Anchor Trust

Moore Place

Inspection report

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Date of inspection visit:
22 August 2017

Date of publication:
28 September 2017

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

This inspection took place on the 22 August 2017 and it was unannounced.

Moore Place is registered to provide the regulated activity of accommodation for persons who require personal care to a maximum of 60 people, some of who have dementia.

There was 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 and associated Regulations about how the service is run.

People and their relatives told us they felt the service was safe. They stated that all staff were very kind and they had no concerns about their safety. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

Staff had received training, regular supervisions and annual appraisals that helped them to perform their duties. New staff commencing their duties received induction training to help prepare them for their role. Staff told us that they worked with another member of staff until they and their registered manager felt they were competent to work on their own.

There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Medicines were managed in a safe way and the recording of medicines was completed to show people had received the medicines they required. Staff were knowledgeable about people's medicines and explained to people what their medicines were for. People were able to administer their own medicines and appropriate risk assessments had been produced to enable this.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The registered manager logged any accidents and incidents that occurred.

The provider ensured that full recruitment checks had been carried out to ensure that only suitable staff worked with people at Moore Place.

People lived in a homely environment that had been adapted to the needs of people. Regular servicing of

equipment used at the home was undertaken to ensure they remained in a good state of repair and were safe to use.

People were encouraged and supported by staff to be as independent as they were able. Staff supported people to eat a good range of foods. Those with a specific dietary requirement were provided with appropriate food. Staff monitored people's nutritional and hydration needs. Referrals were made to the appropriate healthcare professionals when a person was identified at being at risk of dehydration or malnutrition.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People told us that staff treated them with respect and ensured their privacy and dignity was maintained at all times. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. People took part in a variety of activities that interested them.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, life stories, personal care needs, likes and dislikes were recorded.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place. Staff were aware of these procedures and how to safely evacuate people to a place of safety.

A complaints procedure was available for any concerns. This was displayed at Moore Place and each person was provided with a copy of this document.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff.

Relatives and associated professionals had been asked for their views about the care provided and how the home was run and monthly resident meetings were held. Regular staff meetings took place so they could discuss events at the home and put forward ideas to help make improvements. Staff felt supported by the management of the home and that they could talk to the registered manager at any time.

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.

Staff were knowledgeable about the process to be followed if they suspected or witnessed abuse.

There were sufficient staff deployed at the home to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

People's medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People's nutritional needs were assessed and individual dietary needs were met. People could choose what they ate.

People had involvement from external healthcare professionals and staff supported them to remain healthy.

Is the service caring?

Good

The service was caring.

People told us they were looked after by caring staff.

People's care and support was delivered in line with their care plans.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care plans, and when people's needs changed, staff responded to ensure they received the appropriate level of support

People had opportunities to take part in activities that interested them.

Complaints were taken seriously and information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

People and their relatives had opportunities to give their views about the service.

Staff felt well supported by the registered manager.

Staff met regularly to discuss people's needs, which ensured they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Moore Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August 2017 and was unannounced. The inspection was undertaken by two 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.

Prior to this inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with eight people, three relatives, seven members of staff, the registered manager and the regional director. We looked at a range of records about people's care and how this was managed. We looked at six care plans, medicine administration records, risk assessments, accident and incident records, complaints records, and four recruitment records, a selection of policies and internal and external audits that had been completed.

This was the first inspection since the service had registered with the Care Quality Commission.

Good

Is the service safe?

Our findings

People felt safe living at Moore Place. People and their relatives told us that they felt very safe with staff at the home and that there was always sufficient numbers of staff on duty. One person told us, "I've been here since it opened. I feel very safe they absolutely couldn't do more for you and there's no them and us, it's like family." Another person told us, "I feel very safe here, I like being here, and I have every confidence in the place. Everybody seems happy and content, it's a lovely atmosphere." A third person told us, "I only have to press the bell and someone comes. I have a mat beside the bed so that if I get out of bed in the night they know and come and check on me. It gives me confidence that there's someone around if anything happens." Relatives were confident that their family members were safe living at Moore Place. One relative told us, "The staff are very communicative, you don't have to go looking for them, they approach you and talk to you. My [family member] has a locking drawer in her bedroom to keep her bits and bobs in and there's a safe in the office if she wants something special put away. If I had to be in a home, I'd choose this for myself."

