Nottinghamshire County Council

Bishops Court Residential Care Home for Older People

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Inspection took place on December 8th 2015 and was unannounced. Bishop's Court is registered with the Care Quality Commission to provide personal care and accommodation for up to 45 people. There were 40 people living at the service at the time of our inspection. Bishop's Court consisted of five separate units which were used for long stay and short term placements. . People were usually cared for in a particular unit depending on their level of need..

Bishop's Court is required by the CQC to have a registered manager, which they did have at the time of our inspection. 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.

Summary of findings

People at the service told us they felt safe. The provider had policies and procedures in place to protect people at risk of abuse. Staff could identify the different types of abuse and knew how to raise any concerns. However, we found two occasions when the service had not taken appropriate action in terms of escalating safeguarding concerns to the local authority and ourselves. We raised this with the registered manager and the relevant referrals were made. The service had responded to accidents and incidents but had not always taken action to keep people safe and reduce the risk. The building and environment were well maintained and suitable for the needs of people who lived there. Outside was a secure garden area with seating which people could access.

Staff were safely recruited and trained to ensure people received safe and appropriate care. Although the registered manager told us they were fully staffed on the day of our inspection we found that staff were sometimes not easily visible in all areas. People were left mainly unsupervised in some areas of the service. We shared our observations with the provider.

The service had a relaxed and homely atmosphere. Staff approached people in a caring way which encouraged people to say when they needed support. When supporting people with behaviours that may challenge, we noticed staff used techniques such as distraction and a calm approach. Staff had developed positive relationships with people and their families.

The CQC monitors the operation of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had followed the correct process to submit applications to the supervisory body for a DoLS, where it was identified this was required for people who lack capacity.

Staff enabled people to make their own choices and decisions about the care they received, where possible. When people were unable to make their own decisions staff followed the correct procedures. Staff involved relatives and other professionals when important decisions had to be made about their care.

Staff involved other professionals in a timely manner when relevant to a person's needs, and formed good relationships with visiting professionals to give a better service to people.

We saw some people were encouraged to participate in activities, and the home had a full activities programme. However, on our inspection, we noticed that only a few people were involved in any activities. We found people's nutritional needs were met and they had a choice of food and drink, including specialist diets where required. People's preferences, routines and what was important to them had been assessed and recorded.

Staff told us they felt supported, and confident they could raise any concerns with the registered manager, and that they would be listened to.

People and their families told us they were aware of the complaints process and said issues that they raised were dealt with promptly. There were effective systems in place to monitor and improve the quality of the service provided.

The service gave people and their relatives opportunities to give feedback on the service to ensure quality is maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff had been trained in safeguarding adults; however the provider had not always reported incidents to the local authority and ourselves. At busy times such as mealtimes, there were not always enough staff to support people.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and regular checks and audits were carried out.

The provider recruited staff safely and carried out the relevant pre-employment checks.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, where appropriate assessments had been completed.

Staff received a range of training and support that met people's needs.

Staff contacted relevant external health care professionals when relevant to meet people's needs.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and helpful.

Visitors were welcomed into the home, and could see their family members in private.

There was information on clearly on display showing people how to access advocacy services.

Is the service responsive?

Good

A complaints procedure was in place. People that used the service and relatives knew who they could speak with if they had a concern or complaint.

People's care and support needs were regularly reviewed to make sure they received the right care and support.

Summary of findings

Staff were knowledgeable about people's preferences and needs.

Is the service well-led?
The Service was well-led.

Good

As far as possible, people and their families were encouraged to be involved with the service.

Staff, people and their relatives felt the manager was approachable.

Checks were regularly made by the provider to ensure the quality of the service was maintained

Bishops Court Residential Care Home for Older People

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 8 December 2015 and was unannounced.

Before the inspection, we asked the provider to complete 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 also contacted commissioners of local health and social care services for their feedback. We reviewed the information we hold about the service, including statutory notifications that the provider is required to send us. A statutory notification is information about important events that the provider is legally required to send to CQC.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had personal experience of caring for someone with dementia.

