Ringdane Limited

South Quay Care Home

Inspection report

Cowpen Road
Blyth
Northumberland
NE24 5TT

Tel: 01670351831
Website: www.fshc.co.uk

Date of inspection visit:
19 April 2016

Date of publication:
20 May 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 and 29 October 2014, at which two breaches of legal requirements were found. This was because staff did not always receive supervision or appraisals and appropriate assessments and applications to the local safeguarding adults team, for people who may be subject to Deprivation of Liberty Safeguards, had not been undertaken. We also found that the registered manager had not notified us of significant accidents or events occurring at the home, as he was legally required to do so.

We undertook a follow up inspection on 28 July 2015 to look at these two areas. We found that action had been taken to address the previous breaches and no further breaches were noted. We did not change the rating at this inspection because we wanted to be sure that the improvements noted at the home would be maintained. We undertook a further inspection of the home on the 19 April 2016. This was a comprehensive inspection of the home to check that the improvement previously noted had been sustained.

South Quay Care Home is registered to provide accommodation for up to 58 people and is divided into two distinct units; one unit supporting older persons, some of whom were living with dementia, which can accommodate up to 45 people, and a smaller unit offering care and respite facilities to a maximum of 13 younger people with a neurological condition. At the time of the inspection there were 32 people living on the older person's unit and 12 people using the neurological conditions service. The neurological unit had previously been subject to a separate management and reporting system. This had changed in January 2016 and all elements of the home were the managed by the registered manager for the location.

The home had a registered manager who had been registered since September 2014. 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.

People told us they felt safe living at the home and felt the staff treated them appropriately. There were systems in place to help protect people from harm or abuse and staff had a good understanding of safeguarding issues. They told us they would report any concerns of potential abuse to the registered manager or the regional manager. Staff were also aware of the registered provider's whistle blowing policy and knew how they could raise concerns about care.

The premises were effectively maintained and safety checks undertaken on a regular basis. Remedial work on some building and safety issues was being undertaken at the time of the inspection. Some people and staff highlighted that staff could be busy, although people said they were supported with their care in a timely manner and we did not witness long waits when call bells rang. Proper recruitment procedures and checks were in place to ensure staff had the correct skills and experience to support people at the home. Staff told us they had access to a range of learning. They told us, and records showed that regular

supervision took place and people had an annual appraisal.

People's wellbeing was monitored and they had access to general practitioners and other health professionals. Where necessary specialist advice was sought. Medicines were managed safely and effectively.

People told us they had sufficient food and drink. We observed meals served at the home to be hot and appetising. Alternatives to the planned menu were also available to people. People who required special diets or assistance with their dietary intake were effectively supported.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw that, where appropriate applications had been made to the local authority to restrict people's freedom in line with the MCA. We saw evidence that assessments and best interests meetings had taken place in relation to people's care and health needs.

People told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff had a good understanding of people's individual needs. People said they were treated with dignity and respect and staff were able to demonstrate how people's dignity was maintained during the provision of personal care.

People had care plans that reflected their individual needs and these were reviewed to reflect changes in people's care requirements. There were a range of activities offered for people to participate in. A series of events were taking place to celebrate the Queen's 90th birthday. People told us they knew how they could raise a complaint, if they needed to. Complaints and concerns were dealt with by the registered manager, using a full and proper process.

The registered manager carried out regular checks on people's care and the environment of the home. A recently developed electronic feedback system was in place. Comments recorded on the system by people using the service or their relatives were overwhelmingly positive. The registered manager held regular meetings with staff groups. The manager had notified the CQC of accidents and incidents at the home, as they are legally required to do so. Records maintained at the home were up to date and stored securely.

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.

Relatives and people living at the home said they felt they were safe at the home. Staff had undertaken training on safeguarding issues and recognising potential abuse and said they would report any concerns.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Safety checks on equipment and the home were complete and up to date. Accidents and incidents were recorded and monitored.

Proper recruitment processes were in place to ensure appropriately experienced staff worked at the home. Some comments suggested staff were busy but care was delivered in a timely manner. Medicines were managed and stored appropriately and safely. The home was clean and tidy.

Is the service effective?

Good

The service was effective.

Records confirmed a range of training had been provided and staff said they could access additional training. They confirmed they received regular supervision and annual appraisals.

