

Sukhvinder Marjara

# Rathside Rest Home

## Inspection report

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 19 May 2016 and was unannounced. The last inspection of this service was carried out on 30 May 2014 and no breaches of regulation were found.

Rathside Rest Home is registered to provide care and support for up to 32 people, some of whom are living with dementia. The service is located in Scawby, near Brigg. Accommodation is provided on two floors with communal areas provided on each one. The ground floor is used to provide accommodation for people living with dementia; the first floor accommodates people who require help and support with personal care. There is a small car park at the front of the service for visitors to use.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff knew how to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the CQC. This helped to protect people.

Staffing levels provided on the day of our inspection were adequate to meet people's needs. Staff understood the risks to people's wellbeing and knew what action they had to take to help minimise risks. Training in a variety of subjects was provided to staff and it was updated periodically to help develop and maintain the staff's skills. Staff received supervision and appraisal occurred which helped to support the staff.

People's nutritional needs were assessed and monitored. People's special dietary needs were known and staff encouraged and assisted people to eat and drink, where necessary. A pictorial menu was provided to help people living with dementia to choose what they would like to eat. Advice was sought from relevant health care professionals to ensure people's nutritional needs were met.

People were supported by staff to make decisions for themselves. Staff reworded questions or information to help people living with dementia understand what was being said. We saw people chose how to spend their time and gave consent to their care and treatment.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

A programme of activities was provided to help stimulate people. There were items for people to use to help them reminisce. People were encouraged to maintain their hobbies and interests.

We found issues with four bedroom doors being held open by inappropriate means. There was also no carbon monoxide detector in the boiler area of the laundry and an expel air that needed replacing in the sluice. These issues were swiftly addressed by the management team. There was pictorial signage to help people living with dementia to find their way around. The environment was decorated in different colours, and the registered manager told us of future redecoration plans where the environment was to be further enhanced to help people living with dementia. General maintenance occurred and service contracts were in place to maintain equipment so it remained safe to use.

A complaints procedure was in place. This was explained to people living with dementia or to their relations so they were informed. People's views were asked for and feedback received was acted upon.

The registered provider undertook a variety of audits to help them monitor the quality of the service. Issues found were addressed quickly and thoroughly. The registered provider and registered manager were proactive in supporting people, relatives, visitors and staff. There was a homely and welcoming atmosphere at the service.

## 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. Staff understood how to report signs of potential abuse. This helped to protect people.

People felt safe when they were being cared for by the staff. Risks to people's health and wellbeing were acted upon immediately within the home environment. Noise activated door closures were fitted to four bedrooms, a carbon detector was placed in the boiler area of the laundry and an expel air fan was replaced to maintain people's safety.

Robust systems were in place for the receipt, storage and administration of medicines.

There were enough skilled and experienced staff to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff monitored people's health and wellbeing.

Staff were provided with training, supervision and appraisal which helped maintain and develop their skills.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully. People's records were being updated regarding their best interests which helped to protect their rights.

People's nutritional needs were met.

**Good** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect. People were encouraged to maintain their independence and were supported by the staff.

Staff understood people's needs, likes, dislikes and preferences and listened to and acted upon what they said.

**Good** ●

People participated in friendly banter with the staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff responded to people's needs.

A complaints procedure was available to people and their relatives.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Audits were undertaken to help identify issues. Issues found at inspection were acted upon quickly to help maintain people's health and safety.

People living at the service, their relatives and staff were asked for their views and these were listened too.

Staff we spoke with understood the management structure in place and felt supported by the management team.

# Rathside Rest Home

## 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 registered 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.

The inspection took place on 19 May 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We contacted the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement.

We looked at the care records for three people who used the service and inspected a range of medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We spoke with five people who used the service and with three relatives. We interviewed three staff, the registered manager and registered provider.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, the training records, the staff rota, minutes of meetings with staff and resident and relatives, quality assurance audits, complaints information and maintenance records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people who were unable to speak with us.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the service. We received the following comments from people; "I feel very safe here, at least I can walk about and keep active. I have a bell if you are in trouble I ring the bell and staff come running." "I feel really safe here. You are never without a carer. I feel ever so safe; the peace of mind is priceless. I call it my haven." and "The staff have patience they never react to people who may be unsettled. I could not do what they do they are patient and kind people."

Relatives we spoke with told us they could leave their relations knowing they were safe and well cared for. Relatives said, "We have never seen any verbal or physical abuse by the staff. Some of the resident's pinch staff don't complain, they handle people and these issues well." and "Staff know what they are doing with medicines."