During our inspection, we spoke to eight people who used the service, and six relatives to obtain feedback about the service. We spoke to the registered manager, two team leaders, a senior care worker, one of the cooks, and three care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also saw the way staff interacted with the people who used the service throughout the day.

We looked at four care files for people who used the service and four staff records. We also reviewed the provider's policies and procedures. Other records we looked at included the staff duty rota, training records and audits in place that monitored the quality and safety of the service

We spoke to a professional from social care, and two nurse practitioners who were visiting the service.

After the inspection we spoke to one of the GP's who provides medical care for people at this service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at this service. One person told us, "Safe, definitely. If you have a tumble or anything like that they [staff] are there, they examine you and if you need to they get you to hospital. "Another person said, "Very safe. They [staff] are always walking about and they have eyes everywhere". A relative told us, "Safe, yes. They look after [person's name] well, can't fault the staff. They keep you up to date with everything. They are on the phone if there's the slightest problem.

We spoke with a visiting professional. They told us that they had no concerns about people's safety. A GP said they felt the care was 'very safe' and a visiting nurse told us, "Yes, it's safe here- we don't see many falls."

Staff we spoke to showed a good understanding of safeguarding policies and procedures, and we saw that staff had received training in safeguarding. Staff understood the different types of abuse, how to escalate concerns, and what processes were required to keep people safe. Staff we spoke with said they would have no hesitation in raising any concerns if they saw a person was in danger or at risk of abuse.

Staff were aware that there was a whistleblowing policy in place, and they knew how they were able to escalate their concerns if they felt that they were not being listened to. One staff said, "I've not had to use the whistle blowing policy but I understand what to do if I raise concerns with the manager and no action is taken." Additionally, staff gave examples of the action they took to ensure people's safety in relation to the environment and equipment. One staff member said, "People walk round independently, and we ensure there are no hazards that could cause any risks. We check the equipment is safe to use, and stored away when not in use." This showed that people could be assured that staff would be responsive to potential risks which could compromise their health and wellbeing.

We observed staff supported people safely when assisting them with their mobility needs, such as using equipment to move people from different positions. Staff were organised, and gave the person explanation and reassurance. We saw, and staff told us, that they understood and practiced the training they had received in relation to assisting people with mobility needs.

We looked at the incidents and accidents and records of safeguarding events. On the whole, we saw that concerns had been dealt with appropriately, and in line with the local authority safeguarding procedures. However, we saw examples from care records that showed appropriate action had not always been taken in response to a safeguarding incident, in terms of not reporting to relevant organisations. We discussed this with the registered manager, who agreed to immediately rectify this, and make the relevant referrals.

Staff gave examples of how people's needs were assessed and risk plans were put in place to manage these. They told us that information relating to people's needs and risks were communicated to them in handover meetings, or through care plans and risk plan records for people. It was clear from talking to staff and observing their practice that they understood the balance of protecting people from harm, whilst not limiting unduly their independence.

Personal evacuation plans were in place in people's care records that advised staff of the support people required in the event of the building needing to be evacuated. However, this information was limited in detail. For example, whilst plans included the support required, there was no consideration to the person's health care needs such as issues relating to memory loss or anxiety, and how this may affect the person in an emergency.

We looked at safe staffing levels and asked for people's views on this. One person told us, "Enough staff? I can't say, but what there is, they seem to cope very well." Another person said, "They are perhaps a little bit short in the morning, they have a lot to do." A relative said, "The only thing I would say is that they could do with more staff, some do wait a bit."

On the whole, staff said they felt there were sufficient staff available to meet people's needs.However two staff told us that they felt more staff were needed. A staff member said, "We are very busy. There's not always as much time to talk to people as we would like."

