Care Quality Commission

Quay Court (Care Centre) Limited

Quay Court Care Centre

Inspection report

Squares Quay
Kingsbridge
Devon
TQ7 1 HN
Tel: 01548 852540
Website:

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Ratings

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

Overall summary

Quay Court Care Centre is a residential care home which provides accommodation and personal care for up to 38 people. It does not provide nursing care. People access healthcare through the local community healthcare services. This unannounced inspection took place on 9 and 10 June 2015 when there were 33 people living there, many of whom were living with dementia.

The service was last inspected on 19 March 2014 when it was compliant with the areas that were inspected.

A registered manager was employed by the service. 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.

Prior to this inspection in June 2015 we received concerns from one person's representative about the care their relative had received whilst receiving respite care at the service. We discussed the issues with the registered manager who accepted they had not been able to meet the person's needs. This was because the person's needs

Summary of findings

were greater following admission than they had originally been assessed as. Following our inspection the registered provider's group locality manager has visited the representative to discuss their concerns.

People's medicines were not always managed safely. Medicine Administration Records (MAR) sheets were not always completed correctly. There were no clear directions for staff on when to administer all medicines prescribed to be taken when required.

People told us they felt safe at the home and with the staff who supported them. One person said "Yes I feel safe" and another said "Definitely" when asked if they felt safe. Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse. People were protected from the risks associated with unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. People were protected from the risks of financial abuse. Systems were in place to protect people from financial abuse where the service people's managed.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Moving and transferring and falls risk assessments were in place and were updated when required. Pressure relieving equipment was in place to minimise the risks of people developing pressure sores.

People's needs were met by sufficient staff in a timely way. On both days of our inspection there were 33 people living at the home. Rotas showed that staffing levels were maintained at nine care staff on duty during the morning. This reduced to seven care staff in the afternoon. Two or three care staff were awake at night according to dependency levels. Supporting staff such as a cook and cleaner were on duty each day and the registered manager was also available throughout the inspection.

People had differing needs and staff had received training to ensure people's needs were met. There was a comprehensive training plan in place to make sure staff kept up to date with good practice and were able to undertake training appropriate to the needs of people who used the service. For example, staff received training in caring for people living with dementia.

Staff received regular supervision and appraisals. Supervision records showed that future training and development was discussed and planned for. Staff felt well supported by the registered manager.

People told us staff knew how they liked things done. Staff were able to tell us about people's needs and how each person liked their needs to be met. People were always asked for their consent before staff assisted them with any tasks.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA), including the Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. For example, staff described how they encouraged one person to eat and drink even though they didn't like to sit at a table. People were offered plenty of snacks and drinks through the day. People told us the food was "Ok" and "average", but that they always got a choice. The cook told us that they always cooked enough food for people to have a choice at the table. Special dietary needs were catered for.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen a variety of healthcare professionals including GPs, district nurses and speech and language therapists.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. People said staff were "Very good", "Always speak nicely to me" "They are very good and kind" and "Are thoughtful, helpful and considerate". One person told us they thought the home was "A remarkable place".

Staff knew people well and were able to tell us how they supported individuals with their needs. Staff were skilled in speaking appropriately with people, including those living with dementia.

Not everyone was able to verbally express their views. Those who could knew about their care plans and said the registered manager discussed it with them. Some care plans contained signatures to show people had

Summary of findings

been involved in reviewing their care. People's care needs were clearly defined in their care plans in sufficient detail to allow staff to carry out their role. Care plans were based on people's assessed needs and reflected their needs and preferences.

People confirmed that staff always asked them what they wanted and how they wanted their needs met. One person told us they were "Very contented here". Staff responded to changes in people's needs. One person told us that when they had first been admitted they had been very ill. They told us "They looked after me very well" and that they now often went out into the local town on their own.

People were encouraged to take part in activities, and information was gathered on their pre-existing hobbies and interests. Records were kept that showed how much time people spent engaged in activities and how much time they spent dozing or alone in their room. This enabled staff to identify people who did not participate regularly in activities or spent a lot of time in their room. Staff could then discuss with the person f there was any type of activity they would like. Activities on offer included visiting entertainers, music therapy and exercise sessions.

The registered manager sought people's feedback and took action to address issues raised. The last meeting for people had been held on 23 April 2015. People had previously said they wanted more outings. The registered manager told people that transport had been found that could take wheelchairs and outings were to be arranged.

