SheffCare Limited

Cotleigh

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cotleigh is registered to provide accommodation and personal care for up to 62 older people, some of whom may be living with dementia. The home is situated in a residential area of Sheffield, close to local amenities and transport links.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Cotleigh took place on 5 July 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 18; Staffing. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of Regulation 18: Staffing, as sufficient levels of staff were provided to meet people's needs in a timely way.

This inspection took place on 2 June 2017 and was unannounced. This meant the people who lived at Cotleigh and the staff who worked there did not know we were coming. On the day of our inspection there were 59 people living at Cotleigh.

People living at Cotleigh and their relatives spoken with said Cotleigh was a happy and safe home.

We found systems were in place to make sure people received their medicines safely so their health was looked after. However, we observed one occasion where safe procedures were not adhered to. This was rectified during our inspection.

Staff recruitment procedures ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training so they had the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. People were content and happy to be with staff. Staff were aware of their responsibilities in keeping people safe.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines. However, one observation showed staff had not adhered to safe procedures which created a potential risk. This was rectified during our inspection.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role. Staff received supervision and appraisal for development and support.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

A refurbishment plan was in operation which had improved the facilities and appearance of the home.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People living at the home, and their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good

The service was well led.

The manager was registered with CQC.

There were quality assurance and audit processes in place to make sure the home was running safely.

Staff told us the registered manager was supportive and communication was good within the home. Staff meetings were held.

The service had a range of policies and procedures available for staff so they had access to important information.

Cotleigh

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 checked 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 2 June 2017 and was unannounced. The inspection team consisted of three adult social care 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 had experience of older people and dementia care.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned as requested.

We contacted Sheffield local authority, Sheffield Clinical Commissioning Group (CCG) and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During our inspection we spoke with 13 people living at the home and 12 of their relatives or friends to obtain their views of the support provided. We spoke with 13 members of staff, which included the registered manager, the deputy manager, team leaders, care workers, the activity coordinator and ancillary staff such as the cook, laundry staff and housekeepers.

In addition we spoke with three health professionals who visited the home during our inspection to obtain their views of Cotleigh.

We spent time observing daily life in the home including the care and support being offered to people. 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 spent time looking at records, which included four people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People living at the home, or their relatives spoken with generally thought there was enough staff to meet their [or their relative's] needs. Comments included, "Sometimes the staff are rushed and busy, but they [staff] are all lovely. [My relative] always looks well cared for. I am very pleased with the care here" and "There's always staff around to go to if you need them. They're smashing."

We checked progress the registered provider had made following our inspection on 5 July 2016 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 18; Staffing. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the regulation.

At our last inspection we identified staff were not always available to support every person in a timely manner and we issued a requirement notice in relation to this. At this inspection we found sufficient staff were provided to meet people's needs.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found one or two team leaders and eight or nine care staff were provided each day. Two care staff were based on each wing and the team leader 'floated' between the four corridors to assist where needed. Staff told us there were enough staff provided, but the 'floating' staff was always needed. Four staff were provided overnight. Staff spoken with confirmed these numbers were maintained. We looked at the staffing rota for the two weeks prior to this inspection and found these identified staffing levels had been maintained. On the day of the inspection nine care workers, two team leaders, five housekeepers, kitchen staff, the deputy and registered manager were on duty. We observed staff were visible around the home and responded to people's needs as required.

People told us they felt safe living at Cotleigh and commented, "I feel very safe here" and "I've nothing to be worried about." We observed people we were not able to fully communicate with were happy in the company of staff and freely approached them. This showed people were relaxed in the company of staff.

Relatives of people living at Cotleigh told us they felt their family member was safe and commented, "It is a wonderful home. I have absolutely no worries. I looked around 14 other care homes before I chose this one and I am more than happy. I have no worries at all. I know [my relative] is safe," "We've no worries at all" and "I like the size of room and the fact that the home does not smell. [My relative] is safe and well looked after."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered

manager and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

All of the staff asked said they would be happy for a relative or friend to live at Cotleigh and felt they would be safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records were kept electronically. They showed all transactions and detailed any money paid into or out of their account. We found audits of financial transactions were undertaken by the deputy manager to make sure full and safe procedures had been adhered to. Staff spoken with could describe the actions to take when handling people's money which helped to protect people from financial abuse.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

Training records showed day staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us they were observed administering medicines to check their competency. However, during the morning of this inspection we observed the medicines trolley had been left open in one lounge for several minutes whilst staff administered medicine to a person elsewhere. Seven people were sitting in the lounge area. This posed a risk to people's safety. We brought this to the attention of the member of staff administering medicines and the registered manager. The registered manager immediately held a meeting with team leaders to remind them of the dangers of this practice. Minutes of this meeting were provided to us following this inspection. The staff responsible gave us assurances this would not happen again and during the remainder of this inspection we found the medicines trolley was kept secure .

