Highfields Care Home Limited

Highfields Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 22 June 2016 and was unannounced. Highfields Care Home provides accommodation, personal care and nursing care for up to 49 people. People had a variety of needs associated with dementia or physical health needs. On the day of our inspection 48 people were using the service.

The service had a registered manager. 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.

People told us they felt safe living at the home and staff knew how to protect people from the risk of abuse. Risks to people's safety, such as the risk of falling, were appropriately assessed and well managed. The building was well maintained and the required safety checks were carried out.

There were sufficient numbers of suitable staff and people received care and support in a timely manner. The provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored.

People were cared for effectively by staff who felt well supported. Further training was planned so that all staff would receive the training relevant to their role. People were asked to provide consent to the care they received. The Mental Capacity Act (2005) (MCA) was used appropriately to protect people who were not able to make their own decisions about the care they received.

People were provided with sufficient quantities of food and drink and most people told us they enjoyed the food. Staff ensured that people had access to any healthcare professionals they required and followed any guidance that was provided by them.

There were positive and caring relationships between staff and people. People and their relatives were able to be fully involved in planning their care and making day to day decisions about what they wanted to do. People were treated in a dignified and respectful manner by staff. Many people's bedroom doors were left open which restricted the amount of privacy they could have.

People received care that was responsive to their changing needs and staff knew people well. There were effective systems in place to ensure that staff were made aware of any changes to people's planned care. There was a range of activities provided and people told us they enjoyed taking part. Some people felt their opportunities to spend time outdoors were limited and felt a more secure outdoor seating area would be beneficial to them. People knew how to complain and any complaints received were appropriately responded to.

There was a positive, open and transparent culture in the home, people and staff were encouraged to speak up and their comments were listened to. There were different ways people could provide feedback about the service they received, such as a satisfaction survey and regular meetings. The quality monitoring systems used by the registered manager ensured that any areas for improvement were identified and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received the support required to keep them safe and risks to their health and safety were appropriately managed.

There were sufficient numbers of staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who felt well supported. Plans were in place to improve upon the provision of training.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were provided with sufficient food and drink and staff ensured they had access to healthcare appointments.

Is the service caring?

Good

The service was caring.

There were positive and caring relationships between people and staff.

People were able to be fully involved in making decisions about their care.

Staff treated people with dignity however privacy was not always available as some people's bedroom doors were left open.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that was responsive to their changing needs and were provided with

activities that they enjoyed. People felt that a more secure outdoor area would be beneficial.

People felt able to complain and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home and people's input was welcomed.

There was a clear management structure in place and tasks were appropriately delegated.

The quality monitoring system ensured any areas for improvement were identified and acted upon.

Highfields Care 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 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.

We visited the service on 22 June 2016, this was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received from external sources and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with eight people who used the service, five relatives, three members of care staff, two nurses, a visiting healthcare professional, the chef, a domestic assistant, an administrator, an activities coordinator and the registered manager. We looked at the care plans of three people and any associated daily records such as the food and fluid charts. We looked at three staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Highfields Care Home. One person said, "I feel very, very safe – the carers are always here." Another person told us, "I feel secure." The relatives we spoke with also felt their loved ones were safe and told us they had no concerns. One relative said, "I'm quite happy (my relative] is safe." Another relative commented, "No problems with safety."

On the day of our inspection the atmosphere in the home was calm and relaxed. We observed people speaking confidently with staff and one another. We did not observe any situations where people may have been adversely affected by the behaviour of others. Staff told us that they felt able to manage any minor disagreements people may have so that they did not escalate into an incident. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others where this was required. For example, where people were cared for in their beds, staff had identified that they should carry out regular observations to ensure their continued safety.

Staff clearly understood the importance of their role in protecting people from harm and promoting their safety. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. The staff we spoke with were confident that the registered manager would act appropriately if any incidents did occur. Information about safeguarding was available in the home for residents, visitors and staff to access. Staff also were aware of how to contact the local authority to share the information themselves because they had been provided with training and development to understand how to do so. We saw relevant information had been shared with the local authority when incidents had occurred.

People were well supported by staff to manage risks to their health and safety in the least restrictive way possible. One person said, "I'm happy – they don't allow us to tumble." Another person told us, "They help me carefully." The relatives we spoke with also felt that staff were vigilant and helped people in a safe way. One relative commented, "They use a stand-aid with [my relative] and it seems fine."

