Mrs C Cunningham

Birkdale Park

Inspection report

6 Lulworth Road
Birkdale
Southport
PR8 2AT
Tel: 01704 566055
Website:www.birkdalepark.co.uk

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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

Birkdale Park is registered to provided accommodation, nursing and personal care for up to 25 adults. The home admits older people with general nursing care needs. It is a large detached house on a main road leading to Southport town centre.

This was an unannounced inspection which took place over two days on 11 and 12 December 2014. The inspection team consisted of an adult social care inspector 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 service had a registered manager in post. 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

During our inspection we saw that staff and visitors were made aware of the need to ensure people's safety. People who lived at Birkdale park and visitors commented that they always felt safe in the home environment as there was always staff available. People commented: "Yes, everybody cares for me." "Yes, there are people around me." "I don't feel anything could happen here." "They look after you." "People are so friendly."

People living at the home were 'safe' from abuse because the staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People and their families told us there was sufficient numbers of staff on duty at all times.

We looked at how medicines where managed in the home. We found safe medicine practices which were monitored and reviewed. A visiting health care professional advised us that the home were particularly proactive at ensuring regular medication reviews took place.

We observed staff supporting people in a way that ensured their safety whilst maintaining their dignity and promoting their independence. The care records we looked at showed a range of risk assessments had been completed depending on people's individual needs. For example, people had been appropriately assessed when they presented with a risk of developing a pressure sore and if they needed extra equipment to ensure their safety such as bedrails.

Health professionals who visited the home gave us feedback about the care. They described a proactive service which identified any issues regarding people's health and ensured they received the right support and intervention.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training. We spoke with a new member of staff who told us they felt well supported and comfortable in their role. Most of the training in the home is via on line training courses. Staff we spoke with appreciated this training although some commented that it did not always suit their learning style and they would prefer a more mixed approach to training. This was discussed with the manager as a developmental issue.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. People living at Birkdale park varied in their capacity to make decisions regarding their care. We saw examples where people had been supported and included to make key decisions regarding their care. Where people had lacked capacity to make decisions we saw decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice.

We were told that the home does not currently support anybody who is on a deprivation of liberty authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We discussed with staff and the people living at the home how meals were organised. People told us the meals were good and well presented. One person said, ''It's very nice. If I didn't like it they would get me something else. At teatime we get sandwiches and they know I prefer brown bread.'' We saw that people who needed support to eat had sufficient staff time allocated and that staff took time to talk to and socialise with people.

We were told the staff were very caring and supportive. A person said, ''The staff are very friendly. The manager comes around and says goodnight to each resident." The staff we spoke with had a good knowledge of people's needs and were able to explain people's individual routines. This was supported by the observations, interviews and records we saw on the inspection.

We looked at the care record files for seven people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. Some were very detailed and there was evidence that care plans had been discussed with people and also their relatives if needed. We could see from the care records that staff reviewed each person's care on a regular basis.

Summary of findings

We observed a complaints procedure was in place and most people, including relatives, we spoke with were aware of this procedure. We saw that any concerns or complaints made had been addressed and a response made.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes which provided feedback and monitoring so that the service could continue to develop.

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

Medicines were administered safely. We saw that medication administration records [MARs] were clearly recording medicines in line with the home's policies and good practice guidance. People told us they got their medicines on time. There was an audit carried out to check medication standards to help ensure consistent safe standards were implemented and maintained.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise peoples independence whilst help ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?
The service was effective.

Good

People living at the home had been assessed as having capacity to make decisions regarding their care. We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Is the service caring?
The service was caring.

Good

We made observations of the people living at the home and saw they were relaxed and settled. Relatives told us they were generally happy with the care and the support in the home and described the care and quality of life for people living at the home as of a good standard.

We observed positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had an in-depth understanding of people's needs and preferences.

People we spoke with and most relatives told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Is the service responsive?
The service was responsive.

Good

People's care was planned so it was personalised and reflected their current and on-going care needs.

Summary of findings

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Good

The service was well led.

The registered manager provided an effective lead in the home and was supported by other key personnel.

We found the manager and staff to be open and caring and they spoke about people as individuals. This was evidenced throughout the interviews conducted and the observations of care and records reviewed. There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

We received positive feedback from health and social care professionals who told us the home worked well with them and liaised to support people's on-going health and social care.