People were offered choices and staff understood the concept of best interests decisions and the provisions of the Mental Capacity Act (2005). The registered manager confirmed that appropriate processes had been followed in relation to Deprivation of Liberty Safeguards (DoLS) applications.

People had access to a range of meals and drinks and specialist diets were supported. People's wellbeing was supported through regular contact with health professionals. The environment of the home was generally good with refurbishment and updates planned.

Is the service caring?

Good

The service was caring.

Relationships between people and staff were friendly and reassuring.

People and their relatives told us they were happy with the care they received and felt they were well supported by staff. They said they had been involved in determining the care they received and were kept up to date on any issues or changes.

We observed staff supporting people with dignity and respect in a range of care situations. People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Assessments of people's needs had been undertaken and care plans reflected these individual needs. Plans were reviewed regularly and updated as people's requirements changed and incorporated advice and guidance from health professionals.

There were activities for people to participate in, which they said they liked. We witnessed people enjoying an afternoon tea event. People told us they could make choices about how they spent their days or the care they received.

The provider had a complaints policy in place and people were aware of how to raise any complaints or concerns. There had been one recent formal complaint which had been dealt with appropriately.

Is the service well-led?

Good

The service was well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored. Quality monitoring through the provider's electronic quality monitoring system showed several positive comments and a high level of satisfaction.

Staff, were positive about the leadership of the registered manager. Staff said they were happy working at the home and that there was a good staff team there.

Regular staff meetings took place and staff told us that management listened to and acted on their suggestions. Records were up to date and contained good detail. Notifications about accidents and incidents had been submitted to the CQC, when

required.

South Quay Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 April 2016 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor (SPA) with experience of working in a neurological unit and an expert by experience (EXE). A SPA is a professional with a background and experience of working in services related to the type of locations we were inspecting. An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used the information they provided to help plan the inspection.

We spoke with 14 people who used the service to obtain their views on the care and support they received. We also spoke with five relatives who were visiting the home on the day of our inspection. We talked with the regional manager, the registered manager, two nurses, three care workers, an activities organiser, a laundry worker and the cook.

We observed care and support being delivered in communal areas, including lounges and dining rooms, looked in the kitchen areas, the laundry, treatment rooms, bath/shower rooms and toilet areas. We checked people's individual accommodation. We reviewed a range of documents and records including; six care records for people who used the service, ten medicine administration records; two records of people employed at the home, duty rotas, complaints records, accidents and incident records, minutes of

meetings, a range of other quality audits and management records.

Good

Is the service safe?

Our findings

At the previous comprehensive inspection we rated this domain as Good and people had told us they felt safe at the home. We received similar comments from people living at the home at this inspection. Staff told us, and records confirmed that they had undertaken training in relation to safeguarding adults. They were able to tell us about the action they would take if they had any concerns about care at the home. There had been one safeguarding issue raised since the last inspection and this had been dealt with appropriately. One relative told us, "I can walk away from here and know he is going to be looked after." This meant staff continued to be aware of their responsibilities with regard to safeguarding adults and people were protected from potential harm or abuse.

At the last inspection, we saw risks at the home had been assessed and regularly monitored. We saw these safety checks were still in place and there was regular monitoring of fire, water and other safety systems. The manager told us that a recent full health and safety review at the home had highlighted some issues with water heating at the home and fire safety, including the appropriateness of some door surrounds, in terms of fire resistance. He said work was already underway to address these issues and we noted contractors were on site at the time of the inspection. Additionally, the home had a maintenance worker who dealt with day to day items that needed attention and repair.

We saw risks to individuals continued to be assessed and monitored. Care plans had risk assessments relating to moving and handling, skin integrity and the use of equipment, such as bed rails to protect people from falling. There was also regular monitoring where people had a raised risk of choking due to swallowing difficulties. Risk assessments and reviews were reviewed monthly and up dated as people's needs changed. People's records also contained copies of a personal emergency evacuation plan. These detailed the actions staff needed to take to assist people in the event of a fire or other emergency. This meant that risks both to individuals and related to the wider environment were monitored, reviewed and action taken to reduce potential harm.

