Parkgate Manor

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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

Parkgate Manor provides residential care for up to 40 people with learning disabilities. The majority of people were under 65 years of age. There were 33 people living at Parkgate Manor at the time of our inspection. The service provides care and support to people living with a wide range of learning disabilities, for example downs syndrome. Some people have dementia, some have epilepsy and a number have a variety of long term healthcare needs associated with an aging client group. Some people displayed behaviours that challenged others.

Whilst a number of people had good communication skills, others needed support with communication and were not able to tell us their experiences, so we observed that they were happy and relaxed with staff.

There was a registered manager in post. 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.

We carried out an unannounced inspection on 18 and 24 March 2015 where we rated the home as 'Requires Improvement' in all areas. We issued specific requirement notices in relation to dignity and respect, the need to supply notifications where appropriate and quality assurance systems. We received an action plan from the provider that told us how they would make improvements. We carried out this comprehensive unannounced inspection 13 and 14 July 2016 to check the provider had made improvements and to confirm that legal requirements had been met. We found that overall significant improvements had been made in the running of the home.

There were some areas where more clear record keeping could have demonstrated the work carried out in a person centred way. For example, documentation that related to complaints, service user surveys and keyworker meetings. However, following the inspection the manager sent us copies of new formats that would be introduced that, completed well, would address this area.

There were enough staff who had been appropriately recruited, to meet the needs of people. Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. Staff understood what they needed to do to protect people from the risk of abuse. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home.

The manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had assessed that restrictions were required to keep people safe. This related to the need to have electric gates preventing access onto a very busy road where visibility was limited. Appropriate referrals had been made to the local authority for authorisation.

Staff had a good understanding of people as individuals, their needs and interests. Some people attended day centres, activities were provided within the home daily, external entertainment was provided and people were supported individually to have their needs met. People's spiritual needs were met.

People had access to healthcare professionals when they needed specific support. This included GP's, dentists and opticians. Where specialist healthcare was required, for example, from a physiotherapist or speech and language therapist, arrangements were made for this to happen.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care. Regular training was provided which was specific to meeting people's needs. If staff identified additional training they would like to receive, arrangements were made for this to happen. Staff received regular supervision and support from management which made them feel valued. Staff spoke positively about the way the service was managed and the open style of management.

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.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received suitable training to support people effectively.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained. Support was provided in the way people wanted to receive it.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was promoted.

Staff adapted their approach to meet people's individual needs

and to ensure that care was provided in a way that met their particular needs and wishes.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs because staff knew them well and support plans also contained guidance to ensure staff knew how to support people.

People were given regular opportunities to share any worries or concerns they might have.

People were supported to take part in activities of their choice.

Is the service well-led?

Good

The service was well-led.

Statutory notifications were submitted to the Care Quality Commission when appropriate.

A wide range of audits were carried out to monitor the running of the home and to ensure that it was well run.

There was a positive and open culture at the home. Staff told us the registered manager was supportive and approachable. They were readily available and responded to what staff and people told them.

Parkgate Manor

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 13 and 14 July 2016 and was unannounced. The inspection was carried out by two inspectors.

During the inspection we reviewed the records of the home. This included staff recruitment, training and supervision records, medicines records, complaint records, accidents and incidents, quality audits and policies and procedures, along with information in regards to the upkeep of the premises. We also looked at four people's support plans and risk assessments along with other relevant documentation.

During the inspection we spoke with the registered manager, two care coordinators, the activity coordinator, head of maintenance and two care staff. We spoke with six people and spent time observing the support delivered in communal areas to get a view of care and support provided. We spoke with a health professional during our inspection and received correspondence from another health professional following our inspection. This helped us understand the experience of people living at Parkgate Manor.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Good

Is the service safe?

