Hampshire County Council

Fleming House Care Home with Nursing

Inspection report

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Ratings

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

Overall summary

This inspection took place on 09 & 15 October and was unannounced. The home provides accommodation for up to 55 older people. Some people may be living with dementia or have mental health care needs. There were 45 people living at the home when we carried out our inspection.

The home had a registered manager who had been registered since August 2011. 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

We brought this inspection forward, due to safeguarding concerns raised by the local council safeguarding team about people living in the home. We looked at the concerns raised and found these were not confirmed at the time of our inspection.

We found people's safety was compromised in some areas. People and staff felt there was not enough staff at mealtimes and there was a potential risk of people not receiving personal care if required during meal times.

People and staff did not have confidence in the emergency call bell system. People told us they sometimes had had to wait a long time for the bell to be answered. There weren't enough pagers available at the time of our inspection. However the registered manager informed us that new pagers were on order.

Care plans were not always representative of people's current needs and although some contained a lot of individual detail others did not have the current information. Where care plans had been reviewed, the information in them had not always been updated.

Risks assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment. People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

People were supported to receive their medicines safely from suitably trained staff. Relevant checks were conducted before staff started working at Fleming House to make sure they were of good character and had the necessary skills. Staff received regular supervision and appraisals where they could discuss their training and development needs.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights and liberty were not restricted unlawfully. Decisions were taken in the best interests of people.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day. However, people did not always have their fluid intakes recorded appropriately.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff. The home had been recognised by a national agency because they had demonstrated they provided high quality and effective end of life care.

People and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. People were encouraged to remain as independent as possible. Their privacy and dignity was protected.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

There was an open and transparent culture at the home. There were appropriate management arrangements in place. Staff and people were encouraged to talk to the manager about any concerns. Regular audits of the service were carried out to assess and monitor 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?

Requires improvement

The service was not always safe.

We received mixed views about staffing levels as some felt there was a potential risk of not enough staff over meal times to provide the support people needed.

People living at the home didn't have confidence in the emergency call bell system at the home. As people were not able to seek help quickly and easily by using the call bell system.

Staff knew how to identify, prevent and report abuse and medicines were managed safely. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Food had improved as a result of the service listening to people's concerns.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

The service followed best practice in relation to providing end of life care.

Is the service responsive?

Requires improvement

The service was not always responsive.

Most care plans were up to date, but some did not reflect people's current needs.

A wide variety of activities were available within the home provided by staff and volunteers.

The registered manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home. There was a whistle blowing policy in place and staff knew how to report concerns.

Staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

Fleming House Care Home with Nursing

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 09 & 15 October 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in the care of older people and an expert by experience in dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with twenty people living at the home and nine family members. We also spoke with the provider's service manager, the registered manager, the deputy manager, five nurses, twelve care staff, one activity coordinator, two housekeeping staff, a cook and the maintenance staff. We looked at care plans and associated records for ten people, staff duty records, five recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. 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 to us. We also spoke with a local college assessor. Following the inspection, we spoke with two health care professionals who had regular contact with the home, to obtain their views about the care provided.

We last inspected the home in January 2014 and found no concerns.

Requires improvement

Is the service safe?

Our findings

People and their relatives said they felt safe living at the home, and were treated politely and with respect. A family member said, "They came from another home. The rooms here are better, bigger and nicer. They are fine here and I feel they are safe."

During most of the time in the home we saw that the staff provided the care people needed, when they required it. People and relatives told us staff usually responded promptly. However, one relative said, "At lunch time they could do with more staff, especially if someone needs personal care." Another relative said, "I feel the home needs more staff at weekends and I have put this in the quality survey. But I feel the rest of the time its fine." We observed meal times at the home and on the nursing unit staff seemed to have little time to spend with individuals and as a consequence the interactions tended to be task orientated and event focused. This meant that if someone required personal care at meals times, there was a potential risk they would have to wait till after the meals were served. We received mixed views from staff about staffing levels. A staff member told us, "Could do with some more staff at times, especially lunch time." Another staff member told us, "Very short over lunch time, we need extra staff at lunch time." Other staff told us, "We did have a time when we needed more staff, as people's needs were more. We have got more staff now, so it seems okay."

