HC-One Limited

Moorhouse Farm

Inspection report

Moorhouse Lane
Ashington
Northumberland
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Tel: 01670 857727
21 and 22 July 2015

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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

Overall summary

Moorhouse Farm is a residential care home, registered to provide accommodation and personal care for up to 24 people. At the time of the inspection six people were accommodated at the home.

This inspection took place on 21 and 22 July 2015. The inspection was unannounced. The last inspection we carried out at this service was in April 2014 when we found the provider was not meeting one of the regulations that we inspected. This breach of regulation related to assessing and monitoring the quality of service provision. At this inspection we found improvements had been made to the systems in place to monitor the quality of the service and this breach in regulation had been met.

The provider had two services on one site. Moorhouse Farm is a residential home and Ashington Grange is a nursing home. We inspected both services at the same

Summary of findings

time. The same staff were used across both services and the same management structure was in place. Our findings for Ashington Grange are discussed in a separate report.

A registered manager was in place. 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 we spoke with told us they felt comfortable and safe at the home. Staff had been trained in recognising and responding to potential abuse. Staff we spoke with were aware of how they should proceed if they had any concerns over people's safety or wellbeing.

Areas of risk to people had been assessed. Action had been taken to mitigate risks wherever possible. Accidents and incidents records had been completed to a good level of detail They had been reviewed by the manager to ensure appropriate action had been taken and to determine if there were any trends where action could be taken to reduce the likelihood of accidents happening again.

During our inspection we saw there were enough staff to meet people's needs. Staff were able to respond to any requests from people quickly, so people did not need to wait if they needed support. Staff recruitment procedures were in place to determine if potential employees were of good character before they started working at the home.

Processes were in place to manage medicines appropriately. Medicines were stored securely and any unused medicines were disposed of. Staff had received training in administering medicines and their competency to do so was regularly re-assessed.

Staff had received a range of training to equip them to carry out their roles. Staff training was up to date and monitored to ensure refresher courses were booked whenever training was due to expire. Staff regularly met with senior staff to discuss their role and the people they supported in supervision sessions. All staff had received an appraisal within the previous 12 months.

The manager was aware of the principles of Mental Capacity Act 2005 (MCA). The manager and staff told us that all of the people who used the service were able to make all of their own decisions about their care. Staff told us, and we observed, that they asked for people's consent before delivering any care. The provider acted in accordance with the Deprivation of Liberty Safeguards (DoLS) and at the time of our inspection none of the people who used the service were subjected to any restrictions on their movement.

People told us they enjoyed the food and that the choice available to them was good. We saw food looked appetising and that mealtimes were relaxed with staff eating their lunch at the table with people after they had served people's meals.

People told us staff respected their dignity and were caring towards them. We observed good staff practice staff knew people's interests and we saw them engage them in conversations about their hobbies and families.

Activities had been planned to meet the individual needs of all of the people who used the service. People took part in a range of activities both inside and outside the home. A beach hut and caravan had been hired over the summer so people could visit it and enjoy their local area.

People had been involved in planning their own care. We saw care plans contained detailed information about people's life histories. Care had been planned to meet people's individual needs. When one person missed their morning medicines as they enjoyed a lie in on a morning, staff spoke with the person and their GP and were able to change the times of the medicine round for that person so that they could sleep in uninterrupted.

People had been asked to discuss their wishes as they approached the end of their lives. Staff had received training in end of life care and the manager made arrangements so that when needed families could stay at the home to be close to their relatives as they approached the end of their lives.

People told us they felt their needs were met. Care records were individual and personal to the person receiving care. Assessments had been carried out to determine people's needs. Where people needed support from staff, specific care plans were in place. Staff were knowledgeable about people's needs and about how they should care for them.

Summary of findings

Meetings were planned regularly for people and their relatives. There had been no complaints within the previous 12 months.

Improvements had been made to systems in place to monitor the quality of the service since our last inspection.. People, relatives and staff spoke highly of the new registered manager and told us about the improvements she had made to the home.

Audits and checks of the service were carried out regularly. Both the manager and the care staff were involved in monitoring the quality of the service.