Accidents and incidents continued to be recorded on the provider's electronic monitoring system. These records included the details of the incidents and any actions taken in relation to the matter to prevent further occurrences. The regional manager also reviewed any items added to the system to ensure appropriate action was taken and followed up. This meant accidents and incidents continued to be recorded and any necessary action taken.

People told us they did not have to wait for care or support but did express the view that staffing could possibly be improved. Comments from people included, "The staff are always very busy" and "There are definitely not enough staff they are so busy, but they never complain." The manager told us there was one nurse, one senior care worker and five care workers on duty during the day on the older person's unit. On the neurological unit there one nurse and four care workers on duty on a day shift. He said that because they were still looking to fill some nursing posts, due to a recent resignation, there was occasional use of agency staff at the present time. Some people and staff told us that it would be helpful to have some additional staff on duty during the day. Staff told us that there were generally enough to complete required duties, but it

could be busy at times and they felt it would be helpful to have more time to engage with people socially.

Whilst staff were busy throughout the day we did not observe people waiting long periods for care and support. Whilst call bells rang regularly throughout the inspection we noted that individual room numbers did not flash for long periods before being answered. We spoke to the manager about staffing numbers. He told us that there had been an increase in staffing during both the day and the night in the past year. He said he and the regional manager would review staffing levels again.

The manager told us that as the two units were now managed together, there was some sharing of staff. Staff on the neurological unit said care workers had been required to work on the older persons' unit when there were gaps, leaving fewer staff on the specialist unit. Staff on the older persons' unit said one or two staff had also supported the neurological unit and that more staff would be spending time on the unit to help develop skills. We saw minutes of staff meetings where the manager had explained that staffing would work across the units to ensure overarching cover for the home. This meant that there were sufficient staff on duty to meet people's immediate care needs.

At the previous inspection we checked a number of staff records and saw that the provider had a robust recruitment system and that safe recruitment was taking place. At this inspection we looked at staff files for recently recruited staff and found the same comprehensive recruitment process had been followed, including Disclosure and Barring Service checks. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. We also saw that registered nurses working at the home had the personal identification number (PIN) checked to ensure they were still registered with the Nursing and Midwifery Council (NMC). Nurses are legally required to have an up to date registration with the NMC to ensure they practiced appropriately and safely. This meant safe and effective recruitment systems were still being followed.

We observed the nursing staff dealing with people's medicines. We saw people were given their medicines safely and appropriately. The manager told us that they were currently looking to train senior care staff regarding medicine management, to support nurses. This senior care worker would support people with non-nursing needs at the home. We looked at medicine records sheets (MARs) and also reviewed the clinical rooms were medicines were kept. We noted a small number of MARs did not have photos to aid people's identification. The majority of MARs were well completed with few gaps in signatures and hand written entries signed by two staff to say they had been checked as accurate. Some people were receiving "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. Whilst "as required" care plans were in place they were not always dated, so we could not be sure they had been recently reviewed. The manager told us he would ensure the medicine documentation was updated as soon as possible. He told us that the gaps were often due to agency staff who covered the home and that he had contacted the agencies concerned to request the nurses return to update the record fully. This meant the medicines were managed effectively and safely and where necessary action take to address any concerns.

The home was generally clean and tidy, including bathrooms, showers and toilet areas. The laundry area at the home was exceptionally clean and had a flow system (moving clothes from dirty to clean areas to prevent contamination). People told us they felt the home was kept clean and tidy. Staff had access to personal protective equipment, such as aprons and gloves, and were noted to be using it appropriately. This meant appropriate levels of cleanliness and infection control systems were in place.

Good

Is the service effective?

Our findings

At the previous comprehensive inspection some staff had told us that it was sometimes difficult to access training, particularly in relation to the specialist areas covered by the neurological unit. At this inspection we saw from meeting minutes that there had been some rationalisation of training systems since the two elements of the home had merged under a single registered manager. Some staff told us they could access specialist training, but needed to source this themselves, although the provider would fund any identified courses. The registered manager told us he could still access training systems linked to the previous provider for the neurological unit and could therefore access specialist training or alert staff to up and coming relevant courses.