We observed that there was not always staff available in communal areas and we saw people were sometimes left without support. Some people were living with dementia, and relied on staff to meet their needs and maintain their safety. In communal areas, people did not have any means of requesting assistance when staff were not around. We noticed at times that it was difficult to find a staff member,

Requires improvement

Is the service safe?

as they were busy supporting other people. During our lunchtime observation in one of the units a person requested support to go to the bathroom. There was only one member of staff available in this unit at that time. They went to support the person, but this left nine people without staff support for approximately ten minutes. People on this unit had high needs and during this period two people called for assistance whilst no staff were present. When the person returned, the staff member again left the area to do a task, and the person was unable to find their seat. We saw that the person was unsteady, and we had to intervene to ensure the person sat down safely and did not fall. These observations showed us that at busy times there was not always enough staff to keep people safe. We discussed our concerns with the registered manager .They told us that the home used a method to calculate the number of staff required, according to people's dependency needs. The manager said she would discuss our observations with the senior management team.

There were safe and effective recruitment and selection processes in place for staff. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This meant people using the service could be confident that staff had been screened as to their safety and suitability to care for the people who lived there.

People received their medicines safely and as prescribed by their GP. We looked at the medicines and records of a number of people living at the home and observed a senior care worker administering people their medicines. Our observations showed that medicines were being administered appropriately to people in accordance with their needs. People had a medicine care plan which clearly set out people's medicine regime and how they liked to take their medicines. People's capacity to refuse medicines had been considered and responded to appropriately. We saw staff administering medicines had completed regular training and competency assessments. There were daily checks in place and audits completed by the management team. A medicines policy was in place that was based on best practice guidance. Medicines were stored and disposed of safely, and in accordance with guidance.

Good

Is the service effective?

Our findings

People were supported by staff that had received relevant training and support to do their jobs and meet people's needs. People we spoke with told us that health and well-being issues were handled well at the home. One person said "If you have any illness they [staff] look after you very well". One visiting relative said, "Yes, they know [person] well." A visiting professional told us that in their opinion they found staff to be competent, experienced, and trained. This person told us, "Staff don't leave often here, so they know the people well."

Staff said us they had received sufficient training and support to do their job. They told us about recent courses and training opportunities they had received. Comments included, "The training opportunities are very good, and you learn new things." We were also told by staff, "We have meetings to talk about how we are getting on, and what training and support we need."

We spoke with two team leaders, who told us about the training they had received that supported them with their role and responsibilities. This told us the provider ensured staff received initial andrefresher training to keep their skills and knowledge up to date.

Both the registered manager and staff told us that, where possible, staff tended to work on the same unit, as this provided continuity and consistency for the people who used the service. This meant, most of the time, people were supported and cared for by staff who knew them well. We viewed a sample of staff development files, and looked at the staff training records, supervision and appraisal plan. These records confirmed staff were appropriately trained and supported.

We saw that staff had completed an induction, and had received the care certificate. The Care Certificate is an identified set of standards set out by the Skills for Care Council that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support**.** This showed that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records contained mental capacity assessments, and we saw decisions were made with the involvement of families, and other health and social care professionals. The care workers we spoke with said they had received training on mental capacity and consent. Records we looked at confirmed staff had attended this training. Our discussions with the registered manager and staff showed they had a good understanding of the MCA, and issues relating to consent. This meant there were suitable arrangements in place to protect those people who may lack capacity. We saw records which showed the registered manager had applied to the 'supervisory body' for DoLS authorisations where they had identified concerns about restricting a person of their liberty.

Some people who used the service had periods of anxiety that could result in behaviours that can challenge others. From the sample of care records we looked at, we found it was not always clear what actions staff should take to reduce these behaviours from escalating. We discussed our findings with the registered manager. They agreed to review and update these care plans to ensure staff had the required information.

People told us that the food at the home was good. One person said, "The food's lovely, alright for me". Another person said, "We have good food, plenty of cups of tea," This person added, "They come round at about 11a.m with tea and biscuits and again at 3:00 p.m. You can have things in between, say toast, but I doubt you need it with the meals you get." A visiting relative said, "You can see the menu and it looks varied." Another relative told us, "It looks and smells good. [Name of person] has put weight on."

Good

Is the service effective?