People were safe because staff had the knowledge and confidence to identify safeguarding concerns and told us they would act on these to keep people safe. The provider told us in their PIR that robust safeguarding policies and procedures were in place and staff had attended training in relation to recognising and reporting abuse. We found this to be the case. The provider had ensured all staff had undertaken training in relation to keeping people safe. Staff knew the reporting procedures to follow if they had witnessed or suspected abuse, and the external agencies that could be contacted. For example, the police and the local authority safeguarding team. Staff told us that they had regular training in relation to safeguarding and this had included whistleblowing. One member of staff told us, "I would report it (abuse) to the team leader or manager. We have phone numbers downstairs so we can ring with any concerns or contact social services safeguarding team." Staff told us they would not hesitate to report any poor practice to the registered manager in line with the whistleblowing policy but they had not needed to do this to date.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. The provider told us in their PIR that the dependency levels of people were assessed on a monthly basis to ensure there were enough staff on duty to meet the assessed needs of people and we found this to be the case. People and their relatives told that there was always enough staff on duty to attend to people. One relative told us, "There always seems to be enough staff about and the call bell is answered in good time." Staff told us there were enough staff to meet people's needs, they also stated that they did use agency staff. One member of staff told us, "We use agency on all floors but we try to make sure they're the same ones on this floor (for people living with dementia). We try not to have too many new ones but sometimes it can't be avoided." The duty rotas showed that staffing levels were consistently met and gaps were filled by agency staff. A weekly staffing report was sent to head office to monitor the correct staffing levels were being provided.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Care plans contained risk assessments and included risks in relation to mobility, falls, nutrition and pressure care. Risk assessments provided guidance to staff on the actions to take to minimise

the risk. For example, falls, nutrition, moving and handling, behaviour and skin integrity. Staff we spoke to were aware of the risks to people and how to manage these. One person was assessed at high risk of falls and had a risk assessment for this. The plan to manage this was for staff to encourage the person to use their frame. A member of staff told us, "During the day we encourage the person to use their frame. They have a few wobbles but their falls have now stopped."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider had obtained appropriate records as required to check prospective staff were of good character. These included a full employment history with explanations for any gaps in employment, the minimum of two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. The registered manager maintained records of actions taken. For example, one person had developed behaviour that became challenging. The registered manager reported this to the GP and the community mental health team who changed the person's medicines. There had not been any other behavioural incidents since the change of medication.

Medicines were administered, recorded and stored safely. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. They also included the contact details of the person's prescribing GP. People told us they received their medicines on time and they knew what their medicines were for. One person told us, "The medicine I take is for my Parkinson's, I get them on time every day." Another person told us that they self-medicated. This person had a risk assessment in place for this and they understood when and how to take their medicines. The person explained to us what each medicine they took was for as they were took them. There were protocols for administering PRN (when required) medicines. This provided guidance to staff about the medicines, the maximum dosage in a twenty four hour period and any side effects to could affect people taking the medicines. The provider told us in their PIR that monthly audits of medicines were undertaken and any issues identified were addressed. We found this to be the case. One issue was identified during an audit and the action taken by the registered manager to reduce the risk of a repeat of this was clearly recorded and acted upon.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person had a personal emergency evacuation procedure (PEEPs). These provided staff the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home. There was an emergency procedure at the home that provided guidance to staff on what to do if the home became unusable due to power, gas failure, fire or floods. It included the emergency contact details of the provider, external services that could be required and the details of where people could be evacuated to. Staff were aware of the procedures to be followed.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "The staff are very well trained in my opinion," "Staff are always telling me about the courses they do, it is amazing," and "The staff are excellent and very well trained." Relatives were complimentary about how staff had the ability and confidence to attend to the needs of their family members. One relative told us, "The staff are really, really good with [family member], they talk to them all the time."

People were supported by trained staff who had sufficient knowledge and skills to enable them to provide effective care for people. Staff told us they had the training and skills they needed to effectively meet people's needs. The provider told us in their PIR that the Anchor Academy training provides training to ensure staff have the right knowledge, skills and competencies to consistently meet the needs of people. We found this to be the case. Staff told us they had the induction training they needed when they started working at the home, which included shadowing another member of staff, and they were supported to refresh their training. Training records maintained provided evidence of the training staff had undertaken all the mandatory training as required which included safeguarding, fire safety, food hygiene and moving & handling. A training tracker showed that 95% of staff were up to date with their training. The deputy said when levels fall below this level then a weekly report needs to be sent to head office detailing the action taken to increase compliance levels. Additional training was available in areas including end of life care, train the trainer moving and handling, supervision awareness for supervisors, training for specific conditions, for example, Parkinson's, warfarin, diabetes and strokes. One member of staff told us, "The training is really good here. I've done both dementia courses and the dementia champion's course. I did some dementia training around behaviours yesterday. Part of it was watching people talk about their experiences and I could relate it to our residents. It made me think about how I phrase things for people, it's something I'm definitely going to work on and pass on to other staff."

