Maria Mallaband Limited

Bridge House 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 the 8 March 2017 and was unannounced.

Bridge House Care Home is registered to provide the regulated activity of accommodation for persons who require personal care to a maximum of 30 people.

A registered manager was not in post. On the day of our inspection a new manager had been in post for six days. The manager had commenced the process to register with the Care Quality Commission to carry out he regulated activity. 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 and their relatives told us they felt the home was safe. People told us that staff were 'excellent,' they were very kind and treated them with respect. Relatives were very complimentary about the staff and felt that their family members were safe living at the home. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse. The provider ensured that full recruitment checks had been carried out to help ensure that only suitable staff worked with people at the home. Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required. Risks to people had been identified and documentation had been written to help people maintain their independence whilst any known hazards were minimised to prevent harm.

Training, regular supervisions and annual appraisals were provided to staff that helped them to perform their duties. New staff commencing their duties undertook induction training that helped to prepare them for their roles. There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The registered manager logged any accidents and incidents that occurred and discussed these with staff so lessons could be learnt to help prevent a repeat of these.

People were supported by staff to have a choice of different foods. People with specific dietary needs were provided with appropriate meals. The chef and staff were aware people's dietary requirements, likes, dislikes and food allergies. The chef attended resident and relatives meetings to discuss the menus and to ascertain people's views about the food provided.

People were able to access external healthcare services when required and professional involvement was sought by staff to help people maintain good health.

People were treated with respect and their privacy and dignity was promoted by staff. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. There was a variety of activities that people could choose to take part in. People's independence was encouraged and supported by staff. Relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People and their relatives were involved in their care.

A complaints procedure was available for any concerns. This was displayed at the service. Complaints received had been addressed and resolved within the stated timescales set out in the provider's complaints policy.

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

People, relatives and associated professionals had been asked for their views about the care provided and how the home was run. Regular resident and relatives and staff meetings took place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of the signs of abuse and the process to be followed if they suspected or witnessed abuse.

There were enough staff deployed to meet people's needs.

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

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

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

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

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

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

People were involved in choosing the food they ate.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were written with people and their relatives.

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

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well led.

A new manager had commenced their role. In the absence of a registered manager the senior staff had ensured that people continued to receive safe and effective care.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

The provider sought the views of people, relatives and staff about how the home should be run.

Bridge House 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.

This inspection took place on 8 March 2017 and was unannounced. The inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

To help us understand the experiences of people we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what was going on in a home and helped us to record how people spend their time and how staff interacted with them.

As part of the inspection we spoke with twelve people, five members of staff, four relatives and the new manager. We looked at a range of records about people's care and how the home was managed. We looked at nine care plans, six medicine administration records, risk assessments, accident and incident records, complaints records, five recruitment records and internal and external audits that had been completed.

We last inspected Bridge House Care Home on the 20 May 2015 where we identified concerns with infection control and staff recruitment procedures. At this inspection we found actions had been taken to ensure the regulations had been met and the home had improved.

Good

Is the service safe?

Our findings

People felt safe living at the home. One person told us, "I feel very safe here, the staff are very nice." Another person told us, "The staff here are very good, they never mistreat anyone." Relatives told us they believed their family members were kept safe. One relative told us, "My [family member] is always safe here. Staff treat my [family member] in a kind and courteous way. If we thought any person was not being treated properly we would talk to the manager."

At our inspection in May 2015 we found a breach of regulation 12 in relation to infection control. At this inspection we found the provider had addressed our concerns and the monitoring of infection control standards were maintained which meant people lived at a service that was clean and free from odour.

Infection control audits were regularly undertaken and a daily cleaning schedule was used. The environment was very clean and tidy and curtains, beds, bedding and furniture had all been replaced. The laundry room had been refurbished and the flooring had been replaced and sealed that helped to minimise the risk of infection. People and their relatives were complimentary about how clean the home was. One person told us, "They clean this home every day."

At our inspection in May 2015 we found the provider had not followed robust procedures when recruiting new staff. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had addressed our concerns and the recruitment of staff was robust.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the home. The provider told us in their Provider Information Return (PIR) that a robust recruitment process was in place and we found this to be the case. The provider had obtained appropriate records as required to check prospective staff were of good character. These included a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS). Staff told us that their recruitment was thorough and confirmed that they had to submit all the documents as required.