We saw menus and spoke to a cook. It was clear from our observations and discussions that all staff were aware of any special diets or dietary preferences people had. People were given a choice at mealtimes and special diets, such as for people with diabetes, or those with swallowing difficulties, were catered for. We saw that relevant referrals had been made to services such as speech therapists when the person was noted to have swallowing difficulties. Following a visit from such a professional, people's diets were adapted according to the recommendations made by the speech therapist.

The kitchen had had a recent inspection by the local authority, and had been rated as five stars. This told us that the kitchen and catering equipment had a high level of hygiene. Food was stored safely and appropriately. We observed the breakfast and lunchtime experience for people. People were served by the staff and offered a choice of food. People were mostly provided with appropriate cutlery and crockery to enable people to eat independently. However we saw one person who did not have a serviette to wipe her hands on, and we noted that there were no condiments or serviettes on the tables in the units we observed. Where people required assistance from staff this was provided. People were frequently offered drinks during their meal times and throughout the day. Snacks were also offered, such as biscuits, and fruit was available and accessible to people at all times.

From the sample of records we looked at we found people's nutritional needs had been assessed for, including people's likes and dislikes. People's food and fluid intake was recorded in order to monitor people's needs. People also had their weight regularly monitored and we saw action had been taken when concerns had been identified. For example discussions had been had with the GP and referrals made to the dietetic service. Some people had been prescribed food supplements, and we saw these were available and administered appropriately.

Visiting professionals spoke highly of the service, with one saying, "Staff have good insight in to people's needs." Another described staff as, "Very competent and knowledgeable". They were confident that people's health care needs were appropriately met and confirmed that appropriate and timely referrals were made as needed. Any recommendations made by visiting staff were followed by the home. From the sample of care records looked at we saw that people were supported to maintain their health. Records included visits from healthcare professionals such as professionals to assess people's vision.

The premises were appropriately maintained and regular checks were carried out. There were secure gardens that were accessible and maintained. Some additions had been made to the environment to support the needs of people living with dementia, such as photographs on people's bedroom doors, sign posting and pictorial signs. There were various small seating areas where people could sit if they wished to be quiet, or have some privacy. We saw environmental and equipment checks and audits were regularly completed. This told us the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Good

Is the service caring?

Our findings

People that used the service and relatives we spoke with were complimentary about the approach of staff. One person said staff were, "Very nice, all very kind." Another person told us staff were, "Very kind, no complaints. They treat me with a lot of love and kindness." One relative told us "There's times we've walked in and seen staff with [person's name], they are lovely." Another relation said, "I've been here morning, noon and night, at all times and never once have I seen a problem, had a problem or had any concerns."

Staff seemed genuinely caring about people. A member of staff told us, "I care for people as I would my own family." Another staff member said, "I enjoy looking after people- I enjoy making sure they are happy."

We observed staff used good communication skills. For example, we saw a staff member go to speak to people individually, crouching down to eye level with them to do this. They obviously knew the person, speaking about family members and topics of interest for some minutes before moving on.

Whilst we saw staff were caring, kind and compassionate when they provided care and support, sometimes staff interaction was more task-led than person centred. We observed the breakfast period on two of the units. Whilst staff were around there was no interaction from staff other than to respond to people's requests for drinks or more to eat. On one unit a staff member was seen to be tidying and cleaning the kitchenette rather than spending time with the five people present. This was a missed opportunity to spend positive time with people. At lunchtime we observed similar patterns. On one of the units we saw there was no interaction from the one staff present, other than simple statements or questions such as, "Here's your milk" and "Have you finished?" We raised these issues with the registered manager.

People told us, and we saw ourselves, that they had been involved in the development of their care plans where possible. A relative told us, "Everything you ask they [staff] write down. We told them we wanted to be around if [person's name] was ever assessed and they noted that." Another relative said, in regard to their relative's care plan, "One of them [staff] does that. They go through it with me, they are pretty thorough. Then I sign it".

Staff we spoke with were knowledgeable about people's needs, including preferences and people's individual routines. They also told us how they promoted people's independence. One staff said, "We know people's needs really well, and we encourage people to maintain their independence as much as they can." Due to some people's needs it was a challenge for staff to fully involve people in decisions about their care and support. Staff told us that they tried to involve people and where appropriate their relatives in discussions, and said that care was based on people's known preferences. We observed staff involved people in day to day decisions and choices for example, when to get up, where to sit and what they wished to drink and eat.