The registered manager told us they have just introduced an extra shift at lunch time where a staff member would come in and cover from 10:00am – 3:00pm to help with drinks and meal times only. Activity staff and nurses helped at meal times as well. Staff told us that there were set staffing levels and when a new person was admitted it was assessed as to whether their needs would be met within the existing staffing group or if more staff hours were needed. We spoke to the registered manager about our concerns, who was monitoring the extra shift at lunch time and would observe over lunch time, to see where resources were best suited and would speak to staff about their concerns. The registered manager was committed to making lunch time a pleasurable experience for people living at the home.

People and staff did not have confidence in the call bell system, which compromised response times and people's safety. Staff told us that people had complained of waiting. One person told us, "I press the alarm and the girls don't come quickly. I feel it is an insufficient buzzer system, sometimes no one has come at all. I used to think why bother no one will come; the girls told me it was a fault on the system. The alarm system seems to be better now, since maintenance has been in to fix it."

The call bell system could not be heard by people, and did not have a light flashing, when it had been activated so make people aware assistance was on its way, which caused frustration with people living at the home. The person would press the bell, which would go through to a pager that a staff member was holding, to alert them to where assistance was needed. Not all staff carried pager's as there weren't enough pagers, and some had stopped working. So staff were issued with radios, so if another staff was required they would call another staff member by radio. This meant that some staff had to be contacted by other staff who had heard the call bell. On one side of the building in the residential unit staff then had to go to the to the office located on the ground floor, to cancel the call bell. In the day when staff were working in the office, staff could radio through. However, at night the only way to cancel a call bell was to press a switch in the office, which could be some distance away from the member of staff. This potentially distracted people from the care they provided and took them away from the vicinity of people. In the nursing home unit there were computer systems on each floor based in the nurses stations. Some staff were concerned about this system, and it could be seen to have safety implications of possibly serious impact on people.

We spoke with the registered manager who told us new pagers had been ordered so more staff can carry them. "We have had problems with the call bell system, which have now been fixed. We have requested a new call bell system, and are awaiting a decision."

People were supported to receive their medicines safely. People said they received their medicines regularly and at the correct times. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administrating and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably

Requires improvement

Is the service safe?

trained and assessed as competent to administer medicines. The home used a system of using specific labels supplied by the chemists to record the date of opening and the expiry date to ensure creams remained safe to use.

Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. We saw that people were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk of damage to their skin.

We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk assessments. Hoist slings were allocated individually to ensure they were the right size and type to support the person safely. Staff told us, a system was in place to check that peoples who required pressure mattresses on their beds were set at the right pressure. We saw the pressure on the monitor for one person matched the required levels documented in their care plan.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed that staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

All staff had been trained in safeguarding adults from abuse. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. They said if they had any concerns would report them straight away to the registered manager, who would take appropriate action. The provider had suitable polices in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

Good

Is the service effective?

Our findings

People praised the quality of the food, which they said had improved. A family member told us, "The food has improved." Another family member told us, "My relative, enjoys the food." A staff member told us, "The food has improved as we had lots of complaints. The pureed food now looks great as we now have the use of moulds, so carrots actually look like carrots."

Following feedback from people and their families, management had improved the presentation of pureed food by using a specialised company in puree food. Staff had also been provided with training on puree food by the speech and language therapist about consistency and presentation. People and their families told us that the new pureed food was really good and looked very attractive. One family member told us, "My relative has trouble swallowing, but they do them pureed food, and it's still nice."

People told us they could choose where to eat, either in the dining room, lounge or in their room.

People were encouraged to eat well and staff provided one to one support where needed. When people did not eat their meals, staff offered them alternatives, such as omelettes, sandwiches and fresh fruit. Staff closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required. Food and fluid charts were completed for people who required this. However, these were not always completed accurately for some people as staff did not always add up the fluid intake each day. Therefore, it was not easy for staff to identify whether people had received enough to drink each day. We spoke to the registered nurse on duty, who informed us they would update the records.