People told us they would feel able to raise any concerns they had with the staff or registered manager. The registered manager recorded all complaints. Records relating to these showed they had been responded to in a timely manner, all outcomes had been recorded.

People, staff and visitors felt the service was well led by a manager that was open and approachable. The main office was located in a central position which enabled people to speak with the registered manager at any time. Staff said they felt extremely well supported and were able to make suggestions about the running of the home and the care they provided.

The registered provider carried out an annual survey to gauge the views of people using the service, staff and other interested parties. Results from the last survey showed a high level of satisfaction. One response indicated that more information about activities was needed. The registered manager had arranged for a noticeboard to be put up in the dining room so that information about activities could be easily seen.

Staff were clear about their roles and responsibilities. They told us they would report any concerns they had to a senior worker or the registered manager. Staff were clear about the culture of the home saying that it was to 'promote independence' for people living there. People confirmed staff encouraged them to be independent. Staff told us that the feeling within the home was 'like a family' with everyone 'singing from the same hymn sheet'.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice.

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

Aspects of the service were not safe.

People's medicines were not always managed safely.

People were protected from the risks of abuse.

People were protected by robust recruitment procedures.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good

The service was effective.

Records were robust and ensured staff could determine if people were receiving effective care.

People benefited from staff that were trained and knowledgeable in how to care and support them.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were comprehensive and reviewed regularly.

People received care and support that was responsive to their needs.

Visitors told us they could visit at any time and were always made to feel welcome.

Summary of findings

People were confident that if they raised concerns these would be dealt with quickly by the manager.

Is the service well-led?

Good

The service was well led.

The manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained.

Quay Court Care Centre

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 was 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 9 and 10 June 2015 and was unannounced. At the time of the inspection thirty-three people were living at the home.

The inspection team consisted of one Adult Social Care (ASC) inspector.

Before the inspection we gathered and reviewed information we held about the provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. We spoke with five people in depth and approximately10 others briefly. We spoke with four visiting relatives, five staff and the registered manager. We also spoke with four health and social care professionals and staff from the local authority who had commissioned some placements for people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, three staff records, records relating to medicine administration and staffing rotas.

Requires improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. Where medicine had been prescribed to be administered 'when required' for anxiety there were no clear guidelines as to when the medicines should be administered. For example, there was no indication of how staff would recognise when the person was beginning to become anxious, or if alternative interventions should be used before the medicine was given.

Hand written entries on Medicine Administration Records (MARs) were not always double signed. This meant there was not always an audit trail to show that checks had been conducted to ensure that what had been written on the MARs was what had been prescribed. MAR sheets did not always confirm that oral medicines had been administered as prescribed. There were gaps on the MAR sheets where staff had not signed to confirm the medicine had been given. There was no medicine in the blister pack so it had been assumed the person had received their medicine. We discussed these matters with the senior care staff responsible for administering medicines during the inspection. They agreed to check the staff rota and follow up the omissions with the staff member responsible. They told us the omission would have been picked up at the monthly audit. Following our inspection a system had been put in place, whereby any gaps on the MAR charts that were identified were checked on immediately

Medicines were stored safely and records were kept for medicines received and disposed of. Medicines were stored in two locked trollies in locked cupboards. Medicines that required refrigeration were being stored appropriately and fridge temperatures were recorded and checked. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times.

People told us they felt safe at the home and with the staff who supported them. One person said "Yes I feel safe" and another said "Definitely" when asked if they felt safe.

Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse. Staff were able to tell us about different types of abuse. They told us how they might recognise abuse, and how they would report it. Staff told us that they had never witnessed any ill treatment of people in the service. Staff knew where to find telephone numbers to report any suspicions outside of their organisation.

Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed that the registered manager had told us about safeguarding incidents that had occurred, and had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People were protected from the risks associated with unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff personnel files contained evidence that new staff had not commenced work in the home until all checks had been received by the registered manager.

People were protected from the risks of financial abuse. There were systems in place to monitor and record and transactions made on behalf of people for whom the service managed monies.