People benefit from a service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and to act on these to keep people safe. Staff were aware of the different types of abuse and what to do if they suspected or witnessed abuse. Staff told us they had training in safeguarding adults and training records confirmed this. One member of staff told us, "I would report all suspicions of abuse to the manager. If I thought that action had not been taken then I would report my concerns to the senior managers in the organisation and contact the local safeguarding authority." Another member of staff told us, "I would tell my senior and I could go to social services or the police." Staff confirmed that their training had included whistle-blowing, and they would follow this policy if they suspected or witnessed any abuse from a colleague.

The home had a copy of the provider's safeguarding policy and a copy of the local authority safeguarding

procedures that were available to staff. These provided staff with information about the types of abuse, the reporting procedures to be followed and the contact details of the local authority. There had been one incident that had been appropriately documented and shared with the local authority safeguarding team and the Care Quality Commission (CQC.) All safeguarding concerns and relevant notifications were seen by a regional manager to ensure relevant action had been taken. Information about safeguarding and how to contact the local safeguarding team were included in the 'Service User Guide' that was provided to people.

People were kept as safe as possible because potential risks had been identified and assessed. Staff knew what the risks were and the appropriate actions to take to protect people. Care plans contained risk assessments and included risks in relation to mobility, falls, waterlow (a score highlighting the risk of skin breakdown), infection control and prevention, nutrition and pressure care. For example, one person had a skin integrity risk assessment in place regarding being cared for in bed. Two hourly repositioning records were used and a pressure mattress was in place. Records showed that re-positioning had been completed in line with the person's care plan, and the pressure mattress setting was recorded daily. These records were reviewed on a monthly basis and information was updated where required.

People were cared for by a sufficient number of staff to meet their care needs safely. The provider told us in their PIR that the staffing levels and the skills mix were appropriate at all times and we found this to be the case. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. The manager told us that there were a minimum of four staff on duty throughout the day which always included a senior member of staff. The night duties were covered with three waking night staff. This was confirmed during discussions with staff and relatives and the viewing of the duty rota for the previous four weeks.

Staff told us there were enough staff to meet people's needs. A staff member told us, "There are enough staff as the staffing levels have been increased to four. We work together as a team. We cover staff absences within the team, but when this was not possible we would use the same agency staff for the continuity of care for people." Staff told us that they did not rely on the use of agency staff as much as they used to because of the increase in staffing levels.

Where people had incidents and accidents staff aimed to learn and improve from these and to reduce the likelihood of reoccurrence. These records were reviewed by the new manager and the regional manager monthly to identify any trends and the actions taken to minimise harm. Records of actions to be taken to help prevent repeated accidents were maintained. For example, following a fall the person was referred to Occupational Therapy and now used a walking aid to help with their mobility. Staff knew the procedures for reporting accidents and incidents and told us they reported these to the manager.

Medicines were administered, recorded and stored safely. All medicines received into the service were clearly recorded and records of medicines returned to the pharmacy were maintained. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. They also included the contact details of the person's prescribing GP. People received their medicines when required and as they were prescribed by their GP. We observed medicines being administered to people. The member of staff administering medicines washed their hands before commencing. They asked people if they were ready to take their medicines and proceeded in a caring way when they had replied 'yes.' Staff wore a 'Do Not Disturb' tabard when they administered medicines; this was to notify people not to disturb them to ensure that medicines would be administered safely and without any disruption to the person. People told us they got their medicines as and when they needed them. One person told us, "I always get my medicines on time." A relative told us, "My [family member] always has their medicines when they need them." Another relative told us, "I feel very confident that [my relative] receives

all the medicines they require. Only senior staff who had received the appropriate training administered medicines.

Interruption to people's care would be minimised in the event of an emergency. The provider told us in their PIR that there was an emergency contingency plan in place and each person had a personal emergency evacuation plan (PEEPs). We found this to be the case. The emergency contingency plan provided guidance to staff about how the service was to be operated in case of an emergency, such as fire or loss of gas and electricity. The provider had identified suitable locations for people to go to in the event of an evacuation. Each person had PEEP in place and staff were aware of these. These provided staff the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they believed they were skilled in meeting people's needs. Comments from people included, "Staff always know what they are doing," and "Staff know how to help me with my walking."