During our visit we observed staff using various techniques to safely support people to move and change position. For example, we saw staff using a hoist in the correct way when helping a person move from their armchair to a wheelchair. Staff also ensured that people had easy access to any equipment they needed to support their independence, such as walking frames. Our observations were supported by the information that was in people's care plans. There were risk assessments in place which detailed the level of risk to people from various factors, such as falling or developing a pressure ulcer. This was followed by information about the support people required to maintain their safety. The staff we spoke with told us they felt able to provide safe care to people and could describe the different levels of support that people required.

People lived in an environment that was well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm and gas safety checks. Staff reported any maintenance requirements and these were resolved in a timely manner.

The people we spoke with felt there were sufficient staff to meet their needs. One person said, "Oh yes, they're always there with us." Another person commented, "They're around if I need them." When asked about how quickly staff responded to their bedroom call bell being activated, one person said, "They come very quickly." The relatives we spoke with provided mixed feedback about whether there were sufficient numbers of staff to care for people safely. One relative told us, "They're good at helping." Although another relative said, "I've noticed that on Sunday afternoons, there's not nearly so many staff around."

During our visit we saw that there were enough staff to provide care and support in a timely manner. Staff responded quickly when people needed assistance, for example to visit the bathroom or return to their bedroom. Our observations confirmed that there was always a member of staff present in communal areas of the home to respond to any requests people made. Other staff were deployed effectively in different areas of the building so that people who were in their bedrooms also received support when required. Staff responded quickly when people activated their bedroom call bells. The registered manager assessed how many staff were required by taking into account people's dependency levels as well as any planned activities and appointments. The majority of staff felt that there were sufficient numbers of staff to be able to meet people's needs and also to ensure cover could be arranged in the event of sickness.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us they were satisfied with the way that their medicines were managed. One person told us, "They're very fussy about doing it well." Another person told us, "It takes a lot of my worry – they're very good at helping me take them." The relatives we spoke with told us they felt medicines were properly managed. One relative told us, "[My relative] is on a minimum (of medication) so I'm happy." Another relative said, "I've got peace of mind now I don't have to do them for [my relative]."

The nursing staff were responsible for the management and administration of people's medicines. We observed a nurse administering people's medicines and saw that they followed safe practice when doing so. They adopted a patient and person-centred approach and ensured each person had the time they needed to take their medicines safely. Nursing staff told us they received training in the safe administration of medicines and records confirmed that this was the case. There was also a check of the competency of all staff responsible for administering medicines.

Medicines were stored securely in locked trolleys and kept at an appropriate temperature. There were robust procedures in place to ensure that people's medicines were ordered in a timely manner. The nursing staff recorded when they had given people their medicines or a reason why somebody had not taken their medicine. The handling and administration of controlled drugs complied with the relevant legislation. Controlled drugs are a group of medicines that have the potential to be abused and so are subject to more stringent safety measures. When a medicines error had occurred additional support and training was provided to the member of staff.

Good

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person said, "They seem capable to me." Another person told us, "The majority are fine and I see new ones shadow." The relatives we spoke with also told us that staff seemed to be well supported and appropriately trained. One relative told us, "The majority are well trained. I had doubts at first but they know [my relative] better now."

Staff had not always received all of the training required to carry out their role effectively, or it had not been refreshed within the timescales set by the provider. For example, only a small amount of staff had received training in the Mental Capacity Act (2005) and many staff required updated training in safeguarding vulnerable adults. There was a plan in place to ensure that staff training would be updated in the months following our inspection. We observed staff utilising the training they had received, such as by using safe moving and handling techniques. The staff we spoke with told us that the training they had received was of good quality and helped them to provide effective care.

Staff told us they felt well supported by the registered manager and their line manager, one staff member commented, "I get regular supervision but I can go to the manager whenever I need to." The records we looked at showed that staff received supervision on a regular basis with their line manager. Staff received feedback on how they were working and identified any areas where they felt further development would be beneficial. New members of staff were given an induction into working at Highfields Care Home which included some training and shadowing more experienced staff. During our visit we observed a new member of staff who was shadowing a colleague, they told us they felt the induction was preparing them well for their role.

People made decisions about their own care and were given the opportunity to provide consent where possible. One person said, "They always ask me and explain." Another person told us, "They'd ask and offer help." The relatives we spoke with also confirmed that this was the case with one relative commenting, "They explain it well with [my relative]." During our visit we observed that staff always asked people for their consent before providing any care and support. The care plans we viewed also showed that people or their relatives were asked to sign their care plan to confirm their consent.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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 a person lacks the mental capacity to make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met. The registered manager had made relevant applications to the local authority and had very recently received the outcomes of these. There was a good awareness amongst staff about how the MCA and DoLS impacted upon the care they provided to people.