We saw regular audits of people's Medication administration records (MAR) were undertaken to look for gaps or errors and to make sure safe procedures had been followed. We saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to. We found the pharmacist had audited the medicines systems on 16 February 2017. The report from this visit showed no urgent concerns had been identified.

We checked people's MAR on wing 4 and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff. This showed safe procedures had been adhered to.

The registered manager confirmed there was always a medicines trained staff on duty during the night so people's needs in relation to medicines and pain relief could be met.

We looked at the procedures for recruiting staff. Staff recruitment records were held electronically. We checked four staff records and all contained the documents required by regulation. Each contained an application form detailing employment history, references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. Two records checked held unexplained gaps in employment. During the week following this inspection the registered manager provided us with evidence these had been explored and explained. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at four people's care plans and saw each plan contained risk assessments which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment, dated 21 November 2016, had been undertaken to identify and mitigate any risks in relation to fire.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed procedures were followed to control infection. We found the home was clean.

Good

Is the service effective?

Our findings

People we spoke with told us they thought the care staff were well trained and performed their jobs well. Comments included, "Everything is good about this home. Staff are very welcoming," "I am as happy as one can be here. I would rather be at home but needs must. Staff are very good" and "All of the staff are really good. They do a good job."

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness. This meant all staff had appropriate skills and knowledge to support people. Some staff said they would prefer different learning opportunities as the majority of the training was undertaken electronically. This method of training does not suit all learning styles.

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We asked people living at the home and their relatives about support with healthcare. People living at the home said their health was looked after and they were provided with the support they needed. The relatives spoken with had no concerns regarding the health care support provided to their family member. Comments included, "[My relative] has come on in leaps and bounds. They're like a different person, happier and more with it. They have put on weight. It is a very good home and I would overwhelmingly recommend it."

The three health professionals spoken with had no concerns about the home and said the staff communicated well with them to promote people's health.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, psychiatrists, and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. Food and fluid intake charts were kept for people identified as at risk. We checked the food and fluid charts. Whilst these had been completed, the form did not specifically identify what people had eaten for breakfast, but just ticked 'buffet breakfast'. This made the monitoring of people's food intake less accurate. We discussed this with the deputy manager who gave assurances they would amend the form so more detailed information could be recorded.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks. Staff told us and records seen verified food was always discussed at 'residents meetings' so people could share their opinion.

People told us the food was good and they enjoyed the meals. Comments on the food included, "You get plenty of choice," "I love the food" and "They're [staff] always bringing snacks for us."

People said they could always have an alternative to the menu if they preferred. We observed part of the mid-day meal on all four corridors. The dining tables were neatly set out and looked welcoming. Tables were laid with table cloths, cutlery and glasses. We heard staff asking people if they would like any condiments with their meal and these were provided as requested. The care staff took time to support people and were patient when serving meals. The food was well presented and there was a wide range of choices for people. We saw one person had chosen not to join others in the dining room as they did not want to eat what was available. Staff patiently talked to them about eating lunch and agreed an alternative choice. This was provided to the person on a small table in the lounge area as they did not want to sit with others. This showed people had choices which were promoted by staff.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They had copies of people's diet and nutrition assessments so individuals needs could be catered for.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

We looked at four people's care plans and found care was provided to people with their consent. The care plans seen held people's signatures, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the plans had been signed by the person's representative. Consent to care and treatment, medicines and photography were included in the files seen. This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was separated into four wings. Two wings accommodated people who were living with

dementia. People were able to wander freely in these areas and clear signage and pictures helped to identify the different areas. We found parts of the home had been refurbished and the environment provided welcoming and pleasant living spaces.

Good

Is the service caring?

Our findings

People living at Cotleigh and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Relatives said they were always welcomed in a caring and friendly manner. Their comments included, "The staff are great, every one of them," "They [staff] are very caring," "When I walked in here it felt like home. I would like to be here myself. My [relative] is treated with respect. She is safe. I also like the use of the outdoor space. I did a second, un-announced, visit before finally choosing this home (which was welcomed) and found everything as promised."

People told us they were involved and consulted about their [or their relative's] care so their views were considered.

Staff told us they enjoyed working at the home and said the staff worked well together as a team.