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?
The service was safe.

Good

People told us they felt comfortable and safe at the home. Staff had received safeguarding training and could tell us how they would respond to any concerns.

Risks had been assessed and where possible action had been taken to mitigate areas of risk. Accidents and incidents were monitored and analysed to determine if there were any trends or any action which could be taken to reduce the likelihood of accidents reoccurring.

There were enough staff to meet people's needs and recruitment procedures had been followed.

Medicines were managed appropriately.

Is the service effective?
The service was effective.

Good

Staff had received a range of training which was monitored to ensure it did not go out of date. Staff received regular supervisions and appraisals.

The manager was aware of the principles of Mental Capacity Act 2005. None of the people who used the service were subject to capacity assessments or Deprivation of Liberty Safeguards, as everyone had the capacity to make their own decisions.

People told us they enjoyed the food and that the choice available to them was good. We saw food looked appetising and that mealtimes were relaxed with staff eating their lunch at the table with people after they had served people's meals.

Is the service caring?
The service was caring.

Good

People told us staff respected their dignity and were caring towards them.

A range of activities had been planned to meet the individual needs of all of the people who used the service. A beach hut and caravan had been hired over the summer so people could visit it and enjoy their local area.

People had been involved in planning their own care. Care plans included people's choices, preferences and life histories.

People had been asked to discuss their wishes as they approached the end of their lives. Staff had received training in end of life care and the manager had made arrangements so that when needed families could stay at the home to be close to their relatives as they approached the end of their lives.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People told us they felt their needs were met. Care records were detailed and personal. Assessments had been carried out to determine people's needs. Where people needed support from staff, specific care plans were in place. Staff were knowledgeable about people's needs and about how they should care for them.

Meetings were planned regularly for people and their relatives. There had been no complaints within the previous 12 months.

Is the service well-led?

Good

The service was well-led.

The breach of regulations, identified at our last inspection, had been addressed. We found improvements had been made to the management of the service.

People, staff and health professionals spoke highly of the new registered manager.

Audits and checks of the service were carried out regularly. Both the manager and the care staff were involved in monitoring the quality of the service.

Moorhouse Farm

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 improvements had been made to the service provided and if the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. In addition, this inspection was carried out 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 21 and 22 July 2015 and was unannounced.

The inspection was carried out by an inspector, a specialist advisor and an expert-by-experience. Specialist advisors are clinicians and professionals who assist us with inspections. The specialist advisor on this inspection was a registered nurse who specialised in nutrition. 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 who was part of this inspection team had expertise in older people and those who had a dementia related condition.

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 any improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch team. We spoke with a care manager and a member of staff from the local health trust's challenging behaviour team. We used the information that they provided us with to inform the planning of this inspection.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager, the regional manager, two care workers, a kitchen assistant and a domestic assistant. We reviewed two people's care records including their medicines administration records. We looked at three staff personnel files in addition to a range of records in relation to the management of the service. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

Good

Is the service safe?

Our findings

The four people we spoke with told us they felt comfortable and safe at the home. One person said, "The staff are very good to me." Another person said, "Yes I'm absolutely fine here. I miss home, although it's nice it's not the same as being at home. But I have no worries about the staff or anything like that. I feel perfectly safe."

Systems were in place to minimise the risk of potential abuse. Staff had been trained in how to identify and respond to any safeguarding concerns. Policies and procedures were accessible to staff describing what potential abuse may look like and the actions they should take in response. This information detailed that staff should share any concerns with their manager, but also provided contact information for the local safeguarding team. All of the staff we spoke with, including domiciliary and kitchen staff, confirmed they had undertaken safeguarding training within the previous 12 months. They were able explain the correct course of action they would follow and all told us they felt any concerns raised would be acted upon by the registered manager of the home. We reviewed the safeguarding records and saw any concerns raised had been shared promptly with the local safeguarding authority. Concerns had been investigated, action taken, and the outcomes of investigations had been fully recorded.

