

Mr & Mrs A Pearce

Beech Court Care Home

Inspection report

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Tel: 01773581450

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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 25 May 2016 and was unannounced. Beech Court Care Home is registered to provide accommodation and personal care for up to 23 people. At the time of our inspection 11 people were living at the home. People were supported with a variety of physical health needs as well as dementia related care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff knew what actions to take to keep people safe. Risks to people's health and safety were appropriately managed and staff also promoted people's independence.

There were sufficient numbers of suitable staff to meet people's needs in a timely manner. People received their medicines as prescribed and they were administered by competent staff.

People were asked to provide consent to their care where possible and relatives were involved in making decisions when this was appropriate, although completed capacity assessments were not always available where people lacked capacity to make their own decisions.

Staff told us that they felt well supported and we saw that they were provided with the training required to meet people's needs. Support for people to access healthcare services was provided consistently. People enjoyed the food and told us they were provided with sufficient quantities of food and drink.

There were warm and friendly interactions between people and staff and we observed staff talking respectfully to people. People and their relatives were able to be involved in planning and reviewing their care and staff respected any choices people made. Staff treated people with dignity and respect.

People were happy with the support they received and staff provided person-centred care. Staff had access to up to date information about people's needs and knew people well. There was a limited provision of activities for people within the home and some people and relatives felt that more activities would be beneficial. People felt able to make a complaint and were provided with information about the complaints process.

Feedback about the quality of the service was welcomed, however not everybody was aware of how they could give their opinions, for example by attending the 'residents and relatives' meetings. There was an open and transparent culture in the home, people and relatives felt the management team led by example. A range of audits was available and, where these had been carried out, they were effective in bringing about improvements.

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 felt safe and the risks to their safety were well managed.

There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff felt supported and received the training required to provide effective care.

People were asked for their consent however records relating to assessments of people's capacity to make decisions were not available where required.

People told us they enjoyed the food and received sufficient quantities.

Staff ensured people had access to healthcare professionals.

Is the service caring?

Good ●

The service was caring.

There were positive and caring relationships between people and staff.

People and their relatives were involved in making decisions about the care they received.

Staff treated people with dignity, respect and upheld their right to privacy.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care and staff knew their needs well.

There were limited opportunities for people to take part in activities within and outside of the home.

People felt able to raise a complaint and knew how to do so.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the home and people and staff felt the manager led by example.

There was a range of audits available to assess the quality of the service and, where these had been used, they were effective in bringing about improvements.

People's feedback about the service was welcomed, however not everyone was aware of the ways they could give their opinion.

Beech Court 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 25 May 2016 and was unannounced. 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 previous inspection reports, information received 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 three people who were using the service, five relatives, two members of care staff, the registered manager and the care manager. We also observed the way staff cared for people in the communal areas of the building. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans of two people and any associated daily records such as their food and fluid charts. We looked at two staff files as well as a range of records relating to the running of the service such as audits and four medication administration records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Beech Court Care Home. One person said, "I've never given it a thought about being safe as I'm fine here." Another person told us, "I feel lovely here." The relatives we spoke with also felt that their loved ones were safe living at the home. One relative said, "[My relative] is very safe – no worries at all." Another relative told us, "I'm very happy. So happy they're on the ball here."

During our inspection the atmosphere in the home was calm and relaxed and we did not observe any situations where people were affected by the behaviour of others. Staff told us they felt able to manage any situations where people may become distressed and we saw that a variety of techniques were used, such as holding the person's hand, singing with them and offering them a drink. During our visit staff supported a person who began to display some repetitive behaviour. This support helped to divert the person and reduce the likelihood of other people becoming upset or distressed. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding and whistle-blowing was available in the home. Staff clearly described the different types of abuse which may occur and told us they would not hesitate to report any concerns. Staff had confidence that the registered manager or care manager would take the appropriate action in response to any concerns. We saw that relevant information had been shared with the local authority when incidents had occurred. Where recommendations were made about how staff could better keep people safe, these had been implemented.