Menus were planned weekly, and people were given a choice of two options the day before. A staff member told us, "People get a choice of two hot meals. Or they could have a jacket potato, salad and cold meat, an omelette or anything else they ask for." Staff told us they were aware of people's allergies, and we saw a board in the kitchen with people's allergies recorded on it

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "Training is very good. I have just completed my diploma level 3 in dementia care, and have been able to bring best practice into the work place." Staff were up to date with all the provider's essential training, which was refreshed regularly. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in health and social care. New staff to Fleming House completed a comprehensive induction programme called stepping forward stepping back, which followed common induction standards, before they were permitted to work unsupervised. This training was currently being upgraded to add more in depth knowledge, to cover the new care certificate. This is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care.

We spoke with the local Qualifications and Credit Framework (QCF) assessor at the local college who told us. "The home is very engaged in training, and I find staff want to complete training and I feel it is a learning culture here at the home."

Registered Nurses told us that they received updates on all the key training and that a lot of training was available in relation to updating nurse's clinical skills. Professional development sessions were organised by the practice development nurse, and staff were set small projects and research to do. An example of this was in relation to a research project on oxygen therapy. In addition, nurses were being supported to develop professional profiles and portfolios in relation to the Nursing and Midwifery Council (NMC) guidance on revalidation. Nursing staff told us that some of the clinical updates included the use of syringe drivers, catheterisation, and end of life training.

Staff were well supported by the management structures within the home. Staff had one-to-one supervision every other month; supervisions provided opportunities for them to discuss their performance, development and training needs. In addition, they received an annual appraisal and attended regular staff meetings. One staff member told us, "The appraisals are set at the beginning of the year, have a mid-point review, then end of year review. We have goals set as a team, and if we complete ours goals we get an incentive,"

We found people's ability to make decisions was assessed in line with the Mental capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to

Good

Is the service effective?

make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people living with dementia.

The provider had appropriate polices in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS had been authorised for 14 people and applications had been made for a further seven people, which were being processed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People were supported to access a variety of health and social care professionals if required. People told us that they could see a doctor or nurse any time they needed to. Healthcare professionals such as doctors, chiropodists, tissue viability nurses and speech and language therapists were involved in people's care where necessary. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. A health professional told us, "Management are very good, and will always ask for advice."

The home had introduced vinyl covered coloured doors to the front of peoples rooms, to make the rooms appear less clinical. The doors looked very welcoming, and gave the impression that people had access to their own front doors. This meant peoples doors were personalised, as people could chose the colour of their door to their room. People told us they liked these doors and enjoyed choosing the colour of their door they preferred. There were also displays of photographs of people taking part in activities and parties, which looked bright and cheerful and encouraged reminiscence.

People's bedrooms were personalised with pictures and personal items. Rooms were of a good size, light and spacious. The building was easy to navigate and good signage was used around the home. The home had six lounges which provided sufficient areas for people to relax, with a choice of seating in quiet or busy areas, depending on their preferences. Good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia. Clocks and calendars were generally showing the correct time, although some were still showing September, including the calendar in the ground floor room. Clocks and calendars are a good aid to orientation for people living with dementia, but can confuse people if they are not accurate.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said of the staff, "All of them are very good. My sight has got worse lately, and they cheer me up." Another person said, "I'm very happy here." A family member told us, "Mum likes the girls here. They're cheeky both ways, and they all seem to enjoy it." Another family member told us, "You couldn't better the staff, and I feel confident that the staff know what to do."

Staff told us they enjoyed working at Fleming House. One staff member said, "I enjoy working here, especially with people living with dementia, as people can walk around the home and be safe." Another staff member told us, "The best thing about working here is the residents and staff. It's a job where I want to come to work; I wish I'd done it years ago."

Staff respected people's privacy and dignity. We observed care was offered discretely in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. One staff member said, "Privacy and dignity is really important. I make sure their dressing gown is on, and that they are covered up with towels." Another staff member said, "I always shut the door and use a towel, as privacy and dignity is the upmost importance."

We observed care and support being delivered in communal areas and saw good interactions with people. Staff were kind and compassionate; for example, they spent time listening and talking to people in order to find out what they wanted before delivering any kind of care. A family member told us, "I'm happy with the staff, all seem fine. Can't find fault with any of them."

