name] couldn't be in a better place." A healthcare professional told us, "The management have been fantastic" and "They are a really good care home."

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2010. The registered manager and deputy manager were extremely knowledgeable about the people they supported and continually strived to develop their knowledge and skills.

There was a particularly strong emphasis on continuous improvement, The registered manager identified that staff would benefit from more in-depth training on dementia that focussed on the individual rather than the condition. Twelve staff were nominated as dementia champions and completed advanced training. This led to improvements in how the service cared for and supported people living with dementia, and resulted in positive outcomes for people who used the service. For example, the introduction of activity boxes in the lounge on pull out shelves made it easier for people to decide from, and take part in, a variety of activities that could be enjoyed independently and catered for people with different abilities. The lobby area was made more interesting by introducing new furniture, changing the colours and introducing interesting pictures and music. We observed people sitting in the area and making use of this space. Bathrooms were redesigned to make them "more tranquil" and "less clinical". As a result, bathing became more of a relaxing experience rather than a task.

Staff told us they received exceptional support from the management team and were "very proud" to work at the service. They told us management were "approachable" and "very supportive". Staff told us they were consulted about aspects of the service and kept up to date with any plans or changes. They were actively involved in the running of the home. For example, they had been asked their opinions on advertising for new staff and how to retain existing staff, and were consulted about what they thought the service's budget could be spent on.

The service worked extremely effectively in partnership with external professionals. For example, they had worked with the local clinical commissioning group to improve the health of people living in the home. One of the areas for improvement identified by the service was for people with specific dietary needs. The service used specialist training from dietitians to develop an innovative way to help reduce the risk of malnutrition. This involved creating, painting and decorating water droplet shapes. These were hung on the door of each person who had been identified as being at risk to remind staff to prompt, encourage and support the person with fluids when providing care. This proved especially successful for those people who were unable to communicate their needs and saw a reduced risk of dehydration. A healthcare professional confirmed

this and told us, "Out of the care homes I've been to so far, they've adopted the training the best."

Another area that had been identified for improvement was 'transfer of care bags'. When a person had to go to hospital, the bags ensured the person had a set of standardised paperwork which detailed all necessary health and social care information to support staff in providing the right care. The bag also held their medicines and personal belongings, and stayed with them until discharge back to the home. The deputy manager told us the bags had led to "smoother admission and discharge processes, and better person-centred care for the residents".

The service had excellent links with the local community and volunteer groups. A 'Community engagement file' provided details of a broad range of community groups and organisations the service worked with. The service hosted the local Alzheimer's Society support group monthly meetings and a local theatre group met at the home. One of the people who used the service was president of the theatre group and when they became unable to attend the meetings externally, the service offered to host the meetings at the home. This enabled the person to continue in their role and attend the meetings.

The local community had been involved in providing baby items for the doll therapy. The response was very positive and donations included clothing and blankets. The local community had been approached to see if someone could source a traditional record player for a person who had brought their record collection into the home with them. One was offered free of charge and the person was able to enjoy listening to their music.

At the time of the inspection the service was in the process of developing a 'community hub', which was officially opened shortly after our visit. This was an annex area of the home dedicated to meaningful activities. People had been asked what they would like to see included and seven rooms were developed to represent a different aspect of village life. These included; a shop, 'man cave', hair salon, pub, cinema, resident's kitchen and a garden room. The project was part-funded by donations from local businesses. Family members, visitors and the local community had been asked to contribute items needed to complete the hub. These included cinema chairs provided by the local theatre group, a farmhouse kitchen table and chairs, and equipment and tools for the man cave. People would be involved in the running of the hub. For example, working in the shop or helping the maintenance staff with small jobs in the man cave. Following the inspection, we saw photographs of the hub in use, with people taking part in a variety of activities.

People were involved in the running of the service and empowered to voice their opinions. For example, the garden space had been discussed at residents' meetings and it was identified that improvements were needed to increase the opportunity for gardening activities that were enjoyed by people at the home. The wellness coordinator was successful in obtaining funding from the provider and met with people to discuss how to make the improvements. People's suggestions included making the area more secure, introducing comfortable furniture, and raised flower beds and planters. People were complimentary about the improvements made to the garden area and we heard how it had a positive impact on people's lives. For example, one person with mobility needs was able to use the garden area several times per day to exercise as part of their rehabilitation and had increased their independence. The garden area also helped create friendships and inclusion among the people who used the service.

Family members and visitors were regularly consulted and involved in the running of the home. The service had mobile phone numbers for all the family members so they could send regular messages to update them about what was going on at the home. A 'Friends of Northbourne' meeting took place once per month, where fundraising ideas were discussed. A family member told us, "We get invited to the meetings. We always get an email for Friends at Northbourne." Residents' and relatives' meetings took place regularly, and

annual questionnaires were sent out to gather feedback on the quality of the service. The results were fed back via the 'You said, we did' notice board.

Governance was well embeded in the running of the service and the provider had a robust quality assurance process. The registered manager completed a quarterly audit that was based on the CQC five key questions. This was reviewed by the district manager and any actions were added to the service's universal action plan. Regular audits were carried out, such as medicines, infection control, care records, and accidents and incidents. The provider carried out their own audits of the service and any issues from these audits were added to the action plan.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.