Information was also available for staff about how they could raise any issues through the provider. A telephone number was available where staff could raise any concerns anonymously if they wished. The manager told us she had an open door policy and all of the staff we spoke with confirmed this. We reviewed disciplinary records following concerns regarding staff conduct. We saw detailed records had been kept of investigations and outcomes.

Risks to people's safety and welfare had been assessed. Care records showed assessments had been undertaken to determine any risks people may be subject to when living in the home and receiving care. For example, assessments monitored risks associated with moving and handling people or the likelihood of them falling over. These assessments were determined by people's needs. Where a risk was identified, information was provided to staff about how to mitigate the risk.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the manager to ensure appropriate action had been taken. The forms prompted staff to answer specific sections depending on the nature of the accident or incident. Where a person had sustained an injury, this was recorded within a body map on the accident and incident forms, and staff were required to state where the accident had occurred, whether it was observed and what factors had contributed to it.

Accidents and incident forms were reviewed by the manager and submitted to the provider's head office for monitoring. The manager completed a section of the form regarding whether the incident should be reported to various external organisations such as the local authority or CQC, as well as recording any action to prevent accidents recurring or to minimise the risk of harm in the future. For example, we saw when one person had experienced a number of falls within a short period of time staff had contacted the occupational therapy team who arranged for the person to get a variable height bed and to begin to use a hoist for transfers. We saw the number of falls this person had experienced had greatly reduced after these interventions had been put in place. Accident and incident information was analysed to determine if there were any trends or factors within the home which were contributing to accidents or incidents.

Systems were in place to monitor the safety of the building and the equipment in use. Records showed the boiler was serviced regularly to ensure it was in good working order. The call bell system was checked to make sure it was working properly and records were kept of any maintenance work carried out and services undertaken of equipment, such as hoists so they were safe to use. Fire alarms and fire doors were tested on a weekly basis. Emergency evacuation plans were displayed throughout the home so staff were aware of the process to follow in the event of a fire. Each person who used the service had a personal emergency evacuation plan within their care records. These detailed people's individual needs, such as their mobility or communication needs in the event of an emergency.

Throughout our inspection we noted there was a good staff presence in the home and staff were able to respond promptly to people's needs and requests for assistance. Two staff were on duty during the day and night to support

Good

Is the service safe?

the six people who used the service. Three of the people we spoke with told us the staff number was adequate to meet their needs, their comments included, “The staff come when I call them, I don’t wait long.” However one person told us they felt there weren’t enough staff. They said, “I do think they could do with more staff here.” We discussed staffing levels with the manager who told us people who told us the staffing levels were determined following an assessment of people’s needs. She told us that people using the service did not have a high level of needs and that two staff were enough to care for people and run the service safely..

Robust recruitment processes were in place to determine that staff were of good character before they started working within the home. We viewed personnel files three care workers. We saw all staff had been subject to two references, at least one of which was from a previous employer, and a Disclosure and Barring (DBS) check had been carried out before new staff started in their roles.

Medicines were managed appropriately. Staff had been trained in the safe administration of medicines. We saw yearly competency assessments were carried out, including observations and knowledge checks had been carried out to ensure staff were competent in dispensing medicines safely. Medicines were stored securely. We watched staff administer medicines. People were told what their medicines were before they were given them. People were asked if they needed any medicines prescribed ‘as required’ such as pain relief. Processes were in place to dispose of any unused medicines. We looked at medicine administration records for three people, we saw these fully completed and there were no gaps.

The home was clean and infection control processes were in place. The service employed a full time domestic worker who cleaned the communal areas and people’s bedrooms. A laundry assistant worked between the two homes on the same site, Moorhouse Farm and Ashington Grange. Throughout our visit we saw staff wear personal protective equipment to minimise the risk of spreading infection. One staff member had been assigned the role of infection control lead who was in charge of carrying out a monthly infection control audit to identify and address any areas for improvement.

Good

Is the service effective?

Our findings

People we spoke with told us the care they received was effective, and that staff were well trained. We looked at training records for three staff, in addition to the training overview for all staff in the home. We saw staff had undertaken a wide range of training. All staff were up to date in training required for their role, such as moving and handling, health and safety, safeguarding, mental capacity and deprivation of liberty safeguards. We saw the manager monitored training dates to ensure required training was booked before it went out of date.

