The Southgarth Partnership

Southgarth 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

Southgarth Care Home offers accommodation with care and support for up to 25 older people. There were 20 people using the service at the time of the inspection.

At the last inspection November 2015, we gave the service an overall rating of 'Good'. However we rated the 'safe' domain as requires improvement because we found a breach of regulations. This was because the provider had not ensured the premises were safe for people using the service. At this inspection we checked that they had followed their action plan and to confirm that they now met legal requirements. We found improvements had been made and risks to people were being safely managed. At this inspection we found the service remained good.

Why the service is rated good.

Individual risks to people's safety had been assessed and care plans written to show how these were being addressed. At the last inspection we had identified people were not protected by an effective system to assess and monitor the health and safety risks at the home. This was in relation to vulnerable people having access to hot taps in sinks which exceeded the Health and Safety Executive (HSE) recommended temperatures. At this inspection all communal baths and wash basins had thermostatic mixing valves (TMVs) in place. An assessment of risk had been undertaken for each person regarding hot water outlets in their rooms. Where a risk had been identified a TMV had been fitted. This meant people were kept safe from the risk of scalds from hot water outlets

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were person centred and where able people and their families had been involved in their development and ongoing reviews. Staff were very good at ensuring people where able were involved in making decisions and planning their own care on a day to day basis. People were referred promptly to health care services when required and received on-going healthcare support.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed.

People were supported by staff who had the required recruitment checks in place. Staff received an induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had received training and developed skills and knowledge to meet people's needs.
There were adequate staffing levels to meet people's needs. The registered manager and deputy manager undertook a lot of shifts and stepped in to fill staffing gaps. They were working with the provider's area manager to actively recruit where they had vacancies.

People received person centred care. Staff knew people well, understood their needs and cared for them as

individuals. People were relaxed and comfortable with staff that supported them. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes.

Staff relationships with people were caring and supportive. They delivered care that was kind and compassionate. People said staff treated them with dignity and respect at all times in a caring and compassionate way.

People's views and suggestions were taken into account to improve the service. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them. They fed back to us that the service escalated concerns appropriately and in a timely manner.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They had made appropriate applications for people they had assessed that required to be deprived of their liberty to the local authority DoLS team.

People were supported to follow their interests and take part in social activities. A program of activities was available for people to attend as they chose. The provider was looking at ways of improving activity provision further at the service.

People were supported to eat and drink enough and maintain a balanced diet. People and relatives were very positive about the food at the service. People were seen to be enjoying the food they received during the inspection.

The provider had a range of quality monitoring systems in place which were used to continually review and improve the service. There had been one complaints received at the service since our last inspection. This had been responded to in line with the provider's policy. The registered manager undertook regular duties and dealt with niggles or concerns as they occurred.

The premises were well managed to keep people safe. The home was clean and homely with a welcoming atmosphere. Systems were used to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment. There were emergency plans in place to protect people in the event of a fire or emergency.

Further information is in the detailed findings below.

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 had improved and is now Good. This was because risks to people were being safely managed.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Southgarth 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 and 20 April 2017. The first day was unannounced and we made arrangements to return on a second day to complete the inspection. The inspection was carried out by one adult social care inspector.

We reviewed the information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed the majority of the people who lived at the service and received feedback from six people who were able to tell us about their experiences. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/ complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with one visitor to ask their views about the service.

We spoke to 10 staff, including the registered manager, deputy manager, senior care worker, care workers, the cook, the provider's representative referred to as 'support regional manager for south west' and two directors.

We reviewed information about people's care and how the service was managed. These included three people's care records and five people's medicine records, along with other records relating to the management of the service. These included staff training, support and three employment records, quality assurance audits and minutes of residents and team meetings. We also contacted health and social care professionals and commissioners of the service for their views. We received a response from one health and social care professional.

Good

Is the service safe?

Our findings

At our last inspection, there was a breach of the regulation. This was because people were not protected from scald risks from the hot water. Following the inspection we were sent an action plan setting out the actions the provider was going to take. At this inspection we found the actions had been taken regarding this breach and the requirement had been met. Hot water outlets in communal areas accessible to vulnerable adults had been fitted with thermostatic mixing valves (TMVs). These were set to ensure the water did not exceed the Health and Safety Executive (HSE) recommended temperatures of being no hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people. An assessment of risk had been undertaken for each person regarding hot water outlets in their rooms. Where a risk had been identified a TMV had been fitted. There were monthly checks undertaken to ensure that water temperatures did not exceed the recommended guidance where TMV's were fitted.