The people we spoke with told us they were given enough to eat and drink to maintain good health although comments about the quality and choice of food were mixed. One person said, "On the whole it's very good. We get a choice and can ask for extras. I'd like to have some more fresh fruit available – that'd be nice." Another person said, "I've got no cribs about the food. We get lots of choices or I could ask for anything. They bring us fruit round now and then." However, one person commented, "The food is the worst part – it's boring and often overcooked. There's not enough choice – and we don't get salad." The relatives we spoke with commented positively on the quality and quantity of food and drink provided to people. One relative said, "[My relative] eats fine – they have got a good appetite." Another relative told us, "There was a dip in quality of the food but it's better now under the new kitchen management."

We observed that people enjoyed their meals and were provided with portion sizes appropriate to them. People were offered a large variety of drinks at meal times and throughout the day. Regular top ups of drinks were also provided. Staff ensured that people's individual requests were catered for. For example, one person said they did not wish to eat at the desert that was on the menu and so a staff member fetched another dessert for them. The dining area was well presented and organised which meant that people looked forward to meal times.

Staff focussed on enabling people to eat and drink independently where possible, for example by providing adapted plates or altering the way their food was prepared. Where people required support to eat and drink this was given in a calm and unhurried manner. Where people chose to eat in their bedroom, they were served their meal at the same time as those who were sat in the dining room. The staff we spoke with told us people were provided with sufficient amounts of food and drink. Kitchen staff were informed about specialised diets such as people who required soft food and low sugar alternatives and these were catered for. There was also an awareness of how people's religious and cultural background may impact on their diet and how food should be prepared.

People told us that they had access to various healthcare professionals when this was required. One person said, "They do have a dentist who comes in and my eyes have been done here too. They've booked someone to do a hearing check on me." Another person told us, "They're taking me to the dentist tomorrow. The chiropodist comes to see me." The relatives we spoke with told us they were confident that their loved one was provided with access to relevant healthcare services with one relative commenting, "[My relative] sees the podiatrist regularly." During our visit a GP visited the home to carry out their routine visits. They commented very positively about the way in which staff communicated with them about each person who was under their care.

Staff ensured that people had access to community healthcare services when required. Care staff told us that they reported any concerns to a nurse who would then go to see the person and carry out initial observations. Nursing staff also confirmed that care staff were good at reporting concerns about people's health and well-being to them. Records confirmed that people received input from visiting healthcare professionals, such as their GP and chiropodist, on a regular basis. Staff also supported people to access specialist services such as the Speech and Language Therapy (SALT) team and continence advisory services. The guidance provided to staff was incorporated into care plans and followed in practice. For example, the SALT team had advised that one person should be offered pureed food due to having difficulty swallowing. We saw that this person was provided with appropriate food on the day of our inspection.

Good

Is the service caring?

Our findings

People were complimentary about staff and told us that they were caring and compassionate. One person said, "They're wonderfully patient here." Another person told us, "They're very kind and lovely." Another person commented, "Staff are good, I am cared for well by them." The relatives we spoke with also felt that staff were kind and caring, one relative commented, "Absolutely they're kind. They're like friends – very attentive, even the new ones." Another relative told us, "Very kind. The continuity of staff helps a lot too."

During our visit we observed many positive interactions between staff and people living at Highfields Care Home. For example, while administering medicines, the nurse took time to sit and talk with people to put them at ease before offering their tablets. Staff demonstrated that they understood people's personalities and had an individual approach with each person. One person needed time to understand information before responding, staff appreciated this and gave the person the time they required. Another person had initially declined to eat any breakfast, a member of staff spent time talking with them about the different choices that were available. They did so in a relaxed manner and did not pressure the person into making a choice and they then agreed to have breakfast. We saw that staff took opportunities to share a joke with people when it was appropriate to do so.

People told us that, where possible, staff would spend time talking with them and felt staff listened to them should they be worried about anything. One person said, "If you're worried, you can talk to them." The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care. People were asked about their preferences before moving into the home, for example whether they had any preference about the gender of their carer. People's diverse religious, cultural and personal needs were catered for. For example, a religious service was held at the home on a regular basis and this was open to people of any religious denomination.

People were able to be involved in decision making and planning their own care. One person confirmed this when saying, "They (the staff) are so polite and ask me." Another person said, "We can ask and do what we want." We were also told, "I do what suits me, with their (staff) help." During our visit we saw that staff fully involved people in making decisions, such as whether they needed any support with carrying out personal care. People were also offered choices about where they wanted to sit to eat their meals and if they wanted to take part in any of the activities.