Birkdale Park

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 was an unannounced inspection which took place over two days on 11 and 12 December 2014. The inspection team consisted of an adult social care inspector 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.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the home.

During the visit we were able to speak with 11of the people who lived at the home. We spoke with five visiting family members. As part of the inspection we also spoke with two health care professionals who were able to give some feedback about the service.

We spoke with nine staff members including care/support staff and the registered manager. We looked at the care records for seven of the people living at the home, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits, including feedback from people living at the home, professional visitors and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms and the dining/lounge area.

Good

Is the service safe?

Our findings

When we spoke with people living at Birkdale Park they told us they were settled and felt safe at home. Some people had lived in the home for a number of years and had seen staff and management change. People commented that currently the home was very settled and standards were consistent.

We asked people whether they felt safe in the home. Their replies included: “Yes, everybody cares for me.” “I suppose so.” “Yes, there are people around me.” “I don’t feel anything could happen here.” “They look after you.” “People are so friendly.” Relatives and visitors we spoke with commented: “Yes, it’s safer then where [person] was before’’ and ‘’I do feel [person] is safe. The nurses are very good.”

We asked about staffing at the home. To support the 23 people living at Birkdale Park there was normally a minimum of four care staff and a nurse but this number was increased depending on the extra support people needed. For example, one person had extra support funded for specific health care needs. We saw from the duty rota that this staff ratio was consistently in place to provide necessary safe care. Nursing and care staff were supported by ancillary staff such as a cook, domestic staff, laundry staff and administrative staff.

We asked people living at the home if there were enough staff on duty. We were told; “They’re soon here when they can be.” “There are enough staff to look after me, but I would like someone to talk to me sometimes.” “They could do with more; they answer the buzzer as quickly as they can.” Most relatives said there were enough staff. One said, “I always think there is a lot of staff.” One relative commented, “I don’t think there are enough staff; many times I’ve been sitting in the lounge and hear residents shouting to go to the toilet.” We spent time in the lounge over two days but could not confirm this. Although there wasn’t a member of staff in the lounge at all times, they passed through frequently. We did, however, discuss this with the manager for their consideration.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were ‘fit’ to work with vulnerable people.

We spoke with a visiting family member who said they found the service to be safe and very good at managing any risks so that their relative could be as independent as possible. The relative told us, "Care has been organised so that my relative has staff at all times. This means [person] can go out and about when they want.’’ When we reviewed the care of some of the people living at the home we found that risks to people’s health such as monitoring of falls and risk of pressure sores were assessed and monitored.

Another person had periods where they were confused and were at risk of falling. We saw how the care plan supported the person so that a staff member was always available to ensure they could move about the home in a safe manner. The person’s relative explained this was important to keep the person safe but also meant they could go out for a walk when they wanted; ‘’Staff are marvellous and [person] has not had any falls since [they] have been here.’’

A health care professional who visits the home told us that staff managed people’s care needs well and this included ensuring their safety. The health care professional was able to describe the progress one person had made and how the risks to their wellbeing had been managed and supported. The home had clearly identified the issues concerned and had planned the persons care with the support of professionals and input by relatives and the person concerned. This meant the person was able feel involved in their care and felt as independent as possible. They told us, ‘’The manager and staff are excellent and help me a lot. I really feel very safe here.’’

When asked about medicines, four residents told us, “They leave the tablets with me.” One resident added; “They know I can take them.” Another said, “They trust me.” All of the residents thought they got their medication on time. One resident told us, “They stay with me” (until they’ve taken the medication). A relative told us, “I’ve never found medicine left around.” Another said, ‘’ [Person] gets their medicines on time.” We saw part of the morning medication round and this was carried out safely so people got their medicines and they were recorded as per the home’s policy; following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring.

Good

Is the service safe?

Medicine administration records [MAR] we saw were completed to show that people had received their medication. We saw that people's medicines were reviewed on a regular basis. Records confirmed this. A visiting health care professional we spoke with advised us that staff were very proactive regarding medication reviews and ensured necessary referrals and reviews were carried out.

The competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with a nurse staff who told us that competency checks were made by the manager and updates around medication administration were also organised [we saw a date for a planned session].

We discussed other areas of medication administration. We were told that many of the people living at the home had 'capacity' to make their own decisions about their medicines. All medicines were, however, controlled and managed by staff. We could not find any evidence that people had given formal consent to having their medicines managed in this way and we discussed how this might be better evidenced.