People felt safe living at the home. People said they felt safe comments included, "I am very happy here. They make sure things are alright", "They look after me very well", "Oh yes I feel safe. They look after you very well here" and "Oh yes." A visitor who visited the home every day said they felt the home was well run and people were kept safe.

People were protected because risks for each person were identified. Risk assessments about each person were undertaken which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, skin integrity, choking, bed rails and nutrition.

There was a safe system in place for ensuring the safe management and review of medicines. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. If the registered manager identified concerns through their audits they would discuss it with relevant staff and monitor the situation.

When staff gave out medicines staff were calm and took their time to administer the medicines they were giving out and ensured people had a drink to take their tablets. They stayed with the person until they were satisfied the medicines had been safely taken. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records (MAR) were accurately completed and had a current photograph of the person and indicated if the person had any known adverse reactions to medicines.

Where people had medicines prescribed as needed, (known as PRN), there were some protocols in place for when and how they should be used, which is good practice. During the inspection the registered manager allocated responsibility to a senior care worker to undertake a review and ensure all PRN medicines had an appropriate protocol in place. This would help to ensure there was a consistent approach.

Medicines which required refrigeration were stored at the recommended temperature and staff had guidance regarding the procedure when the fridge temperature was outside of the recommended range. A review in August 2016 by the pharmacy providing medicines at the home did not raise any significant. The

registered manager said they had another one scheduled for July 2017.

Our observations and discussions with people and visitors showed there were sufficient numbers of staff on duty to keep people safe. Staff were very busy at times and had time to meet people's individual needs. During our visits call bells were answered in a timely way. The staff schedule showed during the morning there was three staff on duty and the registered manager who was very active within the service. In the afternoon there were three care workers until seven in the evening. At night there were two care workers. There was a housekeeper, a cook and maintenance person. They also interacted with people while undertaking their roles and assisted as required.

Where there were gaps in the staff schedule, there were bank staff which could be called upon to undertake extra duties along with staff who would take on extra duties. The area manager said they were working with the registered manager to recruit to a couple of positions vacant at the service.

The recruitment and selection processes in place ensured fit and proper staff were employed. Staff had completed application forms and interviews had been undertaken. Any employment gaps had been explored. In addition, pre-employment checks were done, which included references and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation's policies and procedures.

The environment was safe and secure for people who used the service and staff. The provider employed a maintenance person who undertook checks which included regular checks of the wheelchairs, bedrails and water temperature. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations.

The home was clean throughout without any odours present and had a pleasant homely atmosphere. Some areas of the home were in need of decorating. The registered manager said they had a 'refurbishment planner ' which included decoration, provision of a wet room, coffee tables and looking at the possibility to externalise the laundry at the home. During our visit an external contractor was undertaking carpet cleaning. They said they came regularly to the home to keep the carpets clean.

Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff had access to hand washing facilities and used gloves and aprons appropriately. The laundry area is adjoining the kitchen. Laundry with the exception of people's personal clothing is sent to an outside laundry provider.

Plans and procedures were in place to deal with emergencies. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person and whether they would understand the fire alarm and what assistance they would require in case of an emergency evacuation of the service. People had been identified using a traffic light system to identify their mobility requirements and this was recorded on each person's door. For example, a green dot indicated the person was independent and a red dot they would require the assistance of two staff. A synopsis of people's needs was also available for the fire services in the event of a fire emergency. This meant, in the event of a fire, emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. The provider also had a 'business risk and contingency plan' in place in the event of an emergency such as fire or loss of utilities. There was an evacuation sledge in the building to assist staff to move people

safely in the event of a fire without using the lifts. First aid boxes were regularly restocked to ensure staff had the required equipment in the event of an emergency.

The registered manager reviewed all accidents and incidents each day as part of their duties to identify trends about, time of day/night and the frequency of accidents.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service.

Staff underwent an induction which gave them the skills to carry out their roles and responsibilities effectively. One care worker said how they had visited the home for a few hours to see what the job entailed before committing to proceeding with their application. They confirmed they had not undertaken any personal care and had been supervised at all times during this visit. They said, "I did three hours and shadowed to see if I liked it, I spoke with the residents and the staff. When I started properly I worked with a staff member we did doubles. I felt I had enough to know what I needed to do." New care workers who had no care qualifications were supported by the registered manager to complete the 'Care Certificate' programme which had been introduced in April 2015 as national training in best practice.