Staff undertook training about safeguarding vulnerable adults and knew how to protect people from abuse, staff could describe the different types of abuse that may occur. Staff told us they would report potential abuse straight away to the registered manager, registered provider or local authority. There was a whistleblowing policy (telling someone) in place along with safeguarding policies and procedures to help guide staff. A member of staff said, "The manager tested my knowledge about safeguarding and whistleblowing. I would raise any concerns."

We saw that the registered manager monitored staffing levels provided at the service. Staff rotas were produced to make sure there were enough staff on duty with the right skills to support people. Staff confirmed staffing levels were adequate to meet people's needs and said they covered sickness, absence and holidays for colleagues to provide continuity of care to people.

Robust recruitment procedures were in place. Potential staff were interviewed and the response to their interview questions was recorded. A health declaration was also completed. They filled in application forms, provided references and had a police check undertaken. This helped to protect people from staff who may not be suitable to work in the care industry.

We reviewed three people's care files. We saw that risks to people's wellbeing, for example, the risk of falls, choking, or receiving tissue damage due to immobility were identified, monitored and reviewed. People were assessed for wheelchairs, walking aids and pressure relieving mattresses and cushions. We saw that assessed equipment needed was used to protect people's wellbeing. The registered provider told us they provided equipment if people's needs changed to help maintain their health.

Regular fire alarm tests were undertaken. People had personal evacuation plans in place. Information was provided in reception which was to be used to inform the emergency services about people's needs. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff undertook fire training to help them prepare for this type of emergency.

The registered provider and registered manager carried out audits of accidents and incidents to look for any

patterns. Advice from health care professionals was sought to try to prevent further issues from occurring.

During our inspection we undertook a tour of the premises. Hand washing facilities and sanitising hand gel was available for staff and visitors to use. Personal protective equipment, for example; gloves and aprons were available for staff. We found that four bedroom doors were held open by inappropriate means. This was discussed with the registered manager and registered provider. Four noise activated door closures were immediately ordered, one was fitted during our inspection and the other three the next day to help protect people in the event of a fire. We found an expel air unit in the downstairs sluice was not working. This was discussed with the registered manager and replaced. In the laundry, a carbon monoxide detector was not in place near the boiler. This was discussed with the registered manager and registered provider. It was ordered and was fitted straight away to help maintain the safety of the member of staff working in the laundry. We were informed the next day all of these issues had been dealt with.

Service contracts were in place and general maintenance was carried out to maintain equipment and monitor the water, electrical and gas safety at the service.

There was an on call system in place so staff could gain help and advice at any time from the management team.

We inspected the way medicines were managed at the service. A monitored dosage system was in use and was prepared by the supplying pharmacy. This helped staff to dispense people's medicines safely. Robust processes were in place for the ordering, storing, administration, recording and disposing of medicines. Photographs were present which helped staff identify people correctly. Allergies were recorded to inform the staff and relevant health care professionals of any potential hazards. Balance of medicines checked at random were correct. Audit of the medicine system was undertaken to help prevent issues from occurring.

During our inspection, we watched a member of staff undertake part of a medicine round. We saw they were competent and they confirmed they had undertaken training which helped them undertake this safely. The member of staff checked the medicine to be given, the person's identity and watched them take their medicine. This helped to make sure the medicine systems in operation were robust.

## Is the service effective?

### Our findings

People we spoke with told us the staff and management team looked after them well and met their needs. One person we spoke with said, "The staff are always pleasant, even in the middle of the night. they put their head round and say, 'are you alright', and, 'anything you want? there is enough of them. The manager's go round asking if you are alright. The food is brilliant. Master Chef has got nothing on this place; it is presented nicely and is appetising." Another person said, "If you have to be in a home, this is the best there is." People we spoke with told us they were encouraged to maintain their independence whilst being supported by the staff.

Relatives told us their relations received effective support. A relative said, "There are no problems here. They [the staff] are effective at meeting mums needs. Mum is prone to dehydration, it is nice we are made drinks to have with mum. If she does not have a meal, she has a prescribed drink supplement. Staff know she has a sweet tooth, they know this, so a pudding is put aside at lunch so she can have a pudding at eight in the evening. Another relative said, "The service is effective. The food is really good. They do themed meal nights for the families, we had an Italian night and we sat and had a family meal. They [the staff] always ask me if I want lunch."

During our inspection, we observed staff delivering care and support to people in the communal areas of the service. We saw that staff understood people's needs, likes, dislikes and preferences.