Our findings

People who could tell us, said they felt safe. We observed that when people needed support there was always a member of staff available to provide reassurance and guidance where appropriate. For example, when people were supported moving around Parkgate Manor, staff explained clearly what they were doing and gave regular reassurance to help them to feel safe and secure.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a trolley along with excess stock which was stored in a locked cupboard. There was advice on the medication administration record (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or were agitated. A copy of each person's PRN protocols were stored within the MAR charts. Although only senior staff gave medicines within the home, all staff completed training on the subject. The care coordinator said that this was because all staff supported people on outings, so they needed to have an understanding of the medicines people received. The temperature at which medicines were stored in a fridge were recorded daily but there were no room temperatures recorded to ensure that medicines were stored at a safe temperature. The care coordinator said this was an oversight and a record sheet had been started by the second day of our inspection.

Where someone displayed behaviours that challenged there was clear information within their care plans about known triggers, information on how to distract the person and how to manage situations safely. People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and knew what action they should take if they believed people were at risk. Risk assessment documentation in care plans had been updated at regular intervals and always following an incident. When an incident or accident occurred staff completed a form which described the incident and how it had been resolved. Records relating to incidents had been documented well and where appropriate, matters had been reported to the local authority for further advice and support.

There were enough staff working in the home to meet people's needs safely. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. The activity coordinator worked split shifts alternating between care and activities. This meant that in addition to organising activities they were also able to provide care and support at busy periods through the day. Staff told us there were enough staff to meet people's individual needs. The rotas were colour coded to highlight who was in charge, if staff were on training, or if there were particular activities arranged, and this made it clear to see when additional staff was needed to cover these. A staff member told us, "If we are short of staff we phone around and help each other out where we can." The manager told us that they had a positive relationship with a recruitment agency and that if staff levels were short, agency staff could be called upon at short notice.

Regular health and safety checks ensured people's safety was maintained. Checks included infection control and cleaning checks, gas and electrical servicing and portable appliance testing. All staff had received fire

safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. There were regular fire safety checks in place including fire drills and staff were clear about what they should do in the event of a fire. The manager had completed a detailed fire risk assessment in May 2016. We were told that the home was last assessed by a professional in fire safety in 2013 and that it was their intention to arrange a further visit every three to four years. A maintenance book was kept that included details of any faults identified and records of when they were addressed.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation including photo identification, written references and evidence that a Disclosure and Barring System (police) check had been carried out to ensure people were safe to work in the care sector.

Good

Is the service effective?

Our findings

At our last inspection in March 2015 the provider was in breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because they failed to ensure people's dignity and independence was maintained. Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found that improvements had been made and that the home was continuing to build on the progress they had made.

People received support from staff who knew them well and had an understanding of how to support them appropriately. People told us the food was good and they had a choice of what they wanted to eat and drink. People's health needs were met and there were good systems in place to ensure people attended a range of healthcare appointments.

People's individual needs were accommodated and their dignity and independence was maintained. People who ate slowly had warming plates to keep their food warm; some had plate guards to maintain their dignity. Some people had specialist equipment to ensure that they were able to be as independent as possible with their meal and some who had a visual impairment/disturbance had a yellow coloured plate which was in contrast visually to the place mat and table. We observed one staff member who supported a person. They gave clear advice regarding the person's seating position and prompted and guided them to slow down or not to take so much on the spoon. Staff supported people to clean their face after their meal where appropriate and all advice was provided discretely. Some people wore aprons at mealtimes to protect their clothes and cloth aprons were used that were in keeping with people's tastes and this helped to maintain people's dignity at mealtimes. People were offered a choice of drinks and some people took their plates to the trolley when they had finished their meal and helped themselves to drinks from the counter.

There was a set menu with two choices on offer for the main meal each day. Staff checked with people to find their preferred choice. On two of the three menus it was noted that there was a lack of fresh vegetables available. We discussed this with the manager confirmed that they would review the menus to ensure greater variety. One person had a specialist diet to meet their individual needs, so a separate menu plan was in place to ensure their needs were met. People had enough to eat each day. People's weight was regularly monitored and documented in their care plan. A nutritional assessment was completed when they moved into the home and this was reviewed regularly. People's dietary needs and preferences were recorded.