Care plans contained assessments which outlined the measures in place to manage risks to people, while enabling them to make decisions about any risks they may wish to take. For example, one person's risk assessments included details of how they were to keep safe when they went out into the local community alone. The person told us staff had never tried to stop them going out alone and that they had a mobile phone to summon help if needed. The registered manager told us that in order to ensure people could safely access the garden area, two 'standalone' call bells had been purchased for people to take outside with them and be able to call staff if required.

Moving and transferring and falls risk assessments were in place and were updated when required. Pressure relieving equipment was in place to minimise the risks of people developing pressure sores. One person's falls risk assessment had been changed because they had several

Requires improvement

Is the service safe?

falls and were then deemed to be at a higher risk. The new assessment showed they were to be closely monitored throughout the day. We saw that staff followed these directions and regularly checked the person.

Other risk assessments had been carried out, for example for electrical safety and hot water temperatures. The lift, boiler and hoists were on maintenance and servicing contracts and slings and wheelchairs were regularly inspected for safety. Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans (PEEPs) were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire. For example, one person's PEEP stated "remember I am deaf and struggle to hear instructions".

People's needs were met by sufficient staff in a timely way. On both days of our inspection there were 33 people living at the home. Rotas showed that staffing levels were maintained at nine care staff on duty during the morning. This reduced to seven care staff in the afternoon. Two or three care staff were awake at night according to dependency levels. Supporting staff such as a cook and cleaner were on duty each day and the registered manager was also available throughout the inspection. The registered manager told us that they did not use a specific tool, but that staffing levels were determined by the numbers of people living at the home and their needs. Staff told us they thought staffing levels were adequate to meet people's needs. Two people told us they thought more staff were needed, but could not tell us how this impacted on their needs as they never had to wait long for their call bells to be answered. Visitors told us they thought there were enough staff to meet people's needs.

Good

Is the service effective?

Our findings

People received effective care and support from staff that had the skills and knowledge to meet their needs. People had differing needs and staff had received training to ensure people's needs were met. There was a comprehensive training plan in place to make sure staff kept up to date with good practice and were able to undertake training appropriate to the needs of people who used the service. For example, staff received training in caring for people living with dementia. One staff member told how they felt people living with dementia were 'trapped in their own bodies' and staff had to 'get in there with them' in order to understand them better. Staff had also received training in moving and transferring, first aid, infection control and Parkinson's disease. Many of the care staff had completed, or were working towards, nationally recognised qualifications in care which gave them the knowledge they required to effectively care for people. There was a system in place to identify when any training was due to be updated.

Staff received regular supervision and appraisals. Supervision records showed that future training and development was discussed and planned for. Staff felt well supported by the registered manager.

People told us staff knew how they liked things done. Staff were able to tell us about people's needs and how each person liked their needs to be met. People were always asked for their consent before staff assisted them with any tasks.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us that most people could make their own day to day decisions about their care. Staff respected people's decisions even when risks were attached to their decision and the person had been assessed as having capacity to make the decision. For example, one person had been assessed as being at risk of choking. They had been assessed as having the capacity to fully understand the risks associated with their decision. They still chose not to have their drinks thickened and this was accepted by staff who closely monitored the person when drinking to minimise the risks.

Some people may not be able to consent to significant decisions, such as whether to accept medical interventions. Staff said if they felt people did not fully understand the decision they were being asked to make, they would talk with families and doctors and ensure any decisions made were in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. There has been a recent change to the interpretation of the deprivation of liberty safeguards and the registered manager told us they had made the appropriate applications to the local authority in order to comply with the changes. No applications had been approved at the time of our inspection. The home operated a locked door policy to minimise the risks of people, who were not safe to do so, leaving the home unescorted. The registered manager felt this was the least restrictive option to keep people safe while the local authority considered the applications.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. For example, staff described how they encouraged one person to eat and drink even though they didn't like to sit at a table. Seven people were assessed as being at risk of malnutrition. Their dietary intake was monitored and graph was produced showing whether their average weekly intake was poor, adequate or good. Professional advice was sought if a person's intake was poor.

People were offered plenty of snacks and drinks through the day. Some people told us the food was "Ok" and "average", but that they always got a choice. Other people told us the food was "always good" and there was "plenty of it". During our inspection the food was well presented and looked appetising. People appeared to enjoy their meals and several took up the offer of 'seconds'. The cook told us that they always cooked enough food for people to have a choice at the table. Special dietary needs were catered for.

Good

Is the service effective?