We looked at staff training records which confirmed training was provided in a variety of subjects; safe handling of medicines, fire safety, principles of health and safety, moving and handling, infection control, food hygiene, basic emergency aid, dementia awareness, death, dying and bereavement, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with said training was provided and updated regularly to help develop and maintain their skills. A member of staff said, "The last training I had was on the Mental Capacity Act. I enjoyed it, it gave me food for thought. I get to know the service users, know what they like and know what they are capable of doing and what their needs are." Further training in diet and nutrition, diabetes, equality and diversity, risk assessment and communication was being planned for all staff to complete over the next two months.

We saw regular supervision meetings were in place for all staff and yearly appraisals took place. This allowed the staff and management team to discuss any performance issues and provide further support or training to develop the staff's skills.

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.

The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to

continuous supervision and control. People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. Eighteen applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority, six had been granted. DoLS. Records showed relevant staff had completed MCA and DoLS training.

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, best interest meetings were considered to discuss options. These included ensuring relatives and other relevant people had input into discussions about decisions. We saw the registered manager and staff had undertaken a lot of work to make sure they had best interest documentation in place, for example, do not attempt resuscitation orders. This work continues and is being completed to help maintain people's rights.

Staff we spoke with had undertaken training about the principles of the MCA and were able to describe how they supported people to make their own decisions. Staff spoke with people giving them choices, about what they wanted to wear, what they would like to eat and where they wished to spend their time. Where people needed support, local advocates could be provided to help people raise their views.

People had their nutritional needs assessed on admission. This was monitored and reviewed to make sure people's dietary needs were met. Staff knew about people's preferences, likes, dislikes and food allergies. Advice was sought from health care professionals if people lost weight to help maintain their dietary needs.

We spoke with the cook about people's nutritional needs. They were able to tell us about people's dietary needs. They had worked at the service for a short time and further training was being planned to help them understand the importance of food for people living with dementia. We observed lunch in one of the two dining areas. The food served looked appetising and nutritious. It was not served on coloured plates which may have helped people living with dementia to see their food better. However, we saw staff were present to encourage people to eat and drink and they supported in an unhurried manner with gentle prompting. Different sized portions and second helpings of food were offered to people. Food and drink was available at any time to help meet people's dietary needs. People choose where they wanted to eat, either in their rooms or in the dining areas which had a sociable atmosphere.

The care home had a ground and first floor, a passenger lift was provided to help people gain access to the first floor. We saw pressure relieving equipment and special equipment, such as hoists were in use for people who had been assessed as requiring this to help maintain their wellbeing. Pictorial signage was provided in the communal areas of the service. The registered manager told us the pictorial signage was due to be increased and improved to help people living with dementia to find their way around. The registered provider had installed a new nurse call system downstairs to support people living with dementia; it was an infra-red system that was able to alert staff automatically if people rolled out of bed. The system turned on the lights in the night if people got out of bed. This helped prevent falls and helped to maintain independence.

There was a small car park at the front of the service for relatives and visitors to use. Gardens and secure patio areas were provided and furniture was present so people could sit and enjoy the outside space.

## Is the service caring?

### Our findings

People we spoke with told us they felt well cared for by the staff, registered manager and registered provider. They said the staff were attentive, respectful, professional and kind. A person we spoke with said, "The staff are very good and look after me." Another person said, "It is wonderful, the carers are wonderful so cheerful and gentle when helping me with things. If you have to be in a home this is the best there is." We saw people looked relaxed in the company of staff and we observed friendly banter occurring, which people enjoyed.

Relatives we spoke with told us they were pleased with the staff's caring approach and that of the management team. A relative said, "I am very happy with the care mum gets I have never had cause to question it." Another relative said, "It is lovely, friendly and welcoming, they [the staff] do their best for my mum, they have cared for her for four years. They [the staff] are an extension of her friends and family. The carers are attentive and professional. The owner is lovely too."

A health care professional we spoke with told us they felt the staff were caring and supportive of people who used the service.

The registered provider had policies and procedures in place to inform staff about the importance of treating people with dignity and respect and valuing their diversity. A confidentiality policy was in place for staff to adhere to. We saw staff treated people appropriately.

Staff spent time with people in the communal areas of the service. They took their time to support people living with dementia. We observed staff kneeling down to gain eye contact with people to aid communication. Staff asked people how they were and if they needed anything. They took their time to ask questions which, were re-phrased, if necessary, to help people living with dementia to respond. The staff listened to and acted upon what people said.

We observed people were addressed by their preferred names. Staff knocked on bedroom doors before entering and bathroom doors were closed when staff were providing personal care. This ensured people's privacy was maintained.

We saw staff were attentive and offered help and assistance to people, where this was required. For example, a person requested to go outside and staff immediately acted upon this and made sure the person was wearing appropriate clothing. We saw the staff, registered manager and registered provider checked the person was alright sitting outside and they acted swiftly upon any request they made, for example, taking them drinks of tea. The person was supported in a caring and kind manner by all the staff and their independence was promoted.