Staff told us they had access to a range of training. They said that whilst the majority of training was still ELearning, they had also undertaken face-to-face training and had attended events at other homes. Records confirmed that a range of training had been undertaken including fire safety, moving and handing, Mental Capacity Act and infection control. Staff told us, and records showed that there was regular access to supervision and appraisals sessions, although we noted that many of the agendas were predetermined to cover key messages and personal discussion areas were often limited. This meant staff had access to appropriate levels of training, to maintain their competency, and received regular supervision and appraisals to support their work.

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.

At our last inspection in July 2015, we saw that previous issues regarding applications for DoLS had been addressed, but did not change our rating for this section, as we wanted to be sure that this issue was addressed continuously. At this inspection, we saw DoLS applications continued to be made, where required, and a log maintained to ensure progress with such applications was monitored.

Where people had DNACPR (Do not attempt cardio pulmonary resuscitation) decisions in place then these were accompanied by best interests assessments or notes to indicate that the person had requested that such agreement should be put in place. Similar systems were in place for the use of bedrails and lap belts with wheelchairs. Where people were unable to sign consent forms, because of physical difficulties then a note had been made that the issue had been discussed and verbal consent obtained. Staff understood

about supporting people to make choices. Care plans highlighted where people were able to make day-to-day choices and where significant decisions would require a more formal approach. This meant people's legal rights and interests were respected and protected.

People told us, and records confirmed that there was regular access to health care professionals to help maintain their well-being. During out inspection we noted that general practitioners attended to assess and support the treatment of a number of people living at the home. Some people and staff raised a concern regarding access to physiotherapy and occupational therapy for people living in the neurological unit. They told us this had previously been provided internally by the previous provider. Staff said they tried to support people with exercises but that longer term it would be better to have dedicated professional support. We spoke to the manager about this. He told us that the previous provider had not included these costs into the care package but they were looking to link in with local NHS provided services. The current provider was keen to ensure these services were available as soon as possible and was in discussion costs with local authorities.

People continued to speak positively about the food provided at the home. We spent time observing lunchtime at the home and saw that the meals looked hot and appetising. There was a choice of at least two meals and where people did not like either of the options available on the day then alternatives were provided. On the day of the inspection, the home was in the middle of a range of events to celebrate the Queen's 90th birthday and St George's Day. We were invited to join people for afternoon tea as part of the celebrations. We spent time chatting to them as they enjoyed sandwiches, scones and homemade cakes and biscuits. Special diabetic cakes and biscuits had also been provided. Staff ensured that a person who was required to have a softer diet could also join in by softening cakes to a consistency that suited their dietary needs. Kitchen staff had a good understanding of people's dietary needs and were kept updated about any changes in peoples requirements. This meant people's food and drink choices were supported and special dietary needs were catered for.

Some areas of the home looked a tired and in need of redecoration. The regional manager told us he was aware that parts of the building were ready for refreshing to improve the overall environment of the home and this was a priority. The manager said work had first to be undertaken to address the health and safety issues highlighted before redecoration could occur in some areas of the home, particularly the neurological unit. The manager and regional manager told as that as part of the redecoration process thought would be given to making the home more dementia friendly. One of the major assets of the home was the large garden at the rear. Some areas had been developed and accessible pathways were laid. However, much of the garden was laid to lawn with limited features or points of interest for people to enjoy. People said would use the garden more but would like to see more places to sit and more areas to enjoy. People from the neurological unit suggested that an awning be placed at the rear of the building to help protect them from the sun. This was because some medication made them sensitive to sunlight and restricted their ability to go outdoors for long periods. The manager said he would like to develop the garden as it was often a feature that drew people to the home.

Good

Is the service caring?

Our findings

At the previous comprehensive inspection we rated this domain as Good. At this inspection people continued to tell us they were happy with the care provided and the work of the care staff. Comments included, "I enjoy living here more than I ever did at home on my own, I love living here"; "The staff are very nice" and "It is lovely here. Everything is alright. We are well looked after."

We spent time observing how staff interacted and treated people who used the service. We saw people were treated appropriately, patiently and individually. We noted when care was provided for one person, who had extremely limited communication and responses, that staff talked continuously to the person during the delivery of care. They explained what they were going to do and reassured them throughout the process. Staff other than care staff also demonstrated a caring attitude. We witnessed domestic staff speaking to people as they went about their tasks, enquiring if they had enjoyed their lunch, whether they had had sufficient to eat and asking how they were.