At lunch time we saw that people were able to choose where they ate their meal. However, on the first day of our inspection we saw that the end of lunch was very disorganised. People had to wait a long time for assistance to leave the dining room. One person waited a long time for their pudding to be served and another had been told by staff they had to wait for their medicine when they wanted to leave the table. They commented “there’s no method here”. We discussed this with the manager who told us a member of staff had had to leave unexpectedly just before lunchtime and this had caused the problem. On the second day of our inspection things were very different. There was a calm and relaxed atmosphere, people didn’t have to wait long for their meal to be served and were able to leave the dining room when they chose. On both days people were assisted to eat meals in a relaxed and respectful manner.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen a variety of healthcare professionals including GPs, district nurses and speech and language therapists. We spoke with a GP during our inspection. They told us they had only visited a few times but had found the care to be very good. we spoke with three other visiting healthcare professionals during our visit and one following our visit. They told us that felt people were well looked after. They said that staff were always very helpful and followed any instructions they gave.

Good

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. People said staff were “Very good”, “Always speak nicely to me” “They are very good and kind” and “Are thoughtful, helpful and considerate”. One person told us they thought the home was “A remarkable place”. Another told us “Pretty well feels like home!” Visitors told us staff were “very kind”. There was much friendly banter between staff and people and much laughter around the home.

People were supported in a kind and appropriate manner. For example, when people required help with moving, staff spoke with them telling them what was happening and reassuring them throughout the process. Staff knew people well and were able to tell us how they supported individuals with their needs. Staff were skilled in speaking appropriately with people, including those living with dementia. Staff spoke clearly and gave people time to process information and respond to it. Staff responded to people kindly, bent down or kneeled to ensure they could make eye contact with those in wheelchairs or who were seated.

One staff member told us they liked working at the home because it was “like a family”. Another said they liked being able to get to know the people and learn new things about them. Another said they liked being able to build empathy with people.

Staff actively involved people in making decisions about day to day decisions. For example, what they would like to wear and what time they got up and went to bed. It was a very hot day during our inspection and staff frequently encouraged people to drink, offering them a choice on each occasion. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Not everyone was able to verbally express their views. Those who could knew about their care plans and said the registered manager discussed it with them. Some care plans contained signatures to show people had been involved in reviewing their care. One visitor told us they were not always involved in discussing their relative’s care as staff knew the person’s needs much better than they did, but if there were any concerns they were always contacted.

Visitors were welcome at any time and relatives were coming and going throughout our inspection. One told us they had shared Christmas lunch with their relative.

Everyone had their own bedroom. People told us that staff respected their privacy always knocking on their doors before entering. Some people had requested a key to their bedroom door and were able to lock them as they wished. Staff told us they were always careful to close doors and curtains before any personal care was undertaken. Any personal care was offered in a discreet manner.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. Care records were written in a respectful and appropriate language.

Good

Is the service responsive?

Our findings

People's care needs were clearly defined in their care plans in sufficient detail to allow staff to carry out their role. Care plans were based on people's assessed needs and reflected their needs and preferences. They contained detailed individual information on how staff should meet a variety of needs. For example, one person's care plan told staff how to help one person if they became agitated. Care plans also contained a two page document that contained information for staff in a format that was easy to read and highlighted any areas of risk. For example the person's religion, what activities they enjoyed, how they liked their drinks and any mobility aids that may be required.

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff told us about how they encouraged one person to sit and rest. The person liked to walk about a lot and often became very tired because they did not want to sit. Staff told us that if they sat with the person this may encourage them to sit and if that did not work, they turned with the person slowly in a circle twice and then sat down with them. We saw that this sometimes had the desired effect. One staff member also told us about a person who called out for their 'mom'. The staff member understood this may mean the person wanted reassurance and that they would then go and sit with the person to provide them with reassurance.

People confirmed that staff always asked them what they wanted and how they wanted their needs met. One person told us they were "Very contented here". Staff responded to changes in people's needs. One person told us that when they had first been admitted they had been very ill. They told us "They looked after me very well" and that they now often went out into the local town on their own. One visitor told us they had been contacted by the registered manager when their relative had been taken unwell. They said "By the time I got down the hill the paramedics were there".