The registered manager, registered provider and staff placed people at the heart of the service. They were attentive and supportive to people, relatives, visitors and staff. We were told by people we spoke with, relatives and staff that the management team cared and supported everyone. We found there was a

welcoming and homely environment provided at the service.

During our inspection staff we spoke with told us they enjoyed working at the service and said they would not want to work anywhere else. A member of staff said, "I feel I can make an impact here. It is a good place to work and a good team. There is a calm atmosphere and residents are well cared for. We knock on doors and conduct ourselves in a courteous manner." The registered manager confirmed staff were flexible and covered each other's sickness and absence to provide continuity of care to people.

Staff we spoke with told us about people's individual preferences, likes and dislikes for their care and support. They told us it was important to deliver individualised care to people in the way they wished to receive it so that people felt cared for and respected. Staff knew about people's life and social histories. We observed they helped people maintain their hobbies, lifestyle and social interests. For example, one person loved gardening so the registered provider had bought a greenhouse and this person was growing their own plants and vegetables.

Visitors were made welcome. The registered manager told us relatives were invited to stay for meals to help maintain people's family life.

## Is the service responsive?

### Our findings

People we spoke with said the staff responded to their needs in a timely way which meant they felt well supported. One person said, "They [the staff] come and ask 'do you need anything.' I could not walk when I came in. I have had physiotherapy and have a frame and a walking stick. I am now on my feet."

Relatives said staff were responsive and acted to inform them of any change in their relations condition gaining appropriate medical assistance or advice. They said they were involved in care reviews and were invited to activities. A relative we spoke with said, "They [the staff] always ring the doctor and let us know straight away they have rung the doctor. We are kept informed. We are involved in care reviews, they [the staff] always tell us what is happening. If we have a query we put it to them [the staff] and it is sorted." Another relative said, "I am kept informed if mum is not so well, they [the staff] ring me, they act and get the doctor or district nurse. I am invited to care plan reviews and I am really involved. Mum likes music, if music is occurring downstairs I will sit with Mum."

A health care professional we spoke with said the staff updated them with changes in people's conditions and kept them informed. This helped to maintain people's health. They said, "The staff take me to patients, get me the records and information I need. Staff know the service user's needs." The health professional described how staff were knowledgeable about correct airflow mattress settings and told us they raised concerns in a timely way to enable them to see their patient's promptly. They said [the staff] report problems or concerns. Staff are alert and there is a settled and confident team of staff here."

We saw that before people were admitted to the service, an assessment of their needs took place which was carried out by senior staff. People discussed their care needs which helped to ensure staff could meet them. Information was gained from health care professionals, local authority care plans and hospital discharge letters which were used to develop people's care plans and risk assessments on admission. People and their relatives were encouraged to visit the service to see if they felt this was the right place for them.

We looked at people's care records. We saw risk assessments were present for issues such as weight loss, falls or choking. The care records were reviewed and updated as people's needs changed and periodically to ensure people received the care and support required. However, we saw staff mainly used the same terminology, for example; 'care as plan', or 'no change' when they reviewed people's care plans and risk assessments. We discussed this with the management team and staff were reminded to write their reviews in more detail to give better information about the review that had taken place.

Staff we spoke with told us they monitored people's condition on a daily basis. Changes to people's needs were discussed at the staff handovers between shifts. Information about people's health and wellbeing along with their emotional state, activities and nutritional intake was shared. Advice received from visiting health care professionals was also discussed to make sure staff were fully informed.

We saw people were supplied with the equipment they needed to prevent deterioration in their condition. For example, pressure relieving mattresses and cushions were in place for those at risk of developing skin

damage due to being immobile or frail and walking aids were used to help prevent falls. We saw these items were used when people had been assessed as requiring them to protect their wellbeing.

Staff prioritised the delivery of care to people. For example, we saw a person was getting agitated and staff acted immediately to divert the person's attention by speaking to them and spending time with them. This stopped the person from feeling anxious and upset.

There was a programme of activities provided at the service. We saw photographs of events that had occurred. Themed meal events took place, chair exercises, card games, knitting and brass cleaning occurred. Concerts were arranged for people to enjoy. Earlier in the week people had been taken out to Blyton for an ice cream. We saw people making jam tarts and joining in quizzes to help stimulate them. Staff took people out. People were encouraged to maintain their hobbies and interests. For example, a person was growing plants in a greenhouse which had been provided for them. The activities programme helped people to live the life they choose. Residents and relatives meetings were held to gain people's views and their feedback was listened to and was acted upon.