Staff were very experienced and had regular opportunities to update their knowledge and skills. Staff had completed the provider's required training which included first aid, dementia, infection control, manual handling, safeguarding vulnerable adults, fire safety and Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS). Staff were also encouraged and supported to undertake higher qualifications in health and social care. Training was provided by the registered manager and designated staff who had undertaken appropriate train the trainer courses. Other training was provided by the director, this included, safeguarding vulnerable adults. The registered manager said, "I like group learning as staff seem to get more out of it." A relative said when asked about the staff being skilled, "from what I have witnessed, yes they are very good, very much so".

Staff received regular supervisions and an annual appraisal with the registered manager or director. The director was undertaking scheduled appraisals at the time of our second visit. They said it is an opportunity to meet with the staff and find out their training needs, views and progression desires. The director was also using these sessions to discuss with staff measures to take in relation when someone was at risk of weight loss. Staff said they had found the meetings useful. One said how they had discussed ways to help people eat more snacks and training available.

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 authorisation 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 of authorisations to deprive a person of their liberty were being met. People who lacked the mental capacity

to make particular decisions were protected. They had made appropriate applications to deprive people at the service of their liberty to the local authority DoLS team. People's liberty was restricted as little as possible for their safety and well-being. For example an assessment was undertaken whenever the use of bedrails or a pressure mat was considered for the person's safety.

Staff had received appropriate training on the MCA and DoLS and demonstrated a good understanding of how these applied to their practice. Where people lacked the mental capacity to make decisions the staff followed the principles of the MCA. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people. A staff member explained their understanding of the MCA, "If someone hasn't got capacity they may be able to make daily choices but not be able to understand why bedrails might be necessary. That is why we have to assess them and make a best interest decision which is least restrictive.''

People's consent for day to day care was sought. Staff were skilled at looking for visual signs of consent for people unable to express their wishes. They were very patient and demonstrated a good knowledge of the person's usual choices but still offered the chance to have something different. One person said staff asked them "Do you want to come down for arts and crafts or stay here? I decided to stay in my room and watch television". Another said "I can stay up if I am enjoying a film, they don't make you go to bed."

Staff had recorded where a person had nominated a relative as a Lasting Power of Attorney (LPA). However it was not clear which LPA relatives held, whether they could make decisions about their care and treatment and/or financial matters. The registered manager said they had copies of most relative's power of attorney and would add the detail into people's care records so staff were clear about nominated representative's responsibilities.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. Staff referred people quickly to relevant health services when their needs changed. A health professional responded to us saying, "They escalate concerns appropriately and in a timely manner, they follow given advice, and discuss concerns readily. Staff make themselves available to join a member of our team when we visit." One relative said, "Always notify me if something is wrong or if a doctor is needed… they are very good to get them here."

Staff monitored people's health and care needs, and acted on issues identified. For example, one person was receiving palliative care and staff were concerned regarding ensuring they remained comfortable. Staff contacted the GP and the community nurse team, the GP undertook a visit the same day.

People were supported to eat and drink enough and maintain a balanced diet. The service had a four week rotating menu with the choice of one main meal at lunchtime with alternatives offered. These included an omelette, sandwich or jacket potato. Staff asked people the day before their meal choices. The cook said when a new person came into the home, the staff ascertained their likes and dislikes. People were complimentary about the food at the service. Comments included, "It is lovely food", "Always plenty and if you want more you can have it", "Delicious" and "If they know I can't have something they go out of their way to get something different. I can't fault them." The registered manager said they had discussed having a breakfast club once a week where people could have a cooked breakfast.

Where people had swallowing difficulties, and needed pureed food, it was well presented. When people were identified at risk of malnutrition or dehydration, monitoring charts had been put into place to ascertain the person's food and drink intake as well as weekly checking of their weight. The director and registered manager were working with staff to increase their knowledge and understanding of increasing people's

dietary intake. This included ensuring additional snacks fortified foods and drinks were offered throughout the day and offering people larger portions where appropriate.

Good

Is the service caring?

Our findings

People and relatives were very positive about the quality of care at the home and the caring attitude of the staff. Comments included. "They are all lovely and friendly and always happy", "I always say to people they are so good", "They do a difficult job but always do their best", "We only have to ask we can have whatever we want", "Very happy here" and "you can't beat it here. I am in every day. (relative) is well looked after, they couldn't look after her any better." A health professional said, "Residents appear happy."

Staff treated people with kindness and compassion in everything they did. Throughout our visits staff were smiling and respectful in their manner. They greeted people on their first encounter with affection and people responded positively and appeared happy in their company. The atmosphere at the home was very homely and comfortable.