We looked at how medicines were audited. The manager carried out regular checks on stocks of medicines in the home. We asked about other audits of medicines that were completed and the manager was able to show us a monthly audit that was undertaken. We discussed how the audit could be improved to include some areas that we found to be less consistent. For example not all 'give when needed' [PRN] medicines were supported by a care plan to help ensure consistency of administration.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had.

There had been one safeguarding incident that had occurred since the last inspection. This involved the appropriate care of a person in the home. The home had assisted the local authority safeguarding team and agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This approach helped ensure people were kept safe and their rights upheld. We saw that the local contact numbers for the Local Authority safeguarding team were available.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed by the manager on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported to the maintenance person and the area needing repair made as safe as possible. We saw some documented evidence that regular checks were made including nursing equipment and fire safety. For example a 'fire risk assessment' had been carried out and this included personal evacuation plans [PEEP's] for all of the people living in the home.

Good

Is the service effective?

Our findings

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs.

We looked in detail at the care received by some of the people living at the home. We spoke with the people concerned and their relatives as well as checking information in care files. One person had highly dependent and complex care needs. We saw that they had received input from a ranged of social and health care professionals who had linked in effectively with the home. One professional told us the manager and staff had been very proactive in managing the person's care. Professional support had been documented form physiotherapy, speech therapy [SALT team], the persons GP, dietician and a nurse specialist in PEG feed [insertion of tube to feed a person directly into stomach]. When we spoke with the person we were told, ''The staff are excellent. I feel very safe. They support me so I can go out on occasions.'' We saw how staff interacted with the person and this was warm and supportive.

People we spoke with, relatives and health care professionals were aware that staff had the skills and approach needed to ensure people were receiving the right care. A health care professional told us, ''The manager and staff have supported [person] well and have a good understanding of some complex issues around assessing mental capacity and how decisions should be made around care.''

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on going training. The manager supplied a copy of the staff training matrix which identified and plotted training for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness. In addition staff had undertaken training with respect to the care needs of some of the people living at the home. For example training had been completed in understanding dementia. Staff told us that the majority of this training was via e-learning [learning via computer programmes]. This did not suit some of the staff's learning styles and they felt a more varied approach was needed. We spoke with the manager about this who pointed out some of the more practical training given to staff but said they would look at this as a development issue.

The manager told us that many staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw where 55% of staff had a qualification. Other staff were being signed up to start this training. Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals by the manager and there were support systems in place such as supervision sessions and staff meetings. One staff member told us that staff meetings were open and constructive. We saw the agenda and notes for a staff meeting dated 1 December 2014 which was well structured under various headings. We noted that the meeting had been attended by a high proportion of staff.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. People living at Birkdale park varied in their capacity to make decisions regarding their care. We saw examples where people had been supported and included to make key decisions regarding their care. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice.

We had some discussion around the lack of clear records concerning people who had lasting power of attorney [LPA] in place. For example one person, we were told, had an LPA and a member of the family could make decisions regarding care. We saw some 'best interest' decisions had been signed by this person. We could find no record however of the LPA, and staff were not sure whether this had been properly registered. There was no supporting care plan for this. The manager said they would look to ensuring records were clearer.

We also discussed some of the decisions regarding the right to refuse specific medical treatment in case of a cardiac arrest ['do not resuscitate' (DNR) procedures]. Some of the DNR records for people who lacked capacity to decide for themselves had had a 'best interest' decision

Good

Is the service effective?

made. These did not always include evidence of a mental capacity assessment. We discussed how some DNR decisions could be better evidenced and recorded. The manager said they would address this.

The manager was able to talk about aspects of the workings of the MCA and discuss other examples of its use. We were told, at the time of our inspection, the home does not support anybody who is on a deprivation of liberty authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved if a referral was needed.

We discussed with staff and the people living at the home how meals were organised. People told us the meals were good and well presented. One person said, ''It's very nice. If I didn't like it they would get me something else. At teatime we get sandwiches and they know I prefer brown bread.'' Another person said, "I like the food, you get a choice for breakfast and tea. There's enough to eat.''

We observed the dinner time meal and saw that meals were served appropriately and the portion size was also appropriate. We saw that people who needed support to eat had sufficient staff time allocated and that staff took time to talk to and socialise with people. People who required feeding were served first. All the residents were served individually with their meals being brought to them on a tray. Nobody was rushed. The cook asked one person if they wanted an alternative to what was being offered.