Staff told us they promoted independence. One staff member said, "We always promote independence, for example encourage people to walk, not to place them in a wheelchair because it's quicker. Also if they can feed themselves to encourage this, even if it is slower." Another staff member told us, "I always give choice, and listen to what they want. I would use flash cards if needed. Be calm and patient, and don't take over."

There were no restrictions on visiting and visitors and relatives were made welcome. Staff had a good knowledge of people and knew their likes and dislikes. People told us that they could make choices and that their decisions were respected. People had a choice of a male or female staff when receiving personal care. One staff member told us, "The other day one person wanted a female carer to bath them and not a male, so I swapped so I could accommodate her wishes." People told us they could get up and go to bed whenever it suited them.

When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going.

The service had been an accredited Gold Standards Framework (GSF) care home since August 2014. GSF care homes gain accreditation by showing they can sustain a best practice approach to end of life care, to ensure that this is well managed. There were effective systems in place to enable people to receive dignified and pain free end of life care. Care plan information included documents for "thinking ahead" and advanced care plans, which showed that people's end of life requests and wishes were known and recorded. Family members were kept informed of any changes and involved in discussions about care and health needs. Anticipatory medicines were kept in the home, as a preparatory measure when people were identified as nearing the end of their life. Anticipatory drugs are medicines that are used to manage people's symptoms during their end of life. These medicines help people to experience a pain free and dignified death. The provision of anticipatory drugs ensured that medicines and pain relief were available to people at the right time to enable them to receive their end of life care in their preferred place.

One staff member told us, "End of life is my passion, you only get one shot, so you have to make sure everything is there for them." Another staff member told us, "We just had a memorial day, for people who have lost their family at the home. We keep photos to show families, it is very informal and relaxed. At the end we let off balloons, as a mark of respect and had tea and cakes."

Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

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Is the service caring?

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Requires improvement

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. One person told us, "I am satisfied with the care I receive here and have no complaints." A family member told us, "I am involved in the planning of my relative's care, and I feel they have the support needed such as mobility and good personal care."

Most care plans reflected people's current needs and were reviewed regularly. They included detailed information and guidance to staff about how people's care and support needs should be met. They also contained information about people's medical and physical needs. There was also an outline of care needs covering activities of daily living, as a quick reference for staff to use. However, some care plans did not provide up to date information about how people's needs should be met and current information was not always easy for staff to find. For example, one person was using a new wheelchair, but there was not enough detail about the use of the new wheel chair and the care plan referred to the use of the chair the person was no longer using. For another person, a continence care plan referred to their needs and that two staff were needed to assist them, but did not include details of when the care was to be provided or the person's preferences. A member of staff we spoke to were aware of the support the person needed with this. However records were not updated and did not support them. We spoke to the registered manager who agreed to update people's records.

Information about how staff should support people with their skin integrity was not always adequate to allow staff to support people appropriately. For one person, a skin integrity plan was reviewed and was in place because a risk was identified. Information about it was also in the person's continence plan. However, information about the frequency of checks of the skin integrity, the areas to check and when the person was to be turned was not documented to ensure they took place. A turning chart was not in use. The night support plan stated the person was unable to turn and needed two people to turn them. But there were no details of how this would be recorded, a staff member told us, they thought a turning chart ought to be in place based on the information in the care plan. Staff and the person told us there were no current sores and the person had not recently had any. However the monitoring and turning was not refined enough to ensure this would continue. We spoke to the registered manager agreed to address this.

Care plans provided information about how people wished to receive care and support. They gave detailed instructions about how people liked to receive personal care, how they liked to dress and how they liked to spend their day. Initial assessments had been completed using information from a range of sources, including the person, their family and other health or care professionals.

Actives were planned for each week, and were chosen during residents meetings which were used to discuss what people wanted to do and what people enjoyed doing. Staff kept a record of who attended activities and one to one sessions. The activities co-ordinator told us, they made sure that all the residents nursed in their rooms were offered one to one activities at least twice a week, but that they also encouraged care staff to interact socially with people whenever they were in their rooms. A staff member told us, "One of the best things about working here, is being with people and learning from the residents."