Staff ensured that people had enough to drink. Fluid charts were completed where assessed as necessary and a weekly audit was carried out to ensure that people had drunk enough. After the inspection the registered manager sent us a revised care chart that enabled staff to monitor at a glance, the support provided for people on a daily basis. For example this included fluids received, a check that mattresses were at the correct position and checks that creams had been applied. We also received a copy of a memo sent to all staff that included advice received from a health professional about how to keep people hydrated, people's target fluid intake if they were elderly, and advice on when to seek advice and support.

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 and hospitals 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 and there was appropriate documentation was in place.

Staff had received training on MCA and DoLS and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. Although doors were not locked, there were electric gates just inside the driveway, as the driveway entered onto a very busy road with limited visibility. As such there was a standard authorisation in place for everyone living at Parkgate Manor.

Staff asked people for their consent before providing support. They had assessed people's abilities to make decisions on a range of matters and were clear that if a person lacked capacity to make a particular decision a 'best interests' meeting would need to be held to discuss what was in the person's best interests. One person who had no family involvement had an advocate who visited them regularly and attended reviews.

Staff received ongoing training and support to meet people's needs. There was a training programme and the system in place showed that staff had been booked to attend updates when they needed to renew their training. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control and food hygiene. One staff member told us, "We have regular opportunities to do training and we discuss what we have learned at staff meetings, training is good here." Six staff had completed a 'train the trainer' course on moving and handling and one of the six was booked to attend a refresher course. We were told that having so many staff trained in this area meant that they could regularly monitor that staff supported people effectively.

Five people required support to meet their needs associated with living with dementia. The local learning disability team had put the home in touch with a training group that spent time in the home over a six week period. We were told they spent time with each of the five people and tailored their training to how to support each person as an individual. In some cases this meant altering the lighting and using lamps to create a calming, relaxing atmosphere.

There was a structured induction programme in place when staff started work at the home. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. On completion, staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The manager told us that they had recently signed up 12 staff complete the care certificate. This included the manager and one of the care coordinators and some staff who had worked in the home a long time, if they had not already completed a health qualification. The care coordinator told us, "We decided that if we were going to support staff to do the certificate we should know in detail what it entails and the best way is to do it ourselves."

Staff received regular supervision which was booked in advance and they told us they were able to have extra supervision if they required further support. All staff spoke positively of the manager. A staff member told us "I am very well supported and I have no qualms about going to management if I have a problem."

The manager said they were committed to ensuring that the staff team had the necessary skills to carry out their role effectively. As part of this commitment they had ensured a number of staff either had or were working towards additional healthcare qualifications relevant to their role. Twelve staff had had completed healthcare qualifications at levels two, three or four. Some staff held more than one qualification.

People were supported to maintain good health and received on-going healthcare support. Everybody had a health action plan that identified the health professionals involved in their care for example, the GP and dentist. They contained important information about the person's health needs. In addition they had introduced a care passport that would be used should anyone need to be admitted to hospital. They included information such as: "Things you must know about me," "Things that are important to me" and "My likes and dislikes." A local doctor visited the home every two weeks and everyone's medical and general health had been reviewed at least annually.

Plans contained important information about the person's health needs. Where healthcare professionals had provided support to people, there were detailed guidelines on any recommendations they had made. For example, there were speech and language therapist (SaLT), guidelines for people who had difficulties swallowing and the local GP had reviewed all epilepsy guidelines in place. A health professional told us, "Communication with the home overall is very good; staff contact us when they need advice and guidance and we have no concerns about the home." Another professional told us, "The home has always been very pro-active at contacting us with questions/concerns, rather than waiting for our review contact regarding clients. They have always appeared to be respectful and caring towards residents when I have visited as well as being keen to embrace client's individual likes/dislikes."