We spoke with two care workers who told us they felt the training they had received equipped them to carry out their role. They told us they were given opportunities to discuss their development and training needs at regular supervision sessions with the nursing staff. Care workers had all received an annual appraisal with the manager of the home. We saw staff were asked to take time to consider their performance before they met with their manager. Appraisal records showed staff had scored themselves in a number of areas and this was discussed with the manager before an overall rating was received as well as development areas set for the following year.

We spoke with the manager and staff about the Mental Capacity Act 2005 (MCA). The MCA protects and supports people who may not be able to make decisions for themselves. Where people lack the mental capacity to make their own decisions related to specific areas of care, the MCA legislation protects people to ensure that decision making about these areas is made in people's 'best interests' in the form of best interest discussions. The manager told us everyone within the home had capacity to understand and make their own decisions regarding their care. We spoke with staff who confirmed this and advised they sought people's consent before providing any care to people. During our inspection we observed staff gained people's consent by asking people if they wanted any help or if they wished to take their medicines. Documentation within people's files showed that people had been asked if they consented to having their photograph taken and their care records viewed by health professionals. People had also signed to state they had read and agreed to the plans of care in place within their records.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider acted in accordance with DoLS. At the time none of the people who used the service were subjected to any restrictions on their movement. We saw that people could come and go as they wished. During our inspection we saw one person had gone to the local shop to buy a newspaper and staff told us this person liked to do this every day.

People told us the food was of a good quality and was plentiful. One person said, "I enjoy the meals and the staff understand what I like." Another person said, "There is plenty of food and enough choice." We spent time in the dining area over a lunch time. We saw people were offered a choice of a roast chicken dinner or a ham salad. The food was prepared in the kitchen in the larger home run by the provider on the same site, transported to Moorhouse Farm on a hot trolley, and meals were dished onto plates at the table. Staff gave people more of some food and less of others based on what people told them they would like. Once people had been served their meals staff sat down at the table and ate their lunch with them. Food was available throughout the day. People were able to choose a cooked breakfast or something lighter, a choice of hot meals for lunch and then sandwiches or another hot meal for dinner. Staff offered people snacks such as cakes, biscuits, crisps or fruit along with drinks throughout the day. We spoke with the cook who was knowledgeable about people's dietary requirements. They told us they had information within their kitchen records of people's allergies or food they should avoid due to medicines they took. The cook told us one person should not eat or drink grapefruit products as it interacted with one of their medicines. They told us they were encouraging another person to eat more bananas to increase their potassium levels. Records of weights showed people were maintaining or putting on weight.

Good

Is the service caring?

Our findings

People spoke highly of the staff in the home. They told us that they were treated well and that staff respected their dignity and privacy. One person said, "The staff are very good and very caring." During our inspection we saw staff knew people well and talked with them about their interests. One person was enjoying a television program about dogs and staff asked them about their pets. The person talked about their animals and how much they enjoyed the organised activities where small animals were brought into the home for people to spend time with, as well as when relatives or staff brought their dogs with them when they came to the home. Staff were warm and shared jokes with people. We saw one person who used the service enjoyed flirting with the staff and asked them for a kiss on a number of occasions. Staff responded in good humour. When the person said they wanted a kiss for lunch they responded, "You are going to starve if that's all you have. I can't give you a kiss but I can offer you a chicken dinner, surely that's the next best thing?"

During the two days we visited the home we saw there were a range of activities on offer. The manager told us that these were planned to meet the varying interests of people who used the service. She said, "We put as much as we can on, we know not everyone enjoys bingo or flower arranging, so we consider the fact we have men, women and a varying of ages here at the home." During our visit the two activities coordinators performed with a guitar and other instruments, in the main lounge in Ashington Grange, the nursing home on the same site as Moorhouse Farm. People from Moorhouse Farm were invited to go over to Ashington Grange to take part in the sing-a-long. The activities held within Moorhouse Farm were one to one and based around people's interests. We saw a staff member took one person out for a walk in their wheelchair, whilst other people took part in games of cards. We also saw staff offered people manicures and hand massages. On the second day of our visit a professional performer put on a music show in Ashington Grange which most people from Moorhouse Farm chose to attend. We saw people and staff sang-a-long to songs they recognised and laughed amongst each other.