People told us that staff treated them with dignity and respect. One person said, "Oh yes, very much so, they are very nice girls". Another told us, "On the whole they do; I'd tell them quite sharply if they don't". One visiting relative said, "They [staff] speak to them [people] very respectfully." A relative told us that there were quiet rooms for them to use if families wanted privacy. This relative told us, "We could go into the office or there's a room opposite the office we can use."

The service had dignity champions. A Dignity Champion is a staff member who acts as a role model for other staff. The dignity champion promote the importance of people being treated with dignity at all times Staff we spoke with had a good understanding of how they were able to promote people's independence, and respect their privacy and dignity. They provided examples of how they were able to do this while supporting someone with their personal care, for example by covering people with a towel to protect their privacy. We observed staff knock on people's bedroom doors before entering, and refer to people by their chosen name. When staff spoke about people living at the service, this was done in a caring and respectful way. We saw that, for people that wanted, people were given a key to their room, which they could keep locked if they chose. People's wishes for the end of their life care had been discussed with them where agreed, and were recorded in their care records.

We saw posters telling people about advocacy services. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves We saw one person had used an advocate in the past.

Good

Is the service responsive?

Our findings

People's life histories, preferences and routines had been considered and recorded. This information provided staff with guidance on how to meet people's individual needs. The registered manager recognised that this information was limited for some people due to difficulties obtaining this information from either the person themselves or from others.

Assessments and care plans were in place, but were variable in the amount of detail they provided staff of how to meet people's needs. Daily records completed by staff also lacked detail; it was therefore difficult to judge from these whether people received care and support that was personable to their needs, preferences and routines. We spoke to the registered manager about this who recognised this needed to be improved. They had requested some training for staff from an external provider on record writing.

We looked at the records of people with ongoing difficulties such as frequent falls. We saw the care plans gave staff details of how the conditions should be managed, and what support was available to them. On speaking to staff we noted that they were fully aware of the content of the care plan and risk assessment, and were following the care plan when providing care. This meant that people were getting care that responded to their needs.

Care plans were usually reviewed three monthly and a summary report of each individual's needs was developed. A team leader told us that annual review meetings were arranged that gave the person, and if appropriate, their relative or representative, the opportunity to discuss the service that was provided. We saw notes of three review meetings which were detailed and informative. However, two of these were overdue an annual review. This showed that the provider was seeking to keep an up to date record of people's changing needs, but sometimes these were not being reviewed within the set timescales.

People we spoke with told us they had not made any formal complaints or felt a need to. They did say that they would feel able to do so, if the need arose. One person told us staff were, "Extremely approachable." Another person said, "No complaints, I've been quite happy here." A visiting relative told us, "[Manager] is approachable, they all are." We saw a comments and complaints record kept by the registered manager. There were no recent formal complaints made, but when there had been, over a year previously, the registered manager responded in a timely and appropriate way. We saw a variety of 'Thank you cards' that had been sent by relatives in appreciation of the care their relation had received.

People had opportunities to express their views. The registered manager told us that residents meetings took place every three months, and we saw the record of a meeting in September 2015. People were informed about staff changes, consulted about food choices, and asked if staff treated them dignity and respect, and if people had any complaints.

Additionally, people received opportunities to share their views by completing a satisfaction survey. We saw nine returned questionnaires; a team leader said that these surveys had been sent out during 2015. The analysis of these demonstrated high levels of satisfaction amongst people who used the service. Where any issues had been raised, the service had acted upon these. For example, We saw that one person had requested fresh fruit be provided as an alternative to a sweet pudding. The service noted this suggestion and responded by having fresh fruit available as an alternative.

We saw evidence of activities that had been or were being organised and run by the home and people told us that the home did have a full programme of activities. There was a timetable of activities on several notice boards, and photographs taken of past sessions or events on display.