Good

Is the service caring?

Our findings

At our last inspection in March 2015 the provider was in breach of Regulations 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people's dignity had not always been promoted. Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found that improvements had been made and that the home was continuing to build on the progress they had made.

Forty slide chairs had been bought which meant that there was always enough seating to enable staff to sit and support people who needed help with their meals. (A slide chair is used to make it easier to move the person into position at the table easily once they are seated). The home had looked at how people were supported by staff over lunch. In the dining room people were served table by table which meant that no one was left waiting whilst others at their table had their meal. Staff sat at tables and supported people who needed assistance, good eye contact was maintained throughout and staff interacted well with people to ensure that as far as possible the mealtime was a pleasurable experience. However, one person was assisted with their food in the conservatory, and it was noted that they had to wait a long time for their meal. We discussed this with the manager who said that staff had already brought this to their attention and they would make sure this person did not have to wait so long again.

Since the last inspection new table cloths were bought and menu cards were printed for each table to show the menu choice available. The manager said they wanted to go further and meetings had been held to explore various options to make mealtimes even more social and pleasurable. This included having condiments on each table, along with drinks so that those who were able to could help themselves.

People were treated with kindness and compassion in their day-to-day care. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. Bedrooms had been personalised to reflect people's individual tastes and hobbies. People were supported by staff who knew them well as individuals. Some of the staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. Staff talked and communicated with people in a way they could understand and they encouraged people to make decisions and choices. For example, one person was given two options and shown two hands to represent each option. The hands were used to represent either a choice to stay in the lounge or to go to their bedroom. The person pointed to the hand that represented their preferred option and their decision was acted upon.

There was a double cubicle toilet facility on the first floor. The wooden divide did not reach the floor or ceiling so did not provide full privacy for people. The registered manager was aware that this area needed work and had already considered how the lay out of this area could be improved to ensure people's privacy was protected. Overall people's privacy and dignity was respected. Staff told us that they knocked on people's doors and waited for a response before they entered rooms. They said they maintained people's dignity by helping them to maintain their independence and involving them in decisions. They ensured that people's doors and curtains were always closed when personal care was given. A staff member told us, "Support is only provided to the level needed by the person." For example, if people could choose their own

clothes they were encouraged to do this. A staff member said; "If they can manage their personal care with prompts that's all we do. We try to encourage people to be as independent as possible."

Good

Is the service responsive?

Our findings

A relative told us, "They keep us informed of any changes. We can't fault the place." One person when they returned from their day centre told us, "I've had a great day, I had a lovely time." Another person told us, "I love going to the farm." People received support that met their needs and was personalised to their individual choices and preferences.

During the inspection we spent time observing an 'animal therapy' session. Four kittens were brought to the home and each had a basket to sit in so people were able to hold the baskets on their laps and stroke them. A pet therapist gave a short talk about the kittens and the health and safety points to consider before holding the kittens. Staff supported those who wanted to hold the kittens, reassurance was provided when people were nervous and photographs were taken of the activity. At least 20 people participated in the activity and everyone showed obvious delight in the kittens. The activity was spoken about for several hours which gave an indication that people had enjoyed having the kittens to visit. The animal therapy sessions were held monthly and we were told that they have brought ducks, goats and sheep to the home.

A slide show was produced to show pictures of the activities that people had taken part in. The manager told us that people loved looking at the photographs. There were also pictures of service users and staff who had passed away and staff used the slide show to support people to remember and reminisce.

People had been supported on a trip to the seafront the day before our inspection and regular outings were held to places of interest, for example to the sea life centre or theatre trips. An entertainment programme was displayed that showed regular booked sessions throughout the year and people told us that they enjoyed the entertainment provided. During the summer months there were regular trips out for cream teas. Animal therapy was monthly and there was either musical entertainment or a magician visited monthly. Other people regularly attended a day centre and some people had chosen to attend a local college where they had the opportunity to participate in farming activities. We were told five people had chosen and were supported to attend a local church weekly.