Two care workers took time to chat with a person. They told us that officially they were on their refreshment breaks but they knew the person enjoyed, "a natter." They had invited the person to the dining room to sit with them and, over a cup of tea; they sat chatting to the person about their family and past events. One staff member told us about their work, "I feel for people who haven't got anyone, no relatives close by. I want to make a difference for them; feel special. Just for that little time at least."

Care plans indicated that people had been involved in deciding how they wanted their care to be delivered, although there was not always space within the documentation for people to sign plans to say they agreed with the care identified. The registered manager told us that as new documentation was going to be introduced this would be addressed. Involvement in care also included people choosing whether they wanted help and assistance or not. We saw one set of records where a person, who had some mobility issues, but was described as "fiercely independent", had declined to be assessed for a wheelchair. Relatives told us they were also kept up to date by the home with any changes in people's care or condition. One relative told us the home had communicated regularly within them over the previous 24 hours. They said, "They have been very supportive towards me, it's a very difficult time."

Staff talked knowledgably about supporting people's privacy and dignity. They were able to describe how they would ensure people were covered during personal care. There were curtains hung in shower rooms to ensure people could not be viewed if the doors were opened during bathing. We witnessed staff knocked on people doors before entering, even when the room doors were open. We saw that the issue of mobile phones in the home had been discussed at a staff meeting. Staff had been encouraged to challenge any visitors they saw using a mobile phone on the premises to ensure people's privacy was maintained and no untimely photographs were taken on the premises. We saw in one person's room a reminder to staff that the person preferred to have their room door open, but saw staff closed it fully when they supported the person with personal care. This showed staff understood about supporting people to maintain their dignity during the delivery of care and respecting people as individuals.

People were supported to maintain their independence. They were able to stroll around the home as they wished and could spend time in lounge areas or in their own rooms. People were also able to enjoy time out in the garden area. This meant people were supported and encouraged to maintain their independence as far as possible.

The manager showed us a letter that he had recently received from a relative of a person who had sadly passed away. The letter noted the great respect the home had shown to the person before and after their passing.

Good

Is the service responsive?

Our findings

At the previous comprehensive inspection we rated this domain as Good. People told us that staff were responsive to their care needs. Comments included, "Staff are like family to me here, they know me well and I know all about them and their families"; "I think they are short of staff but they are very good, I don't wait too long if I call them" and "I can have a shower when I want, I just have to ask." Whilst call bells rang regularly throughout the day, we spent time observing how they were responded to and noted that responses to individual's needs were delivered in a timely manner.

At the previous comprehensive inspection, we noted that care records were well maintained and appropriate to the care required by people living at the home. At this inspection, we saw care plans contained comprehensive information and related appropriately to the individual needs of each person. Care records were person centred and contained assessments of their needs, including specific assessments of areas such as mobility needs, skin integrity needs and nutritional requirements. Records also contained a front sheet highlighted as "clinical hotspots." This was an immediate visual prompt for staff regarding particular areas people may be at high risk in. Through the use of a sticker system the sheet identified people who may be at high risk in areas such as; weight loss, choking or falls. This meant appropriate assessments and reviews of people's needs were undertaken and any risks highlighted.

People's records contained detailed care plans related to their individual needs. Care plans covered areas such as mobility, skin integrity, support with medicines and support with pain relief. Medicine care plans detailed people's individual medicine items, their purpose and any information related to their administration. Where necessary, advice had been sought from health professionals and this had been incorporated in care plans. For example, one person had been identified as at higher risk of choking. They had been assessed by a speech and language therapist (SALT) and a care plan developed which followed the advice given by the SALT. Care plans and risk assessment document were updated monthly or sooner if people's care needs changed. This meant plans were in place to ensure people received the correct care and treatment and these were reviewed and updated when necessary.

Staff working on the neurological unit told us that they were currently in the process of changing over care plan details from the old provider's documentation to the new provider's system. We saw that this was taking some time and that there was a mixture of documentation in use, meaning that some elements of the care plans were not always clear. We spoke to the manager about the changeover. He said he would look to have it completed as soon as possible.

We spoke with staff about people's individual needs and found they had a good understanding of people's likes, dislikes, backgrounds and families. They were able to talk knowledgably about people's past jobs and family members that were important to them. They also had an understanding of people's personalities, such as one person not being a, "morning person" and needing more time to come round in the morning.