The staff we spoke with told us they would always offer people choices and respect the decisions they made. One staff member commented, "People have different ways of telling us what they want. We pick up non-verbal signs that may be someone's way of telling us what they want." People were also able to bring items from their own homes and chose how they wished their bedroom to be furnished. The care plans we viewed showed that, where possible, people had been involved in planning their care on arrival at the home. People or their relatives had provided information about their life history and what was important to them. This information had been used to develop a plan of care that was personalised to them.

People were provided with information about how to access an advocacy service, leaflets were displayed in

a prominent position in the home. Although nobody was using this service at the time of the inspection, the registered manager said that it was discussed and offered to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect by staff. One person said, "They're very respectful." The relatives we spoke with said they felt staff treated people with dignity and respect. One relative said, "They certainly do show respect." Another relative commented, "No doubt at all that [my relative] has respect shown." However one person noted that they were not always afforded privacy and told us, "I wake though when they come to [another person] in the night and put the big light on. Our door's always left open too."

During our visit we noted that many bedroom doors were left open when people were in their room. Some of the bedrooms were located on a busy corridor and also in close proximity to the main entrance to the home, meaning that visitors could see into their room. The registered manager told us that some people chose to have their doors open as it increased their feeling of security. However, it was acknowledged that some doors may have been left open more for the convenience of staff when carrying out checks of people in their rooms. The registered manager agreed to review staff practice and discuss with staff alternative ways of carrying out safety checks that did not compromise people's privacy and dignity.

Our observations showed that staff treated people with dignity and respect and understood the importance of this. The people we spoke with told us that staff always ensured their privacy before carrying out any personal care. Staff had a good appreciation of the values in relation to providing care in a dignified and respectful manner. Visitors were able to come to the home at any time and many people visited during the inspection. People and their visitors had access to quieter areas or their bedroom to spend time together if required. We also observed staff knocking on doors and waiting to be invited into people's bedrooms, where the person had requested that they did so.

Good

Is the service responsive?

Our findings

The people we spoke with felt that staff provided personalised care and were responsive to their changing needs. One person said, "They help me carefully." Another person commented, "They're around if I need them." The relatives we spoke with also felt that their loved one received the care and support they required. One relative said, "The good thing is the staff continuity here, so they know [my relative]." Another relative told us their loved one received appropriate pressure area care, commenting, "They turn [my relative] regularly at night."

People were cared for by staff who had a good understanding of their care needs and ensured that the support they needed was delivered at the right time. For example, several people required regular changes in their position to reduce the risk of them developing a pressure ulcer. Our observations and the records we saw confirmed that this support was provided at the required intervals. Staff were allocated responsibilities at the start of each shift and they told us this helped to ensure people received the care they needed. Staff also used opportunities to spend some 'quality time' with people. For example, one member of care staff had gone to a person's room to apply some cream to their hands. They used this opportunity to have a chat to the person and to massage their hands, which the person appeared to enjoy.

Our conversations with staff showed that they had a good understanding of people's care needs and how they had changed over time. Staff told us that people's care plans contained useful information and that they were able to take the time to read them. The nursing staff and registered manager told us that care plans were in the process of being rewritten using a new format. We saw that care plans were detailed and provided clear information about the care people needed. Staff had not always been able to carry out reviews of the care plans as often as desired and the registered manager told us they would ensure reviews were carried out in a timely manner in future. There was an effective system in place to ensure that staff were informed of changes to people's planned care and any other updates through a handover at the change of shifts.

Adjustments were made and equipment provided so that people were able to remain as independent as possible. For example, staff ensured that people who required glasses or hearing aids had access to these and that they were in good order. Staff also ensured that people had easy access to any mobility aids that they needed, such as walking frames and wheelchairs. There were hand rails along the corridors to assist people to remain steady whilst walking around the home and well as a passenger lift and stair lift to access the upper floor.

The majority of the people we spoke were positive about the provision of activities and felt there was something of interest to them. One person said, "They invite me down and I may go. Or (the activities coordinator) comes and has a chat." Another person said, "Things are on occasionally and they ask me to join in." Other people were less positive about activities with one person commenting, "There's not a lot – some things could be arranged. We have musicians now and again. I was a gardener but don't get much chance outside, which is a shame." The relatives we spoke with provided mixed feedback about whether there were activities available that interested their loved one. One relative said, "[My relative] likes to watch

and laugh. They have tried bowls and skittles." However, another relative told us, "There's never enough on really, especially singing."