Some people chose not to participate in activities. One person told us, "I go to the dining room for my meals but I prefer to stay in my room otherwise. I get the paper every day and I like to read it." A record was kept of all one to one activities provided but records were limited to what they had done rather than if the person had enjoyed the activity. We discussed this with the activity coordinator and manager and the manager said that time would be allocated to ensure that records could be more detailed to demonstrate people's participation and enjoyment.

The activity coordinator attended regular dementia forum meetings and as part of this they visited other care homes to see how activities were provided for people living with dementia. As a result, a recent introduction to one to one activities had been the use of sensory blankets and a sensory tunnel. The sensory blanket included various types of wool and stitches that gave the person the opportunity to touch and feel different textures. They also told us that one person has a love of a particular animal. By putting a small picture of the animal on the tray of their walking frame, this has helped them to remember which way round

the frame should be used and this has helped them maintain their independence. Pictures had been added to people's doors to help those with dementia locate their bedrooms.

There was a complaint's policy in place that was displayed so that people and visitors were clear about how they could raise concerns should they wish to. Complaints were generally managed effectively. Actions taken as a result were clearly documented and although we were told the outcome of complaints was fed back to complainants records did not always show that the complainant had been informed of the outcome and if they were satisfied with the investigation. Following the inspection we received an easy read/pictorial version of the complaint procedure. The document would assist people who were unable to use the full complaint procedure, to raise any concerns or worries they might have. There was also space to record that the decision and outcome of a concern had been discussed with the person.

When keyworker meetings were held to review care plans, people were asked if they had any concerns or worries. People told us that if they had any worries they would talk to the manager. When we asked one person if they had any worries or concerns they told us they wanted a new headboard for their bed. We raised this with one of the care coordinators who said it had been already identified and a new headboard had been ordered and they were awaiting delivery. Throughout our inspection it was noted that there was an open door policy and people regularly came to the office with queries.

There was a range of documentation held for each person related to their care needs. This included information about their medical needs, support needs and ability to give consent. The records contained detailed information and guidance about people's routines, and the support they required to meet their individual needs. If someone required specific support to meet a health need such as dementia or epilepsy or if they displayed behaviours that challenged there was detailed advice and guidance for staff to follow. This included advice on known triggers for behaviours that challenged and actions staff could take to recognise these and strategies to use to minimise the risk of incidents occurring. Daily records were kept detailing how people had been, what they had done and any support they had received. Staff told us they had plenty of time to read through care plans. The maintenance man, who was previously a support worker said, "I take people on the minibus so I need to know what the risk assessments say so I can provide the support people need."

Good

Is the service well-led?

Our findings

At our last inspection in March 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because they did not have an effective system in place to regularly monitor the quality of care provided. They were also in breach of Regulation 18 of the Registration Regulations 2009 because they did not routinely notify the Care Quality Commission (CQC) of incidents where injury or harm had occurred to people. Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found that improvements had been made and that the home was continuing to build on the progress they had made.

A range of surveys were carried out throughout 2015 with people, their relatives, staff and visiting professionals. The results and actions taken were sent to everyone involved. Although 35 people responded to the service user survey, a large percentage would have needed support to complete the form. We talked to the manager about using different formats to seek people's views. Following the inspection the manager sent us a copy of a pictorial survey that they would introduce and stated that they would continue to explore additional methods of encouraging people to share their views effectively. This is an area for improvement. Where there were actions to be taken as a result of the surveys these had been completed. For example, a staff member had requested opportunities to share their views and this was addressed though regular supervision meetings.

Residents' meetings were not held regularly. Approximately 12 people attended the last meeting. As a result of the low attendance and because some people found attending meetings difficult, keyworker meetings had been introduced. However, most of the meetings were held between a care coordinator and the person's keyworker. We discussed the purpose of the meetings with staff and the registered manager who said that they would revise the way the meetings were run to ensure people attended. The purpose of the meeting would be hear people's views and to give them opportunities to share any worries or concerns they might have. They said they would continue to offer residents' meetings for those who were able and wished to participate.