The menus were displayed on a notice board near the entrance. There was a good variety of dishes; however the print was very small. There were no pictures to illustrate the dishes for those people who couldn't read the print or who may not understand. We discussed this with the manager who said they would look improving the way the menus were displayed.

Good

Is the service caring?

Our findings

We observed the interactions between staff and people living at the home. We saw there was a rapport and understanding.

We asked people if they were treated with dignity, respect, kindness and compassion. We received generally positive comments: "I think so, they are very kind, I never cause them any trouble." "They always knock" (before entering a bedroom). "It just depends who looks after you." "I think they are lovely here." ''It's fine, the staff are very good and very caring.'' Relatives told us; "Yes, visitors are here all the time, the staff are very friendly." "The manager goes in and says goodnight to each resident."

Everyone told us privacy was maintained. Comments included: "I don't bother if my door is open or closed, they leave it open at night" (at the person's request). "My door is closed for visitors and at night, otherwise I prefer it open." A relative told us; "We are asked to wait outside if personal care is being given."

People told us they felt they were listened to and generally staff acted on their views and opinions. One person said; "They would do, (listen to them) but I keep everything to myself." "They never have time to talk." "They would do, I'm sure."

Staff told us that they did spend time 'talking' with people living at the home and this was generally in the afternoon as mornings could be very busy. We made some observations in the day area [conservatory] over the two days of the inspection. We were told by a visitor that staff were not always available I the morning at key times, such as when people needed the toilet. Our observations did not confirm this but there was a difference between the two days as on one of the days an extra staff member was available in the morning [newly employed staff member who was going through a period of induction]. This meant that staff time was available in the morning for increased social interaction. We saw a staff member taking time to interact and involve people in individual activities. The interactive skills displayed by the staff member were excellent and people's sense of wellbeing was very evident. We fed this back to the manager and provider for consideration in terms of developing more social activity time for people.

We saw references in care files to individual ways that people communicated and made their needs known. We also saw examples were people had been included in the care planning so they could play an active role in their care. We spoke with one person who was not happy as staff supported them to get up very early when they would have preferred to get up later. We spoke with the manager about this and were shown the persons preferred time of getting up in the morning recorded as they had intimated to inspectors. The manager said they would review this with the person concerned. We discussed the importance of respecting people's preferences in all instances.

Throughout the inspection we observed staff supporting people who lived at the home in a timely, dignified and respectful way. Over the two days of the inspection we saw the home as generally busy with lots of daily activity. We saw staff respond in a timely and flexible way so people did not have to wait if they needed support. Staff were always on hand. We noted there was positive and on-going interaction between people and staff.

A relative we spoke with and people visiting at the time of the inspection were pleased with how staff displayed a caring attitude. Visitors were arriving throughout the day. We asked if there were any restrictions and were told relatives and visitors are free to visit at any time. One person said; ''I can have visitors at any time." Another person told us; "They [relatives] can come here anytime and I can go out with my daughter in the wheelchair." All of the relatives told us there was no restriction on visiting.

The staff we spoke with had a good knowledge of people's needs. The manager and senior staff told us of the value of building consistent relationships and having continuity to the care provided. Both the manager and provider felt that continuity of care had improved since there had been a stronger clinical lead in the home over the past 18 months.

Good

Is the service responsive?

Our findings

We asked people who lived at the home how staff involved them in planning their care. People who were able to give an opinion and relatives we spoke with varied in their opinions but they generally gave positive responses and said they felt involved in any decisions about their care. One person aid they had not seen their care file and had had little input but this did not bother them as ''Staff speak with me all the time and I know what's going on.'' We saw examples in care files we looked at of people's inclusion in their care. We saw, for example, a record of a full discussion and explanation with a relative about why one person, who could not make a decision for themselves, could not have a call bell [risk of entrapment]. This had been signed by the relative concerned.

We looked at the care record files for seven people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. There was evidence that plans had been discussed with people and also their relatives if needed. Although we discussed how this could be made more consistent; for example by getting people or their advocates if needed, to sign the actual care plans. We could see from the care records that staff reviewed each person's care on a regular basis.

