Avery Homes Moston Limited

Acacia Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 28 September 2016 and 3 October 2016. The service had last been inspected in 2014 and was compliant in all areas at that time.

Acacia Lodge Care Home (Acacia Lodge) is a 60-bedded residential care home. The home provides care and support across three floors, with one floor supporting people living with dementia and the other two floors providing residential care. All rooms were single occupancy and contained en-suite bathroom facilities. The care home is located in New Moston, Manchester and is close to the motorway network and local amenities. Acacia Lodge is owned by Avery Healthcare Group, a national provider of residential, respite and nursing home care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with told us they felt safe living at Acacia Lodge. All the relatives felt their loved ones were safe living there. Staff knew how to keep people safe and were aware of how and to whom they could report any safeguarding concerns. This meant that staff were aware of how to protect people from risk of harm.

Staff sought consent from people before providing care or support. The ability of people to make decisions was always assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were always taken in the best interests of people when necessary and applications were made for Deprivation of Liberty Safeguards appropriately.

Risk assessments were up to date. Care plans were written in consultation with the person or their families. People had been supported to be involved in identifying their support needs. Assessments included people's likes and preferences and staff knew the people well.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the needs of the people and had received appropriate training in order for them to meet people's needs. The recruitment process was robust and all required checks were in place prior to staff commencing work. People living at Acacia Lodge were involved in the recruitment process which showed the service was taking their view into consideration.

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the service was taking their view into consideration.

Medicines were administered, stored and disposed of safely and in line with the required guidelines. There were appropriate guidance and protocols for staff when people needed 'as required' medicine.

Staff were observed as being kind and caring, and treated people with dignity and respect. There was an open, trusting relationship between the people and staff.

We saw people were fully supported to attend activities within the home. People had access to lots of different activities and were able to make choices about how they spent their time and where they went each day.

We saw people and their relatives had been asked for feedback about the service they received. There was a record of what actions had been taken to address any identified concerns. Staff worked well as a team; we saw them communicating with each other in a respectful and calm manner. There was an open and transparent culture which was promoted amongst the staff team.

Everyone knew who the registered manager was and felt the service was well-led. All staff said they felt supported and felt they could raise any concerns with the registered manager and they would be acted upon.

We viewed the policies and procedures and saw they were being followed. Quality assurance checks were being completed and when incidents had occurred action had been taken.

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 felt safe and staff knew what actions to take if they had any concerns. Risks were assessed appropriately and clear guidance recorded for staff.

There was a robust recruitment process in place to help ensure staff members were safe to work with vulnerable adults.

Medicines were administered safely and appropriate training was provided to staff to help ensure they were competent.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and were supported through regular supervisions.

Staff had an understanding in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choice in relation to meals and people's nutritional needs were being met.Referrals were made to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

Care plans were written with the involvement of the person and their family. Consent was sought from the person to include their families in the planning of their care.

People were treated with dignity and respect, by staff who knew them well. People's end of life wishes were recorded and reviewed and staff were supported after people had died.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

There was a formal complaints procedure in place and people knew who and how to make a complaint.

There was a full and varied activities plan.

Is the service well-led?

Good

The service was well led.

Quality assurance checks and regular audits were completed. When any concerns were raised, clear action plans were documented and outcomes recorded.

The service held regular staff meetings and sought feedback from people living at Acacia Lodge and their families, and took action when required.

Statutory notifications have been sent to CQC in a timely manner.

Acacia Lodge 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 28 September 2016 and 3 October 2016 and the first day was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert by experience had experience in supporting older people.

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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning team and the local Healthwatch board to see if they had any information on the service which may have been useful for our inspection.

We spoke with eight people, four family members, the registered manager, a team leader, two senior carers, four care staff, two activities coordinators, a domestic staff member, a laundry staff member and the chef. We observed the way people were supported in communal areas and looked at records relating to the service, including five care records, six staff recruitment files, daily record notes, medication administration records (MARs), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care and support they received from staff at Acacia Lodge Care Home. People said, "Somebody is always there for you when you need them." One relative said, "The home is definitely safe and tidy." Another relative said, "The home is so safe."