Activates were held in the morning and in the afternoon Monday to Friday. While we were present an entertainer was singing in one of the lounges, and it was notable that the entertainer had a high degree of engagement with the audience, and people clearly enjoyed it.

The activity co-ordinator told us that they had access to two volunteers, one of whom drove the community minibus for outings in good weather. One favourite trip for people was a day at the seaside, where there was a purpose-built day area on a local beach, which could accommodate a group of residents for the day. Another volunteer took care of the garden, and involved people who enjoyed helping in the garden. In the past people had grown vegetables, and planted flowers and hanging baskets, as well as made bird tables.

The home also used a 'Pat Dog' volunteer, that came into the home every two weeks. The dog came in with its owner and went round to individual rooms as well as calling in on the lounge areas. We saw one person positively 'light up' on seeing the dog. They wanted to pet the dog, and they did so, smiling broadly.

One person told us they thought the home was more geared to ladies than men. One of the activity staff told us,

Requires improvement

Is the service responsive?

they were trying to set up a gentlemen's club, and were asking the gentlemen living at the service for any ideas. They were also in the process of identifying alternative transport options so people could go out on more day trips.

Resident meetings were held regularly, and minutes from a meeting in May 2015 showed that following changes to the menu and the presentation of food, the registered manager was in the process of seeking feedback from people to assess whether this had improved. The registered manager told us, "We have now set up daily dining experience feedback forms, to help improve the quality of the food."

People knew how make comments about the service and the complaints procedure was prominently displayed. A family member said, "I have never had to complain, but would feel confident if I needed to." Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure. The registered manager told us, "Every time something is raised, we look at how we can improve."

Good

Is the service well-led?

Our findings

People and their families told us the home was well run. Comments from a resident's survey included, "The staff are very helpful." A comment from a family member stated, "Very pleased with the care my father receives." Staff felt supported. One staff member said, "No problem with management, very supportive." Another staff member said, "We are a good team and I can talk to management at any time." The registered manager told us they felt supported by their line manager, and said "I support nurses and staff by completing training myself and keeping up to date with best practice."

There was an open and transparent culture within the home. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. In addition the Practice Development Nurse was seen as a great asset. Staff told us that this nurse organised training and assessed competency with very robust and thorough questions being asked on every topic, staff told us they were also very supportive.

Staff felt listened to, for example, minutes from a recent staff meeting showed that staff felt they needed more breaks when working a twelve hour day, to improve morale, so an extra break was introduced. The registered manager was monitoring this to see if it helped reduce stress levels.

The registered manager carried out quality surveys with people and their relatives. The most recent of these was in at the beginning of October 2015, and they were still waiting for some responses. Results so far showed that most people were positive about living at the home, but some people had concerns about the food being bland and that they would like activities at weekends. The survey was also sent at the same time to people's relatives and the results were very similar. Minutes from a relatives meeting showed that relatives would like more activities for people at the weekend. The registered manager informed relatives that they were in the process of talking to staff about what can be done at the weekend, and will keep them updated.

The registered manager was already making changes as a result of the feedback provided in the respect of the menus and activities. We spoke to the registered manager who informed us that they are currently looking into the results of the survey and planned to introduce activity staff working at weekends and this will involve more structured activities at the weekend. A new menu had now been put in place and we will be reviewing are new menu and trail of the new puree diet very soon.

Auditing of all aspects of the service, including care planning, medicines, falls, accidents and incidents, health and safety, kitchen, infection control, training and development was conducted regularly and was effective. Where changes were needed, action plans were developed and changes made. These were monitored to ensure they were completed promptly. As a result of these audits a new care plan audit, had been developed to make it shorter and more concise and focused. Staff felt this helped them be more productive and that it benefitted the people of the service.

The registered manager promoted community involvement at the home. In the summer the home was involved in a community group called the national citizenship scheme. This involved fifteen children fundraising for the home, and then using the money raised for a two week project to provide a makeover for the garden and the home which included painted tropical areas on the wall of the home. People living at the home were pleased with the changes, and after the work was completed an afternoon tea party was held for people and their families.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place for all aspects of the service, which were reviewed yearly.