We looked at the daily social activities that people engaged in. We asked the residents how they spent their day, they replied, ''I read, I watch TV in my room at night, there aren't any other activities. I suppose they could do more. I do jobs for them, I set the tables." "It's a bit weary sometimes, I've plenty of reading and knitting, I don't go to the lounge, I'd much rather sit here and look out of the window." "I say in my room, if anyone talks to me from the door I can't hear them." "Knitting, my talking book and wireless, I go downstairs now and again but I prefer being in my room." "I read a lot and my visitors take me out."

Relatives told us; "There are no [organized] activities, there is no mental stimulation." "[My relative] listens to the radio; he doesn't want to go in to the day room." "She watches TV all day; the staff do spend time talking to them." We observed the television in the lounge was on all day on one day of the inspection. We fed back these comments to the registered manager who said they would be considered for further service development.

Staff told us that there was time to sit and socialise with people living at Birkdale Park. Occasionally in the mid-morning and for some time in the afternoon. We saw a care staff playing cards and board games with three residents and on the second day of the inspection and there was some activity organised by a staff member in the morning which was very well appreciated. The manager explained that 'activities' tended to be on a one to one interactive basis although there were occasions when external entertainers were invited into the home. We saw the provider [owner] of the home also has regular input into the home. At the time of our visit the owner was visiting with a pet dog and went around chatting and interacting with people living at the home.

We saw the notes of a residents' meeting form March 2014 which included discussion of the plans for the home to expand in the near future with new building on going at the rear of the home and new facilities would be available [day space]. We discussed with the manager how this could be an opportunity to develop a more structured programme of activities responsive to people's social needs.

We observed a complaints procedure was in place and most people, including relatives, we spoke with were aware of this procedure. The procedure was displayed on the notice board but not elsewhere in the home. We spoke with the manager who told us about plans to update the information brochure for the home and include reference to the complaints process so that information would be more readily accessed. We saw that any concerns or complaints made had been addressed and a response made. One person said they had made a complaint; ''I did a while ago and it was sorted.''

Good

Is the service well-led?

Our findings

The service had a registered manager in post. We spent time talking to the manager and asked them to define the culture of the home and the main aims and objectives. The manager said they aim to provide good, safe care and to build a solid staff team. Since being appointed as the main clinical lead in the home, and more recently as the registered manager, there was feeling that standards in the home were more consistent and staffing had become more stable. Both manager and staff felt this was a good base to develop care.

From all of the interviews and feedback we received, the manager was seen as open and receptive. Staff told us they received positive and on-going support. They said this made them feel valued. A member of staff said to us, '' Both managers [manager and deputy] are good and they support us well. "Another staff said, ''We have staff meetings and we can have our say and the manager and owner listen. You can speak to the managers any time.''

A process was in place to seek the views of people living at the home and their families. We saw the results of a resident and relative survey which was displayed on the notice board. This was from 2013. The manager explained that the 2014 survey was just being organised by the administrator. The overall satisfaction with the service was seen to be good with no key issues identified. A more recent survey of the meals and food had also been undertaken. This was completed as a 'walk round' and interview with people and the results had been given to the cook to help develop the menu. The date of the next residents' meeting was advertised on the notice board but when we spoke to people they were unaware of this. We discussed the need to advertise the meetings more widely.

The manager, in the provider information return [PIR] completed prior to the inspections stated the intention of developing a 'quality circle comprising of a representative for a selection of people including residents, nurses, care staff, chef to discuss possible improvements in the home'. These activities helped people living at the home to feel more involved and included in the way the home was run as well as develop quality initiatives in the home.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes internally, although could not identify many external monitoring processes. The manager explained that the previous quality audit undertaken by an external provider [the 'star rating' system] was now not being used and had not been replaced. We did note, however, that the supplying pharmacist visited to carry out a pharmacy audit and the local CCG [Clinical Commissioning Group] had also carried out a review of medicines. Environmental health had visited recently and awarded '5 stars' [highest rating] for standards of hygiene and safety in the kitchen.

Internally there was a range of safety and quality audits [checks] in place. For example we saw a range of health and safety checks including a fire risk assessment and regular walk around by the manager to monitor any hazards. We looked at how accidents and incidents were recorded and saw that these were also audited by the manager to see if any patterns existed or lessons could be learnt. The home had recently undergone an infectious outbreak that was well managed with input from Public Health England infection control team. The team made a recommendation that has since been actioned by the home. This shows the manager and staff responded to appropriate professional and expert advice.