The people with spoke with were satisfied with the way in which risks to their health and safety were managed. One person said, "I've no complaints about how they help me." The majority of the relatives we spoke with were happy that risks to their loved one's health and safety were well managed. One relative told us, "There's always two of them (staff) to move [my relative]." Another relative commented, "My relative has been prone to falls for a while and I think they have a pressure mat to alert them (the staff) at nights now." However one relative told us that they were concerned their loved one may try to stand and fall if staff were not present to assist them.

During our visit there was always a member of staff present in the main communal lounge where the majority of people sat through the day. However, two people chose to spend their time in a smaller, quiet lounge adjacent to the main lounge. Staff did not always check frequently enough if people in this lounge were safe or if anybody required support. One person had started to slide forward in their chair and was at risk of falling from the chair. Staff intervened before the person fell and repositioned them safely.

People were supported to maintain as much independence as possible. For example, some people enjoyed walking independently but they were at risk of falling. Staff encouraged people to use any mobility aids they had such as walking frames and walked at their side. Staff were observed using safe moving and handling techniques when operating hoists and stand aids to transfer people. The staff we spoke with told us that

sometimes people did not like using the equipment provided to assist them to move safely. Staff were patient and explained to people why it was important to use their mobility equipment.

There were risk assessments present in people's care plans which identified the level of risk to people in different situations, such as the risk of falling or developing a pressure ulcer. These were reviewed on a regular basis and linked to a management plan which identified the actions staff should take to reduce the risks. The staff we spoke with were aware of the different risks to people's health and safety and the action that should be taken to reduce risks.

People lived in an environment that was well maintained and preventable risks and hazards were minimised. Regular safety checks were carried out, such as testing of the fire alarm and actions were taken to reduce the risk of legionella developing in the water supply. Staff reported any maintenance requirements and these were resolved in a timely manner.

The people we spoke with felt that there were enough staff available, one person commented, "There's usually staff around." Another person told us that there were enough staff available to ensure their needs were responded to in a timely manner. The majority of the relatives we spoke with felt there were sufficient staff. One relative said, "There's always someone around – I see the night and day staff when I come in." Another relative added, "There's always someone not far away." However, one relative felt that staff were not always available to check on their loved one as often as they would like.

We observed that there were sufficient numbers of staff to be able to provide the support people needed in a timely way. When people asked for help this was provided quickly. For example, when people asked to use the toilet staff supported them to do so without delay. In addition to care staff, there was a team of domestic staff to carry out tasks such as laundry and cooking. A regular assessment of the needs of people using the service was carried out and this determined staffing levels. The registered manager told us that staffing levels had decreased due to the low occupancy at the time of our inspection. They added that, should more people move into Beech Court Care Home, then the staffing levels would increase again. The staff we spoke with felt that staffing levels were safe and enabled them to provide the care people needed as well as to spend 'quality time' with them.

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 making safer recruitment decisions.

People confirmed that they received their medicines when required. One person said, "They wait with me while I take my pills." Another person commented, "They stay with me and give me a drink." The relatives we spoke with also told us that they were happy with the way in which medicines were managed. One relative said, "They (medicines) are well managed." Another relative told us, "We've had no problems."

We observed staff administering people's medicines and saw that they followed safe practice when doing so. Staff gave people their medicines at the correct time and were patient when people required some time to swallow each tablet. Staff correctly recorded the medicines they had administered to people on their medication administration records. Staff received regular training in the handling and administration of medicines as well as regular checks of their competency. Medicines were stored securely in locked trolleys and kept at an appropriate temperature. There was a clear system in place which meant people's medicines were ordered from the pharmacy in time. Medicines which were unused or no longer required were disposed of safely.

Is the service effective?

Our findings

The people we spoke with felt that staff were well trained and competent in their duties. One person said, "I do think it's good." Another person commented, "I think they are good at what they do, it is a hard job." The relatives we spoke with thought that staff knew how to care for people in an effective way. One relative said, "I've not had any issues with them at all." Another relative said, "Definitely they seem capable."

The staff we spoke with told us that they received training that was of good quality and enabled them to provide people with a good standard of care. The records we saw confirmed that staff received a wide range of training in important areas such as safeguarding and infection control. Staff also had training in understanding the needs of people who were living with dementia. Staff's knowledge and understanding of various subjects was checked through competency assessments and during their supervision meetings. There was a plan in place to ensure that staff remained up to date with relevant training courses.