Staff told us they had received appropriate training in safeguarding adults and were able to recognise signs of abuse. We checked the training matrix and this confirmed that all, except four staff members, were up to date with their safeguarding training. Staff we spoke with knew when and how to report any concerns they may have and followed the service's policies and procedures for whistleblowing and safeguarding adults. They all said the procedure was for care staff to report to senior staff or team leaders the concern, who would then look at the issue, record it and report to the registered manager. However, all staff knew to report concerns to the local authority if necessary. The registered manager and team leaders knew what needed to be reported to safeguarding and the process they followed to do this.

We saw the service recorded any accidents and incidents which had occurred within the home and had taken appropriate action to minimise the risks.

Staff talked about how they would ensure the environment was safe. For example, free from trip hazards and how they recorded injuries such as bruises with body maps. They told us that falls were recorded on an accident form with 24 hour observations undertaken. If a person's falls became frequent, then a referral would be made to the falls team and observations on the person would be increased. We saw those individuals who had been identified as at risk from falls had sensors and mats in place.

This showed the service had identified risks and put preventative measures in place to minimise the risk of harm.

We looked at five people's care files, which contained detailed risk assessments for each person. For example, one person had a risk assessment in place with regards to their mobility. This person required the use of aids to support them with transfers from bed to chair and we saw a clear risk assessment identifying the concerns surrounding this and actions for staff to take in order to minimise the risks to the person and others. This showed the service had identified possible risks to the individual and put a plan in place to inform staff of the risks and looked at ways of minimising them.

As well as personal risk assessments, the service also carried out risk assessments on the environment such as fire safety, gas and electric checks, as well as checks on water temperatures and for Legionella. We saw that there was a business continuity plan in place which provided information for staff in the event of an emergency. There were also personal emergency evacuation plans (PEEPS) for everyone who lived at Acacia Lodge. These provided details about people's abilities and needs in the event of an emergency. This information was stored in a 'grab bag' which was located near the main entrance for easy access for staff to grab in the event of an emergency.

We looked at whether the service had sufficient staff to meet the needs of those living at Acacia Lodge. We checked to see that the service was completing a recruitment process which was safe. We found that all the staff recruitment files we checked contained a completed application form with a full employment history recorded. We found copies of the interview notes, photographic identification with proof of address, two references and a check with the Disclosure and Barring Service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. As well as the formal checks the service undertook, the registered manager told us they also involved people living at Acacia Lodge with the interviews. This provided the registered manager the opportunity to observe how the potential staff member interacted with the person and also gather feedback from someone who would potentially be supported by them. After the interview process, the registered manager walked the potential staff members around the service, to see how the person interacted with people living at Acacia Lodge and other staff members. This showed the service had taken appropriate steps to ensure all their staff were suitable to work with vulnerable people.

As well as checking the service employed suitable staff, we looked at the number of staff they employed in relation to the dependency of those living at Acacia Lodge. We spoke with people who lived there, along with their relatives and staff members to gather their views on staffing levels within the home. We received mixed feedback from people and their relatives. One person told us, "It's on and off." Another person said, "Sometimes they could do with more staff, especially at night." A third person said, "Staff couldn't do better; there is always someone when you are in need. Staff come right away even if you are asking on behalf of another resident." Relative's comments included, "As I see it, there is always staff to speak to." "Staff seem overworked at mealtimes, but there is enough staff otherwise." Another relative said, "There is always a member of staff about." Staff we spoke with mentioned that mornings could be very busy and felt they would benefit from having extra staff on at this time. All staff commented that "afternoons weren't so busy" and "ok staffing level wise". One staff member commented, "(I) prefer working afternoons as I have more time to spend with people; doing their hair or nails. I like doing the 1:1 support."