Staff told us they had the training and skills they needed to meet people's needs. This included all the mandatory training such as safeguarding, fire safety and moving & handling. Training records were maintained by the manager and confirmed that staff had completed the required training. Staff were able to inform us what they had learnt from their training, for example, moving and handling always requires the minimum of two members of staff when using a hoist. New staff were supported to complete an induction programme before working on their own. Staff told us that they felt this training had provided them with the knowledge they needed to commence their roles. They told us they were shadowed with other staff until they felt confident to work on their own.

People were supported by staff who had supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have regular supervisions where we discuss how we are doing, the people we work with and any training we require." The new manager told us that regular supervision would continue to provide ongoing support to staff. We viewed records that confirmed appraisals and supervisions had been provided to staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider told us in their PIR that mental capacity assessments were carried out and best interest meetings were undertaken for those who lacked capacity. We found this to be the case. Care plans contained evidence of compliance with the Mental Capacity Act (2005). Mental capacity assessments had been undertaken and they were decision specific. For example, where a person was unable to leave the building without staff support. Best interest meetings had been held with families, relevant social care professionals, the GP and staff from the home. DoLS application forms had been completed and sent to the local authority for approval.

Staff were knowledgeable about the MCA and the processes to be followed. They were aware that they had to assume that people had the capacity to make their own decisions unless it was otherwise proven. Staff told us they would never do anything without obtaining people's consent. One member of staff told us, "People make their own choices for what they want to do. We ask for their permission before we help them, for example, if they would like us to help them with dressing." Staff told us that people decide what time they want to go to bed and get up in the morning, the food they want to eat and the clothes they wish to wear. This was confirmed during discussions with people. Staff told us, and records confirmed that they had received training in relation to the MCA and DoLS.

People were supported to have a meal of their choice by organised and attentive staff. People and relatives were very complimentary about the food provided by the chef. Comments from people included, "The food is always freshly cooked" and, "The food is very good," and "I get plenty to eat, there are lots of fresh vegetables." Relatives told us that the food was 'wonderful.' One relative told us, "There is always plenty of food and choice. They [staff] encourage healthy eating."

People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes and dislikes. People's dietary needs and preferences were clearly recorded in their care plans. One person's care plan detailed they preferred gravy and cream to be served in jugs and we saw this was done. The menus were displayed on each table and were in picture format as well as words that enabled people to know what was on offer. The menus included freshly cooked meat, fish, pasta and vegetables and there was always a choice of meal. People told us if they did not like what was on offer, or they changed their mind about the meal they had chosen, that the chef would not mind and an alternative meal would be provided. One person said "They provide anything you ask for." The chef had recently won the 'Chef of the year' award from the organisation.

Drinks and snacks were available to people throughout the day. These included crisps, biscuits and fresh fruit. Each person had a fresh jug of juice/squash of their choosing in their bedrooms and they could ask for a hot beverage at any time throughout the day.

People had access to health and social care professionals. People told us that they always saw the GP, chiropodist, opticians and other healthcare professionals when they needed to and records maintained at the home confirmed this. One person told us, "The GP visits every week and we can see them if we want to." Relatives told us that staff always kept them informed when any health care appointments had been arranged and that they could attend the appointments with their family members. Records of contacts with relatives showed that they were kept updated on appointments and any health concerns.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People were relaxed throughout our visit and conversing with each other and staff in a friendly manner. People told us they were happy living at the home and with the staff who looked after them. Comments from people included, "Staff here are excellent," and, "Staff look after us very well, it is their job." Relatives were satisfied with the care their family members received. One relative told us, "My [family member] is safe. I can see that [family member] is washed, well groomed, their bedroom is always clean and their clothes are washed and ironed." Other comments from relatives included, "The staff are very good, they know people by their names. I ask how [family member] is and staff always know, even if they have just come on shift", "It is very homely here. We looked at a number of other care homes but this one stood out to us. We are pleased with the care my [family member] receives and the progress they have made since they moved here. It is a brilliant home with brilliant staff."

People received care and support from staff who had got to know them well. Staff called people by their preferred names, as recorded in their care plans, and the interaction was relaxed and unhurried. People were able to choose what they wanted to do and when and where they wanted to be. During our observations we noted that all staff took time to talk to people. The maintenance man also interacted with people and listened to what they had to say and had requested. For example, one person discussed a particular issue with their bedroom. The maintenance man listened and explained that the work would be completed as soon as what they had ordered arrived, which was due any day. The receptionist also took time to sit and talk to people, they chatted about where people had travelled, war evacuations and living abroad. A staff member came into the lounge on their way somewhere, took time to stop and asked the people present if they were okay. They replied, "Yes thank you darling." Staff asked people what they wanted to watch on the television and went through channels with them. They did not just take control of the television. Two people were doing a jig saw puzzle together. A member of staff spent time to interact with them and had a discussion about the puzzle. Staff provided encouragement to people at all times.