People were supported by staff that had supervisions (one to one meeting) with their line manager. The provider told us in their PIR that supervision was given a high priority in the home and staff received one-to-one supervision every other month. We found this to be the case. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager, and other staff. One member of staff told us, "I have it about once a month. I had one on Saturday. (Supervisor) makes it clear I can talk about anything and can share anything. It's useful, it's a busy place and we don't always have time to talk so it's good to have that time to talk about you and any concerns." Another member of staff told us, "We are always asked our knowledge on something, in my last supervision I was asked about whistle-blowing and we talked about it."

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 application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and we found that any conditions to authorisations to deprive a person of their liberty were being met. MCA assessments and best interest meetings had taken place and these were decision specific. For example, one person had a mental capacity assessment for consent and staying at the home. There was a best interest decision recorded that involved the GP, the person's family. A DoLS had been sent to the local authority.

Staff were knowledgeable about the MCA and the processes to be followed. They were aware that they had to assume that people had the capacity to make their own decisions unless it was otherwise proven. One member of staff told us, "We assist people to be as safe as possible but always take their thoughts and feelings into account."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes and dislikes. The chef was aware of people's preferences. For example, the dietary summary sheets that the kitchen used listed people's allergies as well as likes or dislikes. One person's entry said they liked casseroles, stews and vegetables. These were consistent with the information recorded in the person's care plan. Another person's care plan said they liked tea and toast for breakfast, and that did not like sprouts. This was also on the kitchen's diet sheets.

Staff monitored people's nutritional and hydration needs. For example, one person had a history of recurrent unitary tract infections (UTI). Staff told us that they managed this by encouraging the person to have lots of drinks as they had developed dementia and lost their appetite and thirst. The staff were able to explain the reason why they promoted fluids for the person and how they did it. The person's care plan stated 'needs encouragement with fluids'. In the morning, we observed a staff member saying to the person, "What can I get you to wet your whistle?" and they encouraged the person to have an orange squash. Food and fluid charts were completed regularly and documented how much the person had eaten and drank each day. People were weighed on a regular basis to monitor their health. Staff told us, and record showed, that when people were identified to be at risk in relation to nutrition and hydration that appointments were made with the GP for referral to specialists.

All people and relatives we spoke to were very complimentary about the food provided. Comments included, "The food is good, and today's was really nice. Staff have lunch with us which is nice and it gives us a chance to have a chat," and "The food is very good and there is a lot of choice." There were drinks stations and fresh fruit throughout the home.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People told us they saw all the healthcare professionals when they needed to. One person told us, "The doctor comes in every week and staff arrange for you to see them if there are any problems with my health. Staff also take me to the dentist and optician as well."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People were relaxed and conversing with each other and staff in a friendly manner. People told us they were very happy living at Moore Place. One person told us, "The staff are all wonderful, caring and kind, they are more like friends." Relatives were complimentary about the care provided to their family members. One relative told us, "The staff are lovely and always friendly. They keep us informed about everything; we are never left in the dark." Another relative told us, "Staff are marvellous, attentive and have a good sense of humour, they are always laughing.

People were supported to maintain relationships with their friends and families. We observed family members visiting throughout the day and there were no restrictions on visiting time. One relative told us, "We can come in any time of day or night to visit." One person told us, "My family comes in sometimes to eat with me; the staff make sure that we have our own table on those occasions."

People's dignity was respected by staff. Staff told us that they ensured all personal care was undertaken in the privacy of people's bedrooms with the doors and curtains closed. We evidenced this during our observations on the day. We also observed staff knocking on people's doors and waiting to be invited into their rooms. Staff were aware of how to promote and maintain the people's privacy and dignity. One member of staff told us, "It's about knowing the residents well and what the best way to do things for them is. Knowing what they need and want. We always make sure we knock on people's doors."

Staff were attentive to people throughout the day, they stopped to chat with people and ask if they were okay. The interaction from staff with people was really positive and friendly and showed appropriate affection. For example, one member of staff sat with a person watching the television and talking about the animals in the programme they were watching. They person put their hand out and the staff took it and gently rubbed it. Another member of staff was talking to a person about their birthday and what they were going to do. The staff member involved other people in conversation through saying, "X is having a party on their birthday, they are going to put their dancing shoes on." The other people then chatted about the person's birthday together. Relatives told us that staff fully employed people in everything at the home and that no one was ever left feeling isolated.