Staff worked well as a team and the registered manager tried to ensure staff worked on their designated floors in order to support with the continuity of care. Though occasionally, staff were required to work on a different floor due to staffing levels.

Based on our observations at inspection, we found staffing levels to be sufficient staff to meet the current level of needs within the service. We saw kitchen staff supported the care staff by serving meals during busy breakfast and lunch times. We looked at the staff duty rota which showed that there were nine care staff on duty between 8am and 9pm and six staff on at night. During the day there was always a senior staff member on duty on each floor and at night there was a minimum of two seniors on duty. The service used bank staff to cover shifts due to staff absence and the registered manager told us they would provide hands on support when required.

This showed the service ensured there were enough staff on duty to meet the needs of people living at Acacia Lodge.

As part of our inspection we looked at how medicines were administered, stored and disposed of to ensure the service was managing this safely. We looked at the Medication Administration Records (MARS), observed staff administering medicines and checked the stock for five people. We also checked how the service managed controlled drugs. Controlled drugs are medicines which require stricter checks and additional storage to ensure they are kept safe. We found that all MARS had been signed as required, with information recorded on the back of the MAR when a medicine had been declined or not given. When checking the MARs, we saw where there was a gap in the signatures on the MARS this had already been brought to the attention

of the team leader and action had been taken. We saw there was a protocol in place for people who required medicines 'as and when required' (PRN), such as pain relief. Staff explained there was a clear disposal process in place to follow when medicines had been dropped or refused. Staff told us and we saw on the training matrix, staff members who administered the medicines had received appropriate training which was provided externally and they were competency assessed on both their knowledge and through observation of them administering medicines. This was refreshed every 12 months or sooner if an error occurred or concern had been raised about the staff member.

This showed the service ensured all staff who administered medicines had received the appropriate training to do so.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills needed to carry out their roles and responsibilities. People told us, "I got every confidence in all of the staff who look after me." Another person said, "Staff know exactly what they are doing." Relatives we spoke with told us, "As far as I know, staff members are capable of looking after [name of person]." Another relative said, "There is no member of staff I wouldn't trust with my [relative]; they are fantastic."

Staff told us they received regular training and were encouraged to complete extra vocational training in areas related to their roles. All care staff were enrolled or had completed a Level two vocational qualification and all seniors completed a Level three vocational qualification.

We checked the training matrix which showed staff had received appropriate training in areas such as manual handling, safeguarding, and medicines. The matrix provided details of the courses all staff were required to complete for each role including maintenance, domestic and kitchen staff. Each of these sections was colour coded; making it easier to identify which staff member required what training. We saw the mandatory training in areas such as safeguarding, manual handling, fire safety and food hygiene, and was refreshed annually. The service had recently employed a team leader as a trainer who was able to work shifts when not in the training role. We saw that training was both theoretical as well as practical and we saw staff had to complete a knowledge check booklet after completion of any training as a way of checking they understood.

This showed the service ensured all staff who worked at Acacia Lodge, were sufficiently trained in order to meet the needs of people living at the home.

New staff received a period of induction which consisted of a four day training induction. They were then shown around the building and had to read the fire procedures. They would then complete all mandatory training and have to complete a 'homework' booklet before undertaking any shifts. The homework booklet included questions on the social care code of conduct, their job description/role as well as the course they had completed. There was then a 12 week period when all the set supervisions were completed. All new starters completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that cover all appropriate training to support staff who are new to the caring role.

Staff told us they received regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting.

We saw that within their staff files that recently recruited staff had an initial supervision where set topics such as safeguarding, falls management and infection control were covered. We noted the supervision matrix showed that supervisions were then held every three months for all staff working at Acacia Lodge.