The service had developed links with the local community. The Women's Institute had invited people to attend an afternoon tea party held in Scawby Village Hall. There was a 'Tender Loving Care' session held every Tuesday when, older people in the community came in to the service for lunch.

A complaints procedure was in place and was available to people and their relatives. People we spoke with told us they had no complaints. Staff said if anyone wished to complain they would inform the management team so the issue could be dealt with. We saw there was one complaint that had been received and this was being dealt with. A person we spoke with said, "I have no complaints. I feel looked after and cared for. They [the staff] bend over backwards for you. If you want a newspaper they [the staff] will get it for you, no problem."

## Is the service well-led?

### Our findings

People we spoke with said they were satisfied with the service they received. They told us the staff and management team listened to their views and acted upon what they said. One person we spoke with said, "It is wonderful here I cannot fault it. The manager's are wonderful here." Another person said, "It is wonderful here. When I wake up I feel I am at home."

Relatives we spoke with told us the service was well-led. They said the registered manager and registered provider were always present and were attentive to their needs and asked for their views. A relative said, "The owner is lovely, a really nice guy. I have been to resident and relatives meetings." Another relative told us, "I am happy with everything."

The registered manager was supported in their role by the registered provider and senior staff at the service, they made up the management team. They worked together to monitor the quality of the service provided. We saw in reception there was a notice board displaying photographs of the staff team which helped to inform people.

The registered manager and registered provider had an 'open door' policy in place which allowed people, their relatives and visitor's to speak with them at any time. We saw this worked effectively during our inspection. Resident and relative meetings were held. People we spoke with and their relations confirmed they attended these and aired their views. Surveys were sent to visitors and health care professionals to gain their opinion about the service. We saw there were a number of 'thank you' cards displayed at the service which had been sent in by people or their relatives.

Staff we spoke with said they did not have to wait for staff meetings to speak with the management team if they had any concerns or issues. They said issues discussed were acted upon. Staff meetings occurred regularly and minutes of these meetings were available for staff who were unable to attend, which helped to keep them informed. Staff we spoke with told us the service was a lovely place to work at. They said they were supported by the management team and understood the management structure in place. The ethos of the service was positive.

The registered manager worked some shifts alongside the care staff to observe their performance. This helped them to assess the quality of care provided.

The registered manager monitored and analysed accidents and incidents that occurred. They looked for trends or patterns and took corrective action to help prevent further incidents from occurring. This information was shared with staff and relevant health care professionals to reduce the risk to people's safety.

The registered provider assessed the quality of the service by undertaking a variety of audits of areas such as; laundry, kitchen cleanliness, daily living, menus, management, premises and care records. We looked at the results of the audits that had been completed. If issues were found an action plan was put in place to

resolve them. The environmental shortfalls we found relating to the carbon detector and expel air had not impacted on the health or safety of people who used the service. All the issues, including the bedroom doors being held open by inappropriate means, were dealt with immediately by the registered manager and registered provider. This helped to protect people's wellbeing.

Quality assurance surveys had been completed for the laundry and catering departments. We looked at these results. Eleven surveys regarding the laundry service and eight regarding the catering audit were found to be positive. The registered provider visited the service and reported on their findings. They spoke with people who used the service, visitors and relatives and looked at the complaints information or any issues regarding the delivery of the service.

Accident and incidents were analysed and monitored. Staff reassessed people's needs or contacted relevant health care professionals, when required to help maintain their wellbeing. The registered manager told us they monitored falls in great detail and told us the infra-red nurse call system fitted downstairs helped to alert staff to people who may be at risk of falling. This helped to protect people's wellbeing. The registered provider told us even though fitting this system had been expensive it was well worth the investment because they wanted to use up to date technology to improve the standard of care they could provide to people.

We saw that emergency contingency plan were in place. These gave details about the action staff must take in events such as a fire, gas or electricity supply failure. Contact numbers for contractors and utility companies were present so that staff could deal with issues in a timely way.

General maintenance and repairs were undertaken and service contracts were in place for the lift and hoists to ensure regular maintenance. Contracts were in place for waste disposal and to monitor the utilities, for example, gas, electric, fire and water. Records of checks and maintenance undertaken were completed. The kitchen had been awarded a five star food handling rating by the local authority.

The registered manager told us they were working with the registered provider to see how they could improve the service for people living with dementia. They were attending a dementia training course later in the year which was being delivered by a leading authority in dementia care. The registered manager told us they would use the knowledge gained on this course to improve the dementia care provided at the service.

The registered provider has submitted an application to update their registration details held with the Care Quality Commission. This application was submitted shortly after our inspection visit.