We observed one lady who came through to the lounge that her dress had fallen off her shoulder. A staff member knelt beside her and asked how she was, if her leg was feeling better. The member of staff then said, "Your dress looks nice, can I just pull it up a bit, I don't want you getting cold."

People received care and support from staff who had got to know them well. Staff told us that they got to know people through reading their care plans and having discussions with people and their relatives. One member of staff was able to give a description of a person's life history. This was exactly how it was described in the person's care plan. One person told us, "I have been here for about six months but you would think the staff had known me all my life. They know about what I did before I came here and engage in conversations with me about that, it helps me to remember."

Staff told us that people were encouraged to be as independent as possible. One person told us, "I can do lots for myself but the staff are there if I need them. They help me with the shower and if I need anything. People who live at Moore Place were able to undertake tasks independently. Staff encouraged people to do as much for themselves as they were able to whilst being available to provide support if and when required. For example, one person was encouraged to eat independently, but when they started to struggle staff stepped in and helped them. Care plans reflected what people could do for themselves. For example, for one person it was recorded that they could do some personal tasks themselves, such as oral care and washing their face. A member of staff told us, "We do assist sometimes. If X wants a bath we take them for one. X can wash their hands and face so we encourage that."

People's religious and cultural needs were met by staff. People told us that they were able to practise their religion. One person told us, "The [church representative] comes in regularly and gives us communion and they arrange for us to go to church if we want to." People's care records included a care plan for their religious and cultural beliefs. For example, it was recorded that one person was from a specific religion but they no longer practiced.

People lived in an environment that that was been adapted to meet the needs of people. All equipment used at Moore Place was serviced in line with the manufactures guidance to ensure they remained in a good state of repair and were safe for people to use. Each person's room was furnished with their own belongings and they reflected their hobbies and interests. For example, one person had a miniature rugby ball and cricket bat in a memory box by their room. This informed that they had a keen interest in support and staff could engage in conversations about this with the person. The rooms were comfortable and well-equipped and included en-suite facilities. One person who showed us their room told us they were very satisfied with the space.

Good

Is the service responsive?

Our findings

People told us there were activities for them to join in with if they chose to and we found this was the case. One person told us, "There are lots of activities to do here." Another person told us, "I don't always join in the activities, but that is my choice. I get confused over what day it is and what is going on but there is lots of staff who always help. They sit and chat away with me; there is lots of laughter and happy chatter."

A member of the management team told us that activities had been a problem as they had struggles to recruit to the post. They now had a co-ordinator and things were improving. We observed people involved in organised activities through the day. People were playing jenga with a staff member and one person was looking through their photo album with staff who involved the person in conversation by saying, "This is you on your wedding day, you looked so beautiful." People were engaged in activities and there was lots of laughter and chatting. Other people were reading papers or listening to the music. One person told us, "I like it here very much, it's very pleasant."

A weekly activity list was displayed throughout the home so people could choose what they wanted to do. Activities included outings to local garden centres, armchair exercises, scrabble, bingo, visits from pets and a selection of games.

People had care plans that were person centred and included information about their individual needs, life histories and goals and objectives. People and their relatives told us they were aware of their care plans and they had assessment undertaken before they moved into the home. One person told us, "My [relative] and I were involved in my care plan. I make the choice of what I want to do and what I want staff to do for me. Staff listen to you. They take time to get to know you, it is not just 'do you want a wash,' they are really interested in you and what you want." Another person told us, "My husband knows about my care plan but they check with me to make sure they have done something right or if I would like something done differently." A relative told us they were involved in the care plans and, "I have never felt kept in the dark about things in the care plan. Staff listen and act on what we all say, it is not just a lip service."

The provider told us in their PIR that people's needs, wishes and preferences were paramount when producing care plans and we always involve the person from the initial assessment. We found this to be the case. Care plans were person centred and had been signed by the person to evidence their involvement. Care plans were clearly written and provided guidance to staff in relation to meeting the assessed needs of people. For example, one person becomes confused and there was guidance how to distract the person from leaving the building and how to provide them with reassurance. Care plans also included information about people's preferences, likes, dislikes, personal care needs, religious and cultural needs, social activities and sleep and rest. People's care plans also included a 'life story.' These were very detailed and contained details of family, past occupation, travels, hobbies and interests.

Staff we spoke with were knowledgeable about people's care plans and their life stories. For example, one member of staff this who knew about a person's life in detail and said the person was interested in motorbikes, so when motorbike racing was on the television they alerted the person so they could watch it.