Staff confirmed this was happening and they used this time to discuss their performance, training, wellbeing and any concerns which they may have. Additional supervisions were held if an issue came to light. For example, we saw one in relation to time keeping. We also viewed a personal development review form, which staff completed and discussed with the registered manager, who then added their comments. We saw that group supervisions were held when required and we noted a recent session had been held with the administrative staff to discuss their roles.

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.

We observed staff asking for people's consent prior to them providing any care or support. People's ability to consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, we saw the service had taken time to look at what was in the person's best interest and a decision was made with people who knew the person well. Where the person had no family to support them to make decisions, we saw there was guidance for staff to contact an advocate on their behalf, to look at whether the decision being made was in the person's best interest.

Staff had an understanding in relation to obtaining the person's consent; one staff member told us, "We always ask for their consent and give them (people) time to respond." Staff also explained how if someone declined support, they would leave the person and try again later, or another staff member would try. Staff had a general understanding of the MCA and how this impacted upon the work they did. The registered manager understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision, and was providing additional support to staff through team meetings.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about this and they were aware of when they needed to deprive someone of their liberty in order to keep them safe and the need to apply for a DoLS to legally authorise this.

Staff were able to clearly describe how they supported people to make choices around their clothing and what they wanted to do. We observed staff supporting people to make choices. One staff member said, "I show plated up meals so I can show people and they can then make a choice of what they want to eat. Not everyone can choose if you just do it verbally." This showed the service was supporting people to make their own decisions and wasn't restricting people when they weren't authorised.

People told us the food at Acacia Lodge was "excellent." One person said, "The meals are good; I can choose what I like." Another person said, "I enjoy breakfast the most as there is a lot of choice. You can choose; there is a kitchen where you can go day or night and make a cuppa." We saw each floor in the service had a food and beverage feedback book. We saw the following comments: 'Lovely', 'Very nice' and 'I enjoyed my lunch'. We saw all tables contained menus and there was a choice of two main meals at lunchtime. People told us they could choose something else if they did not want what was on offer. We spoke with the chef about the menu choices and we were told that there was a four week rolling menu. They explained how they met people's cultural needs as well as specialised diets, such as fortifying people's meals with cream and milk. During our inspection, we saw one person was given their main meal early because they had an

appointment. Staff explained that if people had appointments during mealtimes, then the person could choose whether to had their main meal early, or whether they wanted it saved or a snack made on their return. Staff also said that if they wanted to take a packed lunch with them, then the kitchen staff would prepare that for the person so they didn't miss out on having a meal.

We asked people if the doctor was contacted when they were unwell. Everyone we spoke with confirmed they were. In the care files we looked at, we saw referrals had been made to other healthcare professionals when necessary. For example, where one person started to lose weight, we saw there was a referral made to the dietician who advised additional supplements and monthly weights. We also saw where a referral had been made to the speech and language therapists (SALT) due to a deterioration in a person's ability to swallow. This showed the service understood people's changing needs and made referrals to the appropriate healthcare professionals when required.

Good

Is the service caring?

Our findings

Everyone we spoke with thought staff were caring and kind. Comments we received included: "The care is exceptional. I want the manager to know." Another person said, "Staff are brilliant." A third person said, "Staff treat me really nice" and "Very lovely people, the staff are." Relatives told us, "[Person] is spoken to and treated well by staff; this is consistent with everyone."

We observed interactions between people and staff and we saw staff greeting people in a warm, friendly manner. We saw staff laughing and joining in banter with some people and taking a more formal approach with other people. This showed staff knew people well and how they preferred to be addressed. Staff were seen responding to people's needs quickly and in a caring way. When one person began calling out and getting distressed, a member of care staff immediately went and sat next to the person, spoke calmly with and offered the person reassurance. They then asked the person if they wanted a drink and before leaving them explained they would just be in the kitchen area. This person began shouting out again, so the staff member returned to sit next to the person and provided reassurance.