Staff knew, understood and responded to people's needs. Staff demonstrated a good knowledge of how to provide support to people. One member of staff was able to tell us the names of a specific person's family, the music they enjoyed and how liked to spend their time. They were very knowledgeable about people' likes and dislikes and became very enthusiastic and animated when talking about people. They described the different support people needed to join in activities.

People's dignity was respected by staff. We observed staff knocking on bedroom doors before entering and closing doors when they attended to the personal care needs of people. One member of staff told us, "I always knock on the door and it's important to say why I'm there and check they're happy for me to do it. When helping to wash I do one part and dress before the next so they are covered." Relatives told us that the care provided by staff was 'excellent.' One relative told us, "What I like is that [family member] is allowed to stay in their bedroom, staff respect their privacy, tidy their bedroom and treat [my relative] as if this was their own personal bedroom." Another relative told us, "Staff give [family member] companionship and try to make them happy. They notice when my [family member] is not happy and to do something to distract

her."

People's Religious and cultural needs were met by staff. One of the activities organised at the home was a fortnightly church service. People told us they could attend these services if they wished to. Staff told us that they would respect all people and they would ensure that all cultural needs of people would be promoted, respected and met.

The provider told us in their PIR that they encouraged independence and we found this to be the case. Staff told us that people were encouraged to be as independent as possible. When people required help staff were there to provide it. People and their relatives told us that staff always encouraged them to be independent and to do as much as they could for themselves such as washing and dressing.

The home was spacious and allowed people to spend time on their own if they wished. The provider told us in their PIR that every person had their own personal space and a single bedroom and we found this to be the case. Bedrooms included people's personal belongings such as family photographs and books. People were able to spend time on their own in their rooms. The majority of bedroom doors had people's names written on gold plates. The new manager told us that this was in the process of being completed for all bedrooms. Communal parts of the home were spacious, brightly decorated, very clean and included large signage to help people with dementia navigate their way around the home. There were large pictures hanging on the walls and fresh flowers throughout the home, including in the dining room.

Relatives told us they were made to feel welcome and were able to visit the home at any time. One relative told us, "I can visit any time and staff are always friendly. They offer me a cup of tea and biscuits."

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social activities and hobbies of their choosing. One person told us, "We do activities every day here and we can take part in them if we want to." Another person told us, "I like to draw pictures." Relatives confirmed that activities took place as per the activity schedule.

People had a range of activities they could be involved in. The provider told us in their PIR that a mixture of activities took place and we found this to be the case. There was an activity co-coordinator employed at the home who told us that activities were organised for each morning and afternoon. An activity list was displayed throughout the home and people were able to show us this. Activities offered included Zumba classes, chair exercises, art and craft and community singing. The activity co-ordinator told us that they built reminiscence into daily activities such as when doing indoor games they chatted about childhood play and during flower arranging they spoke about what seeds and plants they used to grow. We saw plant pots with flower and herb seeds growing in the home, one person told us these would be planted in the garden when they were ready. One to one support activities were also provided to people such as pampering and manicures. There was a visiting entertainer each Friday which were varied to cater for people's tastes, such as Elvis impersonator and old time musicals.

The staff and activity coordinator had responded to peoples requests. One person enjoyed sewing so a sewing group was organised.

This person showed us a cushion they had made. One person enjoyed colouring so adult colouring books were purchased and other people now joined in with this.

People's needs had been assessed before they moved into the home to make sure they could be met. Care plans had been produced from the assessments and had been reviewed on a monthly basis. People could not recall if they had input into their care plans, however, relatives told us that care plans were in place and they and their family members had been involved with them.

Care plans included information about people's preferences and interests, their likes, dislikes and the contact details of family and people that were important to them. Guidance about how people preferred their care needs met was recorded for staff to follow. For example, one person's care plan stated that they required a soft diet and a straw to drink. We saw this was happening for that person. Where required, people had plans in place when they displayed behaviours that challenged. They included clear guidance of the actions staff were to take to diffuse and divert people during these times. We saw staff following these guidelines during our visit. ABC charts were accurately recorded following these incidents.