Another member of staff told us, "X takes pride in their appearance and they like doing puzzles, art and word games." We looked at this person's care plan and this information was clearly recorded. A third member of staff told us in detail about a person's personality, professions, family, interests and what type of encouragement and support they required. Daily notes recorded how the assessed needs of people had been attended to and the activities people had taken part in. Care plans were reviewed every month.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been ten complaints in the last twelve months and these had been investigated thoroughly and people and their relatives were satisfied with their responses. Staff told us that they would pass all complaints to the registered manager and these were discussed during staff meetings so staff were aware. People and their relatives told us they knew how to make a complaint. One person told us, "I have never had the need to make a complaint, but I am sure that if I did it would be taken seriously and sorted very quickly." Another person told us, "I have never made a complaint but staff would listen to us if I did." Information about how to make a complaint was displayed at the home and people had been provided with a copy of this.

Good

Is the service well-led?

Our findings

People told us they thought that the service was well led by the new manager. One person told us, "The manager made a point of telling us that if we had any concerns we could raise them with her and they would be resolved quickly." People knew who the registered manager was and told us that she was often seen throughout the home. This was echoed by staff at the home. One member of staff told us," "The new manager seems good. The office door is always open and things are improving. I'm sure they will improve more in time." Another member of staff told us, "There have been lots of changes in management and they all wanted things done in a different way. This manager has made an effort to show the staff that she's approachable and we can go to her." A third member of staff told us, "It had been difficult with so many managers who were not always full-time, "It's been lovely since the new manager arrived. The manager addresses any concerns staff raise and resolves them."

The service promoted a positive culture. There was a staffing hierarchy that consisted of the registered manager, deputy, team leader and care assistants. All staff knew what their individual roles were and the duties they were to perform. Staff told us they felt supported by the registered manager. One member of staff told us, "The atmosphere here is now brilliant. You could not wish for better colleagues and we all work as a team." Staff told us that the registered manager and deputy manager were always visible and they would often sit and have lunch with people which made them more accessible. People benefit from staff who understood and were confident about using the whistleblowing procedure. Staff told us they had undertaken training in whistle blowing and they would not hesitate to follow the provider's policy to report any bad practice.

Accidents and incidents were recorded and reviewed to identify any changes in people's support needs. Staff knew how to report to management when accidents or incidents had occurred. These were then discussed at team meetings to see if any more could be done to prevent these reoccurring. Records of accidents and incidents were maintained at the service and the manager undertook monthly audits to identify any trends and take action as required. For example, one person had a series of falls so a referral was made to the GP, the falls team and risk assessments had been updated.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The provider told us in their PIR that regular audits were undertaken that included an audit of medicines, infection control, care plans and accidents and incidents. We found this to be the case. Monthly audits took place and were conducted by the district manager. Audits included COSSH, training, equipment, the environment, care plans, medicines and water temperatures. Other audits undertaken on a more frequent basis included weekly checks on fire doors, alarms, lifts, wheelchairs and call bells. Records of these were up to date. Actions from the audits were added to the on-going action plan. For example, it had been identified that fridge temperature had not been recorded and hand over documentation was not up to date. These had been addressed by the registered manager.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Monthly resident meetings took place where people could put forward ideas

about how the home was run. There were notices around the home that stated what people had asked for and what the provider had done. For example, people had asked for a new menu. The provider had introduced a new summer menu which people were satisfied with. People had asked for another activity coordinator to provide organised activities. The provider had employed a new activity coordinator for Moore Place.

A survey had been undertaken of people and their relatives to ascertain their views about Moore Place. This was undertaken by an external company in 2016. Results from the survey were mainly positive; where issues had been identified the provider had taken action. For example, the quality of food did not score well. As a result a new chef was employed and the menu had been changed. The catering manager for the provider visits the home once a week and initiated regular meetings with people to listen to their views about the food. People told us that the food had much improved since.

Staff told us that they were involved in how the home was run. They told us they had monthly staff meetings and daily handover meetings. One member of staff told us, "The staff meetings have become more positive. It used to feel like it was just managers moaning at staff. It's more positive now and staff have the chance to talk about things." Another member of staff told us, "Staff meetings enable us to raise any suggestions. I had suggested activities to coastal areas and a cocktail party." The activity list had incorporated a 'sherry' morning for people. A third member of staff told us, "We tell the manager if there's a problem with agency staff and she won't have them back again. She listens to us

The service had links with the local community. For example, there was a plaque in the car park in the flower bed stating that a time capsule was buried there by children from a local primary school.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.