People were treated with dignity and respect. Staff told us, "I always talk through what I am doing with people so they are not surprised" and "I always ask if people want something; for example to get up. I don't just assume." We observed staff supporting people in a respectful way. One person required the use of a mobile hoist in order to transfer them from the chair they were sitting in to a wheelchair. We saw staff getting down to the level of the person and speaking to them in a calm and reassuring manner. They explained to the person what they were going to do and sought the persons consent, before bringing in the hoist. The staff the talked through each stage of using the hoist, from putting the sling behind the back, to where the person needed to put their hands and when they were about to move. The person became a little anxious during the transfer and staff were heard to offer the person reassurance. Their actions weren't rushed and the person's dignity was maintained throughout the transfer.

We asked people and their relatives if they had been involved in planning their care, people confirmed they had. One person told us, "Yes I was (involved); I can clearly remember (that)." A relative told us, "Since admission, the staff have involved us in assessments and care planning of my [relative] and we review these regularly." The care plans we looked at contained a 'My Life – My Choices' form and we saw people had signed to consent to share information with relatives and professionals. For people who lacked the capacity to make decisions around their care, we saw a best interest decision had been made with a clear rationale behind the decision. One person's file said the person lacked capacity to make decisions around their care plan, however they had capacity to make simple day to day choices and needed to be supported to do so. We found that all the care files we looked at contained information about the person's choice and preferences as well as information detailing their 'typical day'. This included times they preferred to get up, have breakfast, and get washed and dressed. This showed the service listened to people and included them, and relatives where appropriate, in the planning of their care.

All the care plans we looked at contained information about the person's end of life care and treatment. Where the person was unable to make a decision about this, we saw family members had been consulted.

One relative said, "[Person] is on 'Do Not Resuscitate (DNR) care plan; staff reassured us that we could review it whenever there is a need." Another relative said, "We all know that our [relative] is DNR; this is [person's] wish. We intend to respect, although our family is divided on this matter." A number of people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms within their care plans. We saw the doctors had discussed this with the person whenever possible as well as the person's relatives. There was information within the care plans about the persons future wishes. We also noted the service supported people with end of life care and ensured people's wishes about whether they wanted to remain in the home or be transferred to hospital were clearly recorded. Staff told us they had received some end of life care training from a senior care worker. They said, "I learnt how to make the end of life care personalised to the individual and their family." We saw discussions had taken place with the person and families to make advanced decisions and that the district nurses were involved and people made as comfortable as possible. Staff told us they were supported by colleagues, senior care staff and managers if needed when a person was at the end of their life or had died. This showed the service supported people to make decisions about their end of life care and reviewed them as required.

Good

Is the service responsive?

Our findings

Staff knew people well and were responsive to their needs. All the care plans we looked at had been reviewed and provided details about the care and support the person needed. We saw that people's care plans contained detailed information about their life history, their preferences, their likes and dislikes and provided information about any identified risks. We saw when one person required antibiotics for an infection, a temporary care plan had been written to manage this need and was reviewed and discontinued once recovered.

One of the floors within Acacia Lodge provided care and support to people who had a diagnosis of dementia. We saw the service had dementia friendly signage in place to identify people's rooms as well as toilets and bathrooms. They also had reminiscence items in a basket and memory boxes. This showed the service had considered appropriate ways of supporting people who were living with dementia.

People's views and opinions were sought by the service through regular monthly residents meetings. People told us they had attended these meetings and we saw records of the meetings being held. The registered manager explained they were held on each floor of the home to support everyone to attend and discuss things that affected the floor they lived on. Relatives told us there were regular relative meetings held. One relative said, "There are notices all over (the service). We never need to attend any (because) the manager's door is always open. We can see her anytime." Minutes from recent residents' meetings, showed discussions had been held around catering, housekeeping, care, maintenance and activities as well as any other business. We saw when an issue was identified then there were clear records of actions taken. We saw from the minutes of the meetings that these had been held monthly. This showed the service took on-board the views of people living at Acacia Lodge and made changes when required.