We conducted a Short Observational Framework for Inspection (SOFI) on the second day of our inspection. Staff interacted with people well, acknowledging everyone when they entered the lounge. One person was receiving nail care and staff spoke kindly with them, continually asking them if they were alright and explaining what they were doing. There was much laughter when a member of staff was offering people a choice of fruit or biscuits along with their drink. No-one wanted fruit and people were laughing at how they had all made the same unhealthy choice.

People were encouraged to take part in activities, and information was gathered on their pre-existing hobbies and interests. Staff were aware of people's previous interests and how this may help in meeting their dementia care needs. For example, staff told us how watching certain DVDs helped one person living with dementia settle during the evening. Another person living with dementia was supported to help with domestic tasks around the home. Records were kept that showed how much time people spent engaged in activities and how much time they spent dozing or alone in their room. This enabled staff to identify people who did not participate regularly in activities or spent a lot of time in their room. Staff could then discuss with the person if there was any type of activity they would like. Activities on offer included visiting entertainers, music therapy and exercise sessions.

People told us they could go out to church or participate in communion at the home if they wished to follow their particular religion.

The registered manager sought people's feedback and took action to address issues raised. The last meeting for people had been held on 23 April 2015. People had previously said they wanted more outings. The registered manager told people that transport had been found that could take wheelchairs and outings were to be arranged. People said they enjoyed playing bingo with the new machine that had been purchased. This displayed the numbers electronically and made it easier for people to play. The registered manager had also reminded people about the complaints policy should they need to use it.

The complaints procedure was kept in a folder in the hallway. The registered manager said they would display the procedure on the wall in a more prominent position so everyone could see it easily. People also had a copy of the complaints procedure in their own copy of the service users' guide. People told us they would feel able to raise any concerns they had with the staff or registered manager. The registered manager recorded all complaints. Records relating to these showed they had been responded to in a

Good

Is the service responsive?

timely manner, all outcomes had been recorded. Where the complaints had been fully dealt with, the complainants were satisfied with the outcomes. One visitor told us they had "No complaints whatsoever".

Prior to this inspection in June 2015 we received concerns from one person's representative about the care their relative had received whilst receiving respite care at the service. We discussed the issues with the registered manager who accepted they had not been able to meet the person's needs. Following our inspection the registered provider's group locality manager had visited the representative to discuss their concerns. We saw a copy of the letter sent to the person's representative which outlined the discussion and gave assurances the service would learn from any shortfalls that had been identified.

Good

Is the service well-led?

Our findings

People, staff and visitors felt the service was well led by a manager that was open and approachable. The main office was located in a central position which enabled people to speak with the registered manager at any time. Staff said they felt extremely well supported and were able to make suggestions about the running of the home and the care they provided. For example, one staff member said they had suggested changing the entrance to the dining room to avoid a 'bottle-neck' and the entrance had been altered. One member of staff, who had a disability, told how they were supported to work at the service by everyone.

The registered manager was also the registered manager for another service owned by the registered provider. They were supported in their role by a regional manager who had responsibility for a small group of homes. The registered manager was also supported by a deputy manager and a team of senior carers.

The registered provider carried out an annual survey to gauge the views of people using the service, staff and other interested parties. Results from the last survey showed a high level of satisfaction. One response indicated that more information about activities was needed. The registered manager had arranged for a noticeboard to be put up in the dining room so that information about activities could be easily seen.

The registered manager told us they felt their greatest achievements at the service had been to provide an excellent service, produce good training records and having a low staff turnover. They also told us that one of the biggest challenges facing them at the moment was ensuring new staff received training relevant to the new Care Certificate.

Staff were clear about their roles and responsibilities. They told us they would report any concerns they had to a senior worker or the registered manager. Staff were clear about the culture of the home saying that it was to 'promote independence' for people living there. People confirmed staff encouraged them to be independent. Staff told us that the feeling within the home was 'like a family' with everyone 'singing from the same hymn sheet'.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. For example one environmental audit had highlighted one bed had not had the brakes engaged on it. The registered manager had produced a poster to be discreetly displayed in bedrooms to remind staff to ensure brakes on beds were engaged before they left the room. Regular audits of health and safety, infection control and the environment were completed by the registered manager. Medicines were also regularly audited, the registered manager told us that the shortfalls we identified related to the administration of medicines would have been picked up at the next monthly audit.

Accidents and incidents which occurred in the home had been recorded and analysed to identify patterns that could be used to minimise risks.

Care records were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.