One person told us, "We try to interest ourselves in the things they make here – craftwork - and sleep the rest of the day. I'm limited in what I can do. Today I was learning to write my name for the first time for a long time since I lost my sight. The activity co-ordinator is very good".

One visiting relative said in regard to her relation, "They do try and do things with [person] but not everyone wants to join in." Another visiting relative said "They [staff] do make sure that there's always something going on, plenty of stimulation." A relative told us, "The art room is fantastic, they make some great stuff. It keeps them busy, occupied. I think the ladies like it more than men". A relation added, "They have a Christmas fair, a summer fair, lots of relatives go to them."

In the afternoon we saw three people participating in activities in the activity room. However we did not see

Good

Is the service responsive?

people being supported to pursue their interests or hobbies in communal areas. In the lounge areas people sat mainly in front of the television, and there was little interaction, as staff were frequently busy doing care-based tasks.

The activity co-ordinator confirmed our view that a number of the activities were craft orientated. The activity coordinator said, “The same people come to these (craft sessions) so we do go round their rooms or do things in the units. We do unit socials if all they want to do is chat.” We saw photographs of when outside entertainment had visited the service Some people confirmed that the activities did take place on the units as well as the activity area.

Good

Is the service well-led?

Our findings

People at the service and their relatives spoke positively about the manager and staff at the home. One person said, "The manager is very friendly; she's a laugh. You can talk to any member of staff." Another said, "How the staff get on amongst themselves is amazing." A visiting relative said, "No issues really, no problem approaching them [staff] if we had to, but I can't say there's anything I'm worried about." Another relation said, "If we have a problem we can just go to the office". A third relative said, "You can come in at any time and you can talk to a member of staff in private at any time." A visiting professional told us they felt the service was well organised and said, "This is the best organised home we come in to."

On the day of our inspection, we spoke to the registered manager, and we also saw the registered manager interact with staff, people that used the service and relatives. It was evident that the registered manager had a good rapport with staff. Staff spoke highly of the registered manager and said that the team leaders were also supportive, "The manager goes the extra mile for us." This demonstrated there was an open and transparent culture at the service.

We found staff were clear about the values and vision of the service. One told us, "We provide a friendly home for people that is adapted to meet people's individual needs, and promotes independence." We observed staff communicate information to each other effectively during our visit.

Staff told us that staff meetings were held every three months. We were only able to view a record of one of these recent meetings as, although the manager confirmed the meetings had taken place, notes had not yet been typed up and shared with staff. The notes we did view confirmed a range of issues were discussed and information shared. For example, The Care Act had been discussed in group supervision, which was a meeting for a small number of staff to meet with their supervisor to discuss their work and any areas of good practice. This showed the registered manager was helping keep staff up to date with current social care legalisation.

A staff member described staff meetings to us. They told us, "[Registered manager] always puts up an agenda. Anything we want to bring up, you can raise." They went on to say, "If staff are not comfortable speaking out in a group, they can write their concerns or ideas on paper." This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home. This also enabled ideas to be contributed by staff members at all levels.

The registered manager told us that when there were vacancies for people at the service, the registered manager and staff took into consideration the needs and personality of the new person to see if the service can safely meet their needs.

We saw there were systems in place to monitor the quality of the service. These included a weekly check carried out by the registered manager, looking at both environmental issues, and the working practices of staff. The registered manger also completed audits the care plans on a regular basis and in addition, team leaders did three monthly summary reviews of care plans. Action plans were produced to ensure the areas that required improvement were addressed. Call bell response times were audited weekly. The registered manager signed off the records of accidents and incidents to ensure all required actions have been taken. The local authority also does annual quality audits of the service. The last one was done in August 2015 and also made reference to record keeping not being of sufficient detail. Incidents such as falls were regularly reviewed, and monitored to in an attempt to minimise the risks.

The registered manager attended regular meetings with other managers of similar homes to exchange information and best practice. This demonstrated the provider was actively working to increase the quality of the care provided.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of some changes, events or incidents as required. However, we found two instances where the required notifications had not been made. The registered manager was made aware of this and took immediate action to rectify this.