People had a book entitled 'Me and My Life.' These included lots of photos of family and events, work history, travel and hobbies that people had undertaken during their lives. Staff told us this information helped to start conversations with people.

Staff told us that they got to know people through reading their care plans and being with them. One member of staff told us, "I read all the care plans and we have training on writing them. The information we need is there." Staff were able to give an accurate account of the contents of people's care plans and how they would support a person.

Staff were responsive to people's needs. We observed one person had returned from a healthcare appointment. The person stated that they were in some pain due to the technique used at the appointment. They and their relatives asked for some pain relief. This was immediately responded to by staff.

Complaints and concerns were taken seriously. People and their relatives told us that if they had a complaint to make then they would talk to the manager or senior staff, but had never had the need to do so. One person told us, "If I had anything to complain about I would just mention it to staff, but I don't have any complaints." Staff told us they would listen to people's complaints and report them to the manager.

There was a complaints procedure available to people, relatives and visitors and this was displayed at the service and was included in the 'Service User Guide' that is provided to people. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. There had been two complaints received since our last inspection. These had been thoroughly investigated and records of the investigations and responses to complainants were maintained.

The PIR informed that the service had received 8 compliments during the last twelve months. Compliments included, 'I want to say thank you for the care and love you all showed to my lovely mum,' and 'Just wanted to say thank you to everyone involved with my Mother's care over the last seven years. My mum was very fond of you all.'

Good

Is the service well-led?

Our findings

People and relatives told us that the home was good with excellent staff. One person told us, "The atmosphere here is very nice, you feel you can do what you want and staff encourage you." Relatives were complimentary about how the home was run and all the staff who supported their family members. One relative told us, "There had not been a manager at the home since December 2016, but you would not know it. The senior staff just kept everything running smoothly."

On the day of our visit the new manager had been in post for just six days. The manager was, in a very short time, very knowledgeable about people and staff. The manager had commenced the process to register with the Care Quality Commission as the registered manager. A deputy manager had also recently commenced their duties. This showed that the management structure for the home consisted of a manager, deputy, senior carers and care staff.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The provider told us in their PIR that quality audit systems were used to monitor the service, highlight areas of good practice and areas for improvement and we found this to be the case. We had discussions with the quality assurance manager who told us that visited the home twice a month. One visit included observations and a short audit, and the second was a more comprehensive audit. Records of audits undertaken included medicines, infection control, the environment, accidents and incidents, health and safety records and people's care plans. Action plans were developed with identified issues to make the improvements. It had been identified that people's care records were not securely stored. This was actioned and all records were now kept in locked cupboards. Another issue had been identified in relation to the business contingency plan; it had not included information about the emergency evacuation procedures. We saw this had been completed. Care plans were clearly written, however, it had been identified that they were not as person centred as they should be. All staff were to attend person centred care planning training course during the week following our visit. This demonstrated that the quality monitoring was effective in identifying any shortfalls and leading to change and improvement.

In addition to the monthly visits the manager sends a weekly report to the regional manager of any people at risk, new admissions and training updates. Accident and incidents, complaints weight monitoring, staff leaver's reports and maintenance reviews were also forwarded monthly. This enabled senior managers to monitor the quality of the care that people received.

The provider had an external agency undertake a survey to ascertain the views of people and relatives about the care provided. This was undertaken in 2016 and the results had been published. Comments in the survey were mainly positive. For example, the home scored 100% in relation to choosing their bedtime, meals provided, being treated with kindness, dignity and respect. An action plan had been produced to address issues that had been identified in the survey. An issue in relation to staff having more time to talk to people was raised. As a result of this the staffing numbers had been increased from three to four per shift.

People and their relatives were encouraged to be involved in the running of the service and their feedback

was sought. People and relatives told us that they could make suggestions about how the home was run. They told us they had regular resident and relatives meetings where they discussed up and coming events, activities, staff, the menu and food. Records maintained at the home confirmed this. One relative told us they had raised an issue in relation to the laundry and how relatives thought it had become a bigger job that it was previously. As a result of this the provider employed a person whose specific duty was to attend to the laundry.

Staff told us that regular staff meetings took place where they discussed new ideas about working, staffing and recruitment, policies and procedures, care plans and accidents and incidents. Records maintained at the home confirmed this. Staff told us that they felt supported through these meetings, they kept them informed and helped them in their roles when working with people. For example, discussing accidents to try to minimise the risk of these being repeated.