People told us they could choose what they did during the day. Some people preferred to spend time in their rooms and had access to both television and the internet. People also spent time in the lounge areas

and in the conservatory area of the home. As it was a warm spring day, the home had the doors to the garden open and people were able to access this freely throughout the day.

There were a range of activities available on both units at the home. The home was having a weeklong "British week" celebration, which included afternoon tea, a cheese and wine event, a British quiz and an entertainer visiting the home at the end of the week. People confirmed there were a range of activities and events at the home. One person told us, "I have a better social life here than when I lived at home."

The neurological unit also had a dedicated activities worker. They were able to describe the type of support they offered people living on the unit and said that a majority of such support was on an individual basis, supporting people to access the community. Some people regularly attended day centres or work/educational placements. This meant there were a range of activities and events to help support and stimulate people.

At the last inspection, we found the provider had an appropriate complaints system in place and had dealt with any concerns or complaints appropriately. At this inspection, we saw that information on how to raise a complaint or concerns was displayed around the home. The manager told us there had been one recent formal complaint, which we saw had been responded to appropriately. This meant the provider continued to deal with concerns and complaints in an appropriate and timely manner.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Commission since September 2014. The registered manager and regional manager were at the home on the day of our inspection and assisted us throughout the day.

At the comprehensive inspection we undertook in October 2014 we had noted that notifications to the CQC that providers are legally required to make had not been undertaken. We found that this matter had been addressed when we further inspected in July 2015 and noted this compliance continued through to this inspection. This meant the registered manager was fulfilling the legal requirement to notify the CQC of significant events.

The manager demonstrated how the audit and monitoring system used by the provider, utilising tablet (hand held computer) technology supported regular checks on the home and the delivery of care. A range of daily and weekly checks were completed by both the manager and nursing staff, including checks on medication, care plans and a range of other aspects of the home and the environment. Checks were made to ensure MARs were dated and coded and appropriate numbers of medicines were in stock. There were also direct checks on individuals, where the manager spoke to the person directly and asked specified questions including issues related to privacy and dignity, staff attitudes and if they had any current concerns. Any matters that arose from these audits would be highlighted as actions on the monitoring system and would be overseen by the manager or the regional manager.

The system could also be used for people and relatives to give feedback on their experiences at the home. The manager showed us overview reports of responses from both relatives and people who used the service for the period January 2016 to April 2016. There had been 31 questionnaires submitted by people who used the service, with an overall satisfaction rating of 96.67%. With the exception of the question regarding whether the gardens were appropriate, responses to all the questions were above 90% satisfaction. Questions related to the atmosphere being warm and friendly and whether staff treated people with respect had achieved a 100% satisfaction rating.

There had been 12 responses from relatives in the same period, with an overall satisfaction score of 98.68%. Four out of the 11 questions posed had received a 100% satisfaction rating. 100% of the relatives who had responded had stated they were likely or extremely likely to recommend the home to friends or relatives. We also saw a range of positive comments had been included by relatives about the care at the home. This meant the provider had a range of methods and system to monitor and audit the quality of the service provided at the home and take action to improve the service, where appropriate.

Staff told us the combining of the two units had raised some anxieties but that things were starting to settle down now. They told us they found the manager supportive and that they could approach him if they needed to discuss anything. They said he was supportive if they had any problems or concerns.

Staff told us, and records confirmed there were regular staff meetings. We saw minutes of wider staff

meetings, qualified staff meeting, clinical governance and health and safety meetings. We saw there had been a discussion on the combining of the two units and a monitoring of the health and safety issues that were being addressed at the time of the inspection. We saw in one staff meeting that a request had been made to have a water boiler purchased for the upper floor, because people complained that tea and coffee was often cold by the time they received it. We saw that this had been actioned and a water boiler and tea and coffee station had been developed on the upper floor. This meant there were systems in place for staff to be involved in in the running of the service and concerns or suggestions were acted upon.

At the last inspection, we found records were up to date and stored correctly. At this inspection, with only some minor issues with MARs, we saw this was still the case, with daily records and handover information maintained to a good standard and with good detail. This meant records related to the delivery of care and management of the home were maintained appropriately.