We asked people if there was enough to do at Acacia Lodge. People told us, "I enjoy the music sessions and going out for meals." Another person told us, "I love flower arranging, gardening and dining out." The service employed two activities coordinators who we met on the first day of inspection. We saw people attending a musical morning where a singer/musician visited the home and performed. This was held in the quiet lounge on the ground floor, we saw the activities coordinators visiting the other floors and asking if people wanted to attend this session. In the afternoon there was a wine and cheese tasting session which saw a number of people participating in. Comments people made included: "I like this" and "I enjoy the wine and cheese (activity)." The second activities coordinator was new to the service staff were positive about having an extra member of staff. One staff member said, "The new activities person is good; it should enable more activities to be done." We noticed on both days of inspection , that once the meals had been cleared away, various activities such as games and cards, were placed out on the table for people to use. We saw one staff member asking people if they wanted to play a game and took the game of their choice to where they were seated in the lounge area.

People's relatives told us they felt their loved ones had enough to do. One relative told us, "[Person] is independent; [person] has been offered lots of activities." Another relative said, "My [relative] has made lots of friends here." Other relatives told us how busy their loved ones were. There were no restrictions on people

visiting the service; throughout the inspection we saw people having visitors. People told us they liked to go out with their families but also spend time taking part in the activities on offer. This showed the service ensured there were sufficient activities on offer for people to join in, should they wish to do so.

People we spoke with said, "I never have to complain. Every week somebody comes and asks you if you are happy with lots of things." Another person said, "Since I have been here from day one, I have had nothing to complain about." A relative told us, "None of us have needed to complain, but if I have any concerns I will speak to the manager; she is always there." We looked at the complaints folder and saw none had been received in the past 12 months. We spoke to the manager about how they would deal with any complaints if they received any and they explained how they would investigate the complaint and respond to the complainant. We saw that there was a formal complaints procedure in place, and we were told that any complaints received would be acted on appropriately and in a timely manner. This showed the service responded to complaints appropriately.

Good

Is the service well-led?

Our findings

We asked people and their relatives if they thought the service was well managed. Everyone we spoke with told us they thought it was. One person said, "The management and staff are ever so nice." Relatives' comments included, "Management provide a great atmosphere for staff and an excellent one for all residents" and "Let's put it this way, if I was in [person's situation] I will be very happy to be here." We asked staff how they thought the service was managed and whilst all staff said they felt the registered manager was approachable, a couple staff members felt the manager did not always have time to talk straight away. However they told us this was not a problem and that the registered manager always recognised the work they did.

Everyone we spoke with knew who the registered manager was. The registered manager of Acacia Lodge had been in post for two years. We spoke with them about what the greatest achievement had been since they came into post. We were told that it was "building relationships with visiting professionals" and making the service "feel like a home and not a care home". They went on to talk about the visions for the future with plans on giving the quiet lounges on each floor, more of a 'theme' to them. For example, using one as a garden room . The registered manager told us they felt supported by the regional manager and registered managers of other care homes owned by the provider. The registered manager also told us their door was always open for people, relatives and staff to speak with them about any issue.

We saw there was a quality monitoring system in place which was used to audit various aspects of the service, such as medicines, care plans, infection control and environmental risks. These were completed by the regional manager. We noted that weekly audits were completed by the registered manager and staff. The registered manager told us how they had implemented the 'resident of the day' whereby that person's file would be reviewed and updated on that day. The feedback we received was this was working well. Where areas of concern were identified, it was clearly recorded what actions had been taken. For example, we saw a recent audit of the medication administration records had shown gaps in signing. Action was taken to address this through additional training and competency checks.

We viewed policies and procedures for the service and saw they were up to date and being followed by staff.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and that all incidents had been recorded, investigated and reported correctly.

Staff we spoke with told us there were regular staff meetings and if any concerns are raised, then action is taken by management. This shows that the management are listening to people, relatives and staff and taking action to make the changes requested.