The registered manager and deputy manager were very active at the service working shifts to help provide care and support to people and led by example. When visitors and health professionals visited they took time to speak to them and keep them informed. The registered manager lived on site and therefore could be in the home at any time which meant staff were not always aware of when the registered manager would be at the home. This enabled them to assure themselves the quality of care was maintained at all times.

The whole staff team were respectful and considerate in their behaviour towards people. There was a clear message given to us from the management and staff about people at the service being treated as they would want their family to be treated. Staff were positive about the home and why they felt it was a nice place for people to stay. Comments included, "Everyone cares and are nice, everyone always looks well cared for well-groomed and looked after", "Everyone here does the best they can. I feel they are safe here and well looked after" and "I treat them as I would my own nan and granddad."

Staff maintained people's privacy and dignity. We observed them knocking on doors before entering and asking people discreetly if they needed to toilet. When asked one care worker said, "I ensure the door is always shut, and help them use their own bathrooms if able as more private. I put a towel over them, try to keep them covered and not feeling exposed."

Staff knew people well including their preferences and were working with the registered manager to gain more information about people's personal histories. People at the service built up friendships with other people at the home, this was seen clearly in the dining room where people knew each other well. Staff also spent time getting to know each person and demonstrated a good knowledge of people's needs, likes and dislikes.

Staff supported people to be involved in making decisions about the care and support they received. Care records demonstrated that staff whenever possible had involved people and their relatives to review their care needs.

Staff supported people to be as independent as they wanted to be. People were walking around the

communal areas and people were going on outings with families and friends into the local community. Staff were seen at all times being respectful to people and putting them first. When people beckoned to staff, they went over and gave the people their undivided attention.

People were offered choices; staff asked people their preferred preference. For example, if they wanted to go to the lounge, would like to watch television, had they finished their lunch or did they require more. One care worker said, "If they have a skirt I ask them what top they think would go with it. It is their choice." People were as independent as they wanted to be, they were able to choose whether to remain in their bedrooms or use communal areas. One person said, "I can stay up if I want

to. I tell them they then take you up."People's relatives and friends are able to visit without being unnecessarily restricted. Throughout our visit, visitors were greeted by the management team and staff. Visitors appeared comfortable and relaxed and felt very much part of the home.

Good

Is the service responsive?

Our findings

People and relatives gave us feedback about how the service was very good at meeting people's individual needs. It was also evident from speaking with staff that people mattered at the service, they spoke with pride about the people they cared for and wanting to make it a lovely place to stay.

Before people moved to the home an assessment of their needs was completed to ensure the service could meet their needs. The registered manager met with people and their families and discussed their care needs and what was important to them. This information was then used to generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support. The care plans set out what people required support with. The registered manager was working with the director regarding the format of the care plans in use and planned to add more detail regarding people's psychological needs. They had generated one care plan in the new format and were looking to see the benefits of the changes. This was still under discussion at the time of our visit.

People's care plans and risk assessments were reviewed and updated by the registered manager and deputy manager. Where changes had been made to people's care plans the person had been asked to review. Where the person lacked capacity the person's nominated relative had signed on their behalf. This ensured staff had the most up to date information in order to be responsive to people's needs.

People were supported to take part in social activities. People and visitors were positive about the activities at the home and said they had the opportunity to join in if they wanted to. There was a regular rolling program of activities provided each afternoon at the service. A person staying at the service delivered a bingo session during our visit which he did each week. They also recorded the activities delivered each day and who attended. During our visit the hairdresser was at the service which people said they looked forward to each week. A volunteer delivered an arts and crafts session each week and a relative was having a DBS check so they could support people with their social needs. There were opportunities for people to go on outings with three scheduled this year.

Improvements had been identified as required by the provider in relation to people's social care needs. The director was working with the registered manager to implement new social needs paperwork and recording activities to ensure all people at the home had meaningful social time. The director showed us a system they had put in place at another of their services which they were to put in place at Southgarth. They also said they were looking to implement an activity coordinator at the service.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the registered manager and it would be dealt with straight away. Comments included, "I would go to (registered manager) straight away or one of the girls. If you ask them they will sort it out." The registered manager and deputy manager were very active working duties and dealt with niggles and concerns before they became a bigger issue. There were signs around the building reminding people and visitors that they were available at all times.

The provider had a written complaints policy and procedure. The procedure advised complainants if they were not happy with the outcome of their complaint to contact the Care Quality Commission (CQC). We discussed with the registered manager that it directed people to the CQC and this was incorrect as the CQC do not deal with individual complaints. The registered manager amended this during the inspection to guide people to the appropriate external bodies.