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. We saw people were smiling and animated when in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

There were systems in place to encourage people's involvement. People were invited to attend 'residents' meetings', where any concerns could be raised, and suggestions were welcomed about how to improve the service. The registered provider held 'resident's forum' meetings where residents of all the homes in the registered provider group could meet to represent their home in discussions with the executive team and senior management. The registered manager told us one resident had chosen to be involved in the latest interviews for new care workers and had shared their views with the registered manager following this. These examples showed the registered provider and registered manager provided opportunities for people to be involved and consulted.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or

disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff spoken with said they had been provided with training on end of life care so they had the skills and knowledge to care for people when this support was needed.

Good

Is the service responsive?

Our findings

People living at Cotleigh, and their relatives said staff responded to their [or their relative's] needs and knew them well. They told us they, or their relative, chose where and how to spend their time and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Their comments included, "I can go to any of them and talk about anything, they would sort it. They [staff] are all smashing" and "I am confident they would listen if I had any concerns."

With the exception of one relative, who thought more activities should be provided, all of the people spoken with, or their relatives, said they were happy with the activities provided and they [or their relative] were free to choose to join in or not, depending on their preference. Many relatives praised the use of the secure garden area.

Comments included, "I always join the reminiscence. It gets us all talking and laughing" and "There is always plenty to do," "I like the garden and the visit we had last week to a country park," "Staff are really good. An increase in the range of activities has resulted in [my relative] being happier and engaging more" and "It is fantastic here. Staff and food are great. I join in with the activities."

We found an activity worker was employed for 27.5 hours and a further activity worker had recently been employed for 22 hours each week to ensure there was a range of meaningful activities on offer. We spoke with an activities worker. They showed they were highly committed to the activities being enjoyable and beneficial. People told us and records showed a range of activities were provided. Records showed recent activities included visiting entertainers, singing, reminiscence, 'small animal' and petting dog visits and exercise classes. Church services were provided so people could celebrate their faith if they chose to. On the day of our inspection we saw people enjoyed participating in a 'chair exercise' class and reminiscence in the afternoon. Both activities were well attended.

We were not able to fully communicate with some people living at the home. 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 spent 30 minutes observing care and interactions on one of the two wings which accommodated people living with dementia. People appeared content and staff interacted and spoke with them in a patient and caring manner. For example, we observed a care worker responding well to a person's observed distress; crying and pacing around the lounge area. The care worker acknowledged the person's concern, spoke to the person with warmth, gave appropriate emotional support (a hug) and offered a person centred activity, (to listen to the person's favourite music CD). This interaction had a positive impact on the person's mood.

Throughout our inspection we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, if they wanted a snack, where they wanted to spend time and what they wanted to do.

Before accepting a placement for someone an assessment of the person's needs was carried out so the

registered manager could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan. The four records seen all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence people living at the home and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them.

People's care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained some information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The care plans seen had been signed by the person supported and/or their relative to evidence their involvement. Relatives told us they had been involved in their family member's care planning so their views could be taken into account.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them.

There was a clear complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the service user guide provided to them when they moved into Cotleigh. A 'Tell us how it really is" leaflet was on display in the home so people had information on how to share their views. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people living at the home and their relatives spoken with all said they could speak to staff if they had any worries.

Good

Is the service well-led?

Our findings

The registered manager had worked for the registered provider for many years at other homes within the registered provider group. The registered manager had been in post at Cotleigh since November 2015.

The registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered manager to speak with them. We found the atmosphere in the home was friendly and we saw positive interactions between people using the service, their family and staff.

People living at Cotleigh, their relatives and staff at the home spoke positively about the registered manager and deputy manager. People told us they found them approachable. People said they had confidence in the registered manager and deputy manager and they were encouraged to voice their opinion. People commented, "I find the management very approachable" and "The manager and deputy are great, always make time for you."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We saw copies of a monthly report the registered manager completed, which in turn informed the monthly quality report that the quality officer undertook. We found both of these reports had been fully completed each month and identified areas for action.

We saw monthly checks and audits had been undertaken by the registered manager and senior staff at the home. Those seen included care plans, medication, health and safety and infection control audits. A 'daily walk around' was undertaken by the registered manager each day to check systems were in place and the home was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns. Where an increase or pattern in falls had been identified, we saw records to show relevant consultations and referrals had taken pace with health care professionals to support and improve the person's well-being.

People who used the service, relatives, staff and healthcare professionals were asked for their views about their care and support and these were acted on. We saw surveys had been sent to people living at the home in 2016. The returned surveys had been audited and a report and action plan dated had been written so people had access to important information. We found surveys had also been sent to relevant stakeholders, relatives and staff to obtain and act on their views.

Staff spoken with said staff meetings and daily handovers took place so important information could be shared. Records showed wing meetings had taken place but wing three held fewer meetings than other corridors. Staff told us the management had an 'open door' policy and were very approachable.

The registered manager told us 'residents meetings' were held and planned so people had further opportunities to share their views.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.