The home had hired a beach hut for two days a week for the summer. Four people were able to go each day and people from both of the homes took part. Both people and staff had told us they had really enjoyed the days they had spent at the beach hut. The home had also hired a caravan in a nearby caravan park for a week at the start of the summer and had another week planned for the end of the summer. Staff told us that whilst people had not stayed overnight, they had been able to take lots of people up to the caravan for the day, where they had spent time going for walks or eating their packed lunches in the sun. One person told us, "The trip to the beach and caravan was lovely."

People told us that staff treated them with dignity and respect. We saw that staff knocked on doors and waited to be called in, before they entered people's bedrooms. Whilst we were in the lounge, a GP telephoned to speak to one person. Staff went over to the person and quietly told them the GP requested to speak with them. They assisted the person to their room where they could speak with the GP over the phone in private.

People's care plans included information about their life histories, choices and preferences. We saw information had been included about people's previous working lives, family situation and hobbies they had enjoyed. People had been asked their preferences to a male or female carer when being supported with personal care. We saw where people had indicated a preference this had been incorporated into care plans. Daily records showed these preferences had been respected. People's care had been planned around their choices. We were told two people in the home enjoyed a lie in on a morning. On the day of our inspection one person slept in until 12:30pm. We saw from their care records that their GP had been consulted to discuss their morning medicines because staff were having to wake the person up to offer them their morning medicine or risk them missing it. However, we saw that through discussions with the person and their GP it was decided that they could move their morning medicines to lunchtime so they could sleep in without being disturbed.

Care records and observations showed people were encouraged to be independent. We saw people were supported to use mobility aids to walk around the home. Extra-long call bells were in place next to the main door, which enabled people to spend time sitting outside whilst still able to contact staff if they needed them.

Care records included an end of life care plan where people had been asked if they would like to discuss the plans they would like to put into place at the end of their life, such as

Good

Is the service caring?

where they wished to be cared for and if they wanted to be buried or cremated. All staff had undertaken training in end of life care. The manager told us that whenever possible they provided a room for families as people approached the end of their lives, so that they were able to rest, whilst still being close to their relatives. We saw staff were allowed time off to attend funerals of people who used the service who they had been close to. The manager said, “We know people so well and staff really care for them, so we make sure we can cover so that staff can go to the funeral. I think it’s nice for the families too, to know that we’ll miss them.”

Good

Is the service responsive?

Our findings

People told us they were well cared for and that they felt their needs were met. During our visit we members of staff were based in the communal lounge when they were not providing people with personal care in their bedrooms. Staff regularly checked with people to see if they needed anything from them. Some people chose to spend time in their bedrooms and we saw staff knocked on their door to check they were well regularly throughout the day.

We spoke with two health professionals who told us that the home was responsive to people's needs. One health professional said, "Staff seem to know people well and can look after them well. People at Moorhouse Farm have relatively low needs, but they seem to meet these well."

We reviewed two people's care records. Records were individual and personal to the person receiving care. Assessments had been carried out to determine people's needs and the support they required from staff. For example, a range of assessment tools had been used to determine what support people needed with mobility or nutrition. Where assessments determined that the person needed staff support, care plans were in place which described how staff should deliver their care. Care plans were specific and set out clearly the support people should receive. For example, in one person's plan to meet their personal care needs, it detailed that the person preferred a shower rather than a bath and the cleansing products they liked to use, so all staff were aware of how best to support the person.

We spoke with two care workers and we asked them about the care people received. Staff knew people well. All staff told us they had read people's care records. They were able to tell us how they managed people's needs and delivered their care. Staff descriptions of the care they provided matched the information provided in people's care plans.

People and staff told us there was a good range of planned activities. The home employed one full time activities coordinator, who worked closely with the activities staff member from Ashington Grange, the nursing home on the same site. They planned activities which people from both homes could take part in. We saw an activities board was on display in the reception area which provided information for all planned activities. People were able to take part in activities both inside and outside of the home, as the homes had access to a mini bus to take people on day trips.