There had been only one complaint raised with the management team since our last visit. This was from an ex member of staff. The registered manager was very responsive to the concerns and had carried out an investigation. They followed their complaints procedure and the outcome of their findings was sent to the complainant.

Good

Is the service well-led?

Our findings

People living at Southgarth, their relatives and staff were positive about the management of the service. People and visitors comments included, "(Registered manager) works very hard and is always here to have a chat", "I can go to (registered manager) about anything", "The (registered manager) cares about us and wants it to be right" and "She keeps it under tight control here."

Leadership at the home was very visible; the registered manager was in day to day charge supported by the deputy manager. There was a good working relationship between the registered manager and deputy manager both having their delegated roles and responsibilities. Along with the management team there was senior care staff, care workers, a housekeeper, two cooks and a maintenance person. Staff worked well as a team. Staff felt well supported and were consulted and involved in the home and were passionate about providing a good service. There was an on call rota for staff to have a point of contact should they have any concerns they needed support with.

The registered manager and deputy manager demonstrated a strong ethos about people being at the heart of everything that happened at the home. They spoke about the service being the people's home and it being a privilege to be with them and involved in their care.

There were good communication systems in place for staff through daily handover meetings and good communication throughout the shift. The registered manager and deputy manager were kept informed throughout our visit of what was happening in the home.

Since our last inspection the provider had put in place an area manager to support the registered manager. The area manager visited every two to three weeks alternating with the directors and were contactable by phone to give guidance and support. During their visits they undertook audits and looked at the services quality file, observed dignity in relation to staff knocking on doors, spoke to staff about the service, looked at accidents to see if any themes and looked at complaints. They also completed supervision every three months with the registered manager to look at their development and at different areas of the service. The last visit they looked in particular at staff completing documentation correctly and monitoring clients. This meant quality audits were completed and actioned to help improve the quality of the service for people.

People, relatives and staff were actively involved in developing the service. There were regular residents meetings and cheese and wine evenings for people and their families. The registered manager said this gave people and their families and informal event to meet and chat about what was happening at the home. The last resident meeting was a chance for people to discuss ideas for outings and activities. The registered manager also reminded people that if they had any worries, concerns or complaints there was an open door policy they could go speak in private to them at any time.

Staff felt valued and were empowered to be actively involved in the running and review of the service. For example, staff meetings and senior care worker meetings were held regularly where staff were able to express their views, ideas and concerns. The registered manager said they liked to have a meeting every

three to four months or more regularly if there were new staff or if there was a need.

The provider had an annual satisfaction survey to seek feedback from people, relatives, health professionals and staff. The most recent survey of people in March 2017 had been very positive. Where issues were raised these had been acted upon. These included, one person had requested a bigger room, and a bigger room was offered and declined. And another person requested a home brochure which was given.

The staff had a good working relationship established with health and social care professionals which benefitted people at the service. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement and appropriate referrals were made. One healthcare professional said, "Southgarth, put in requested equipment quickly. Staff phone readily to discuss issues or concerns regarding existing resident and pending residents. They are open and honest with us."

There was a range of quality monitoring systems in place which were used to continually review and improve the service. The provider had a quality matrix which identified audits which were required to be completed by the registered manager and designated staff. This included six monthly health and safety, personnel audits, infection control, nutrition and diet and respect. Monthly audits included medicines, accidents and people's weights. The health and safety building audit included checking fire drills and alarm tests were being undertaken, first aid boxes were in place lighting was adequate.

The registered manager kept the provider informed of the running of the service by completing a monthly 'Manager diary'. This detailed the amount of admissions, falls and accidents, staff recruited, medicine errors, training undertaken, complaints and compliments and appraisals and supervisions undertaken.

The most recent environmental health food hygiene inspection in January 2016 had rated the home with the top score of five. This showed the provider ensured good standards and record keeping in relation to food hygiene.

Accident and incidents were monitored. Each month the registered manager reviewed how many accidents or incidents each person had. They would establish the cause and then add this to the care plan if necessary.

There had been difficulties in the Care Quality Commission (CQC) receiving notifications of events or incidents which had occurred at the service. The registered manager could demonstrate they had been submitted but had not appeared on the CQC system. We discussed with the registered manager using the CQC portal to submit future notifications. Since the inspection CQC have received notifications through the portal system.

The provider had displayed the previous Care Quality Commission (CQC) rating of the service in the entrance of the home. The provider did not have a website so it was unable to be displayed there.