There were two activities coordinators who provided seven day a week cover. A programme of activities was displayed and we saw that the planned activities were carried out on the day of our inspection, which appeared to be enjoyed. The activities coordinators reviewed how much people had enjoyed each activity so that the scheduled could be adapted if needed. Some people enjoyed sitting outside on the patio area, however not everybody was able to access this area. One person said, "There's not much chance to go outside unless relatives come. Staff don't take us." A relative added to this by saying, "I wish they'd create a secure area to sit out so [my relative] can enjoy the garden." The registered manager told us they had already identified this and were in discussion with the provider about creating a secure outdoor seating area for everybody to enjoy.

People told us they felt able to raise a complaint and knew how to do so, although none of the people we spoke with had needed to make a complaint. One person said, "I've not needed to complain." Another person told us, "I've not really had any concerns." The relatives we spoke with also told us that they were aware of how to make a complaint and would feel able to do so.

The complaints procedure was displayed in a prominent position in a communal area of the home. A copy was also provided to people and their relatives when they first moved into the home. We reviewed the records of the complaints received in the 12 months prior to our inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication maintained with the complainant throughout the process. The outcomes of the complaints were well documented and this included an apology and an explanation of any lessons that had been learned to improve future practice.

Good

Is the service well-led?

Our findings

There was an open and transparent culture at Highfields Care Home and people felt able to have their say or raise concerns. One person said, "The office is open. I've had no troubles though." Another person said, "It is all quite relaxed, I'd feel free to say what I need to say." The relatives we spoke with also felt that the culture of the home was relaxed and they felt able to speak up if they needed to. One relative said, "[The manager] will come in and see me at times and I can talk to them OK." We observed that there was a relaxed atmosphere in the home and people and relatives were comfortable speaking with the registered manager and deputy manager.

The staff we spoke with felt there was an open culture in the home which enabled them to carry out their work with confidence. We observed that staff communicated well with each other and that their focus was on providing the best level of care that they could. Staff also told us they would feel comfortable reporting a mistake. One member of staff said, "If I made a mistake I would have no problem in reporting it straight away." The staff we spoke with told us that there was somebody they could go to if they had an issue they needed to discuss. One staff member commented, "The manager's door is always open." There were periodic staff meetings and we saw from records that staff were able to contribute to these meetings. The registered manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. All groups of staff told us they felt involved and included in discussions about improvements to the home.

Despite the home's rural location, efforts were made to develop good links with the local community. For example, people were taken on occasional excursions to places of interest as well as attending appointments at community healthcare facilities. The registered manager was well known in the nearby villages and there was a range of people who visited the home to provide support and advice as well as entertainment for the people living at the home.

The service had a registered manager and they understood their responsibilities. The majority of the people we spoke with knew who the registered manager was and felt that they led the service well. One person said, "I see her at times and feel I could talk to her." Another person told us, "I see her up here just occasionally. I can talk to any of the staff though." The relatives we spoke with knew who the registered manager was and felt that the home was well led. One relative told us, "I see her occasionally. She's easy to talk to."

There were clear decision making structures in place and all staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines, the management of care plans and managing the various budgets for purchasing items. The registered manager was developing a supervision structure which would see various heads of function carry out the supervision for the staff that worked for them. The registered manager told us they felt fully supported by the provider and that they were able to purchase additional items they felt would benefit people living at the home. We saw that resources were provided to enable the development and upkeep of the home. For example, work had recently been completed in refurbishing various areas of the home.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People were invited to provide feedback about the quality of the service they received and their feedback was taken seriously, although not everyone could recall having been asked for their opinion. One person said, "They did a survey on meals a little while ago and asked us what we liked or wanted." However, another person told us, "No survey that I know of." The relatives we spoke with were aware of how they could provide feedback about the service, for example by attending a 'Residents and relatives meeting.'

There were different ways for people to provide their feedback about the quality of the service. Satisfaction surveys were available for people and relatives to complete which covered various topics, such as the quality of the food. In addition, there were quarterly meetings for people living at the home and their relatives to attend if they wished to. The registered manager told us they had tried to make the meetings a more informal, social occasion to try and increase attendance. People were able to discuss what mattered to them, such as what activities they would like to do and the importance of staff respecting their privacy and dignity. The provider carried out monitoring visits where they spoke to people living at the home as well as carrying out their own assessment of the service being provided. Where any areas for improvement were identified, these were acted upon accordingly.

The registered manager also carried out regular audits of all areas of the service, which included checks of medication, care planning and the cleanliness of the home. We saw that a recent medication audit had highlighted that staff were not always completing records fully and action had been taken to rectify this. In addition, any incidents and accidents were reviewed to identify whether there were any patterns and if any further action was required to reduce risks to people's health and safety. All of the records about people living at the home and staff were well organised and stored securely.