People and their relatives were invited to attend a monthly meeting to discuss their views on how the home was run. We looked at the minutes from the meeting and saw people had been asked their opinion on things like future activities planned and the menu in the home.

Satisfaction surveys were sent to people who used the service annually. People had responded positively to the last survey carried out in March 2014. We checked through the complaints and compliments records for the home and saw no complaints or compliments had been made within the previous 12 months. The four people we spoke with told us they knew how they could make a complaint if they needed to, but said they had never had any issues with how the service was operated or with the care provided.

Good

Is the service well-led?

Our findings

At our last inspection in April 2014 we identified a breach of regulations relating to how the provider assessed and monitored the quality of the service it provided. Following that inspection the provider sent us an action plan detailing how they would make improvements. We checked on the progress made in relation to the action plan and found systems in place to assess and monitor the quality of the service were now in place.

At the time of our last inspection a registered manager was not in place. Since our last inspection a new manager has been employed by the service and registered with CQC in February 2015. People, staff and health professionals spoke highly of the manager and the improvements to the service since she started working at the home. One person said, "The manager seems very switched on. I like her, she's a nurse by background and she seems to have gained the trust of the staff. I haven't heard a bad word said about her. I think she's doing a good job." A health professional said, "The present manager has improved things. It is much, much better than it was."

Staff we spoke with told us they felt valued and listened to. We saw minutes from staff meetings and staff confirmed they attended these regularly. Staff had been assigned champion roles in areas such as dementia, wound care and nutrition. The manager told us, "Staff are encouraged to take active leadership in these areas and will inform me if the standards are not met."

We found that improvements had been made to the systems for monitoring accidents, incidents and complaints. The manager was responsible for two services on the site; Ashington Grange and Moorhouse Farm. We had previously found that information and analysis relating to accidents, incidents and complaints for the two homes had not been recorded separately, but managed together. This meant it was difficult to analyse any trends or to learn from previous events. We saw systems had been put into place to ensure management information for each home was recorded separately to enable the manager to monitor any factors which may contribute to accidents or complaints.

Systems were in place to monitor the quality of the service provided. We saw a range of audits and checks were carried out to ensure that standards in the home were maintained to the provider's expected standard. Audits were carried out by staff of all designations. The manager told us this was so all staff understood the importance of monitoring the home and that providing a quality service was everyone's responsibility. A sample of care records was audited on a monthly basis by the manager who checked they were up to date and accurate. In addition to this, one day a week, staff focussed on a 'resident of the day'. 'Resident of the day' was scheduled by the manager and communicated to the staff member involved about which person it would be. Senior care workers would check through their care plans on this day to make sure everything was in place; that reviews had been carried out and that records reflected people's current needs. Domestic staff carried out a deep clean of their room, the maintenance staff checked everything in their room was in working order and the cook would speak with the person to get their individual feedback on the food they received.

A dining experience audit was also completed daily by a different member of staff. This audit looked at the atmosphere in the dining room, such as whether music playing was at an appropriate level to allow people to carry on a conversation and whether it was to people's tastes. It checked that the dining tables were set properly, if people had access to condiments, that meals were appetising and people were appropriately supported. The manager explained the importance of all staff taking part in this, she said, "There is no point in me filling it in each day. I could think things are fine but it might not be. We get everyone to take part. One person might pick up on something that another person doesn't. It also helps staff to think about how important meals are for people and helps them to keep in mind good practice when they are serving people."

Regular audits were carried out to monitor the health, safety and maintenance of the home, to check that medicines records were properly completed and that medicines stock tallied with the records of how many medicines had been administrated and a domestic audit to check that the home was cleaned to a high standard. Records had been kept of the audits carried out, along with any actions which audits had highlighted needed to be taken. For example, we saw the manager had noted that a risk assessment regarding skin integrity was no longer accurate when the person's skin presentation had improved. We saw this had been fed back to staff, the risk assessment had been updated and the audit action noted as completed.