Records were kept of all incidents that had occurred in the home and the home sent notifications to the CQC when appropriate. A notification is information about important events which the provider is required to tell us about.

The provider had asked an independent care consultant to visit and provide a report on the running of the home. This had been carried out in April 2016. A small number of recommendations were made following this visit and although not formally documented it was evident that they had been addressed. For example, recommendations had been made to total fluid charts. Fluid charts were accurately maintained with each person's daily fluid intake recorded and monitored.

The registered manager told us that they were continually trying to develop the service to ensure that it met people's needs. Since the last inspection an office that was positioned at the entrance to the home had been removed. This had the benefit of opening up the entrance area, creating more light and space and

adding a welcoming area to the home. Staff told us this small touch had made a huge difference in terms of space. New carpet had also been fitted in the main and smaller lounge and new settees and chairs had been purchased. In the dining room 40 new slide chairs had been bought, which meant that staff were able to sit with people to assist those who needed support.

At the entrance to the home there was a 'staff on shift' photo frame. This included photographs of who was on shift. The background to the frame was a photograph of Parkgate Manor and each staff photo was pegged artistically to the display. This created a warm and welcoming approach to the home.

There were effective systems in place to monitor people's safety. There was a monthly health and safety checklist in place. Any hazards were noted, along with the actions taken and it was evident that matters were addressed in a timely manner. Monthly maintenance meetings were also held to ensure that matters were addressed and to plan maintenance and redecoration tasks for the following month. For example, one bedroom had been identified that needed to be redecorated and this had been done and the room recarpeted. There were checklists of daily, weekly and monthly tasks that needed to be carried, for example checking of water temperatures, fire safety systems, security checks and equipment in use and all were up to date.

Staff regularly audited the management of medicines. Where shortfalls had been identified, for example if there was a gap in record keeping, actions had been taken to resolve the matters. The home's pharmacist visited the home in June 2016 and provided a report of their visit. At that visit everything was found to be in order and there were no recommendations made.

The registered manager responded quickly to changes in the running of the home. For example, there was a vacancy in the kitchen staff team that had been advertised. In response to the gap in staffing the registered manager had made sure the kitchen continued to work well and that people continued to receive a good service. Tasks had been reallocated and an additional weekly audit had been introduced to monitor the running of the kitchen and to ensure all required documentation was kept up to date. There were also daily checks that all areas were kept clean. In relation to the rest of the home there was a four weekly cleaning schedule in place along with regular monitoring to make sure that all areas were covered.

People's care plans were audited each month and an action plan was drawn up to if any areas for improvement had been identified. Actions taken were signed off when completed. A monthly audit of accidents and incidents was carried out to check if staff had taken appropriate action and if care plans and risk assessments had been updated as a result. The manager told us that they checked for any patterns or trends and whilst this was not documented on the form it was evident that actions had been taken as a result of the monitoring. Following the inspection the manager sent us a revised format for auditing accidents and incidents that would enable better monitoring of patterns and trends.

The registered manager told us that they attended a 'management programme for leaders' that included regular workshops. They said it was a good opportunity to meet other managers and to share ideas and that it had been "Really insightful." Staff meetings were held regularly. Minutes of the meetings were detailed and showed that staff were encouraged to have a say on the running of the home. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would clearly understand the agreed actions and outcomes. A senior staff meeting had been planned and was held on the day of our inspection. There was a positive, open culture in the home. A staff member told us, "We bounce ideas off each other and come up with solutions." Another staff member told us, "We are a friendly staff team, we can talk and discuss things and we feel listened to." A healthcare professional told us that staff, "Appear to communicate well with each other as a team and I have always observed it to be a

safe, supportive environment for clients to live in".