Staff told us that they felt supported and that they could approach the registered manager or care manager at any time if they needed support. Staff told us that they received regular supervision and the records we saw confirmed that this was the case. The supervision records we saw demonstrated that staff were able to raise any issues they had as well as their performance being assessed. New members of staff received an induction to support them to understand the working practices at Beech Court Care Home as well as to get to know people.

The people we spoke with told us that staff asked for their consent before any care was provided and we observed this to be the case. One person said, "They ask me and tell me before they help me". The relatives we spoke with also confirmed that the staff sought people's consent and that, where applicable, they had provided consent for the care their loved one received. One relative confirmed this and added, "They always speak nicely to her." The records we viewed confirmed that, where possible, people had consented to their plan of care. Otherwise, a duly authorised relative of the person had provided this consent.

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.

We looked at the care plans for two people who lacked the capacity to make certain decisions and saw that records were not always available to demonstrate that a full assessment of their capacity had been carried out. A comment had been recorded in the relevant section of their care plans which stated that an assessment had been carried out, however the completed assessment was not available. A best interests form had been completed which described what decision had been made for each person, however we couldn't be sure that all practical steps had been taken to enable the person to make the decision themselves.

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 was aware of DoLS and applications had been made to the local authority where it was felt people needed to be deprived of their liberty.

The people we spoke with thought the food was good and that they received enough to eat. One person said, "It's good and plenty of it. Fish and chips are my favourite." Another person commented that, whilst the food provided could be a little repetitive, they enjoyed it and felt they were given sufficient quantities of food and drink. The relatives we spoke with also commented positively about the food their loved one was given. One relative said, "[My relative] is quite happy – they let [my relative] feed themselves and eat what they want. [My relative] has put weight on now." Another relative commented, "It's lovely food and if [my relative] doesn't fancy what's on, they can ask for something else."

We observed that the majority of people enjoyed their meal and ate a good sized portion, although one person said that they would prefer a smaller portion. Staff did not always explain what the food was before people started to eat it which meant that some people may not have known what their meal was. We observed that where people required some support to eat their meals this was provided at the person's own pace. Although the care staff had more than one person to support, they were still able to support each person appropriately. People were provided with sufficient amounts to drink during the meal and throughout the day. However, staff did not always offer people a choice of drink and made the selection for them.

The kitchen staff had access to up to date information about the different dietary needs that people had. We saw that these requirements were catered for, such as providing soft foods and low sugar alternatives. During our visit we observed that individual requests people made were catered for. For example, one person requested porridge most days for breakfast and they told us that this was always provided for them. People were also offered snacks in between meals.

The people we spoke with told us they were able to access various healthcare professionals when required. One person told us, "The doctor gave me a check-up. The person (chiroprapist) sees to my feet." The relatives we spoke with also confirmed that their loved one had access to various healthcare professionals and that staff followed any advice given. One relative said, "They've called the doctor out a couple of times after falls – and rang me straight away. They decided to up the checks at night." Another relative told us, "They keep an eye on [my relative] well and picked up their urine infection."

We spoke with a visiting healthcare professional during our visit who spoke positively about the care provided by staff at Beech Court Care Home. They told us that staff had been very keen to work with them and were receptive to any advice they offered. For example, some work had been done to improve the monitoring of people's food and fluid intake. It was felt that this had resulted in a reduction in hospital admissions because people were receiving better support and more encouragement to eat and drink well.

The staff we spoke with reported that they had good relationships with the healthcare professionals they worked with. Records confirmed that people had access to services such as their GP or district nurse when required. Staff also made referrals to more specialist services when necessary, such as the Speech and Language Therapy (SALT) service and dementia outreach team. Staff ensured that any guidance provided was incorporated into people's care plans and followed in practice.

Is the service caring?

Our findings

People told us that staff were caring and that they enjoyed good relationships with them. One person said, "They're nice kind girls (the care staff). I feel content." Another person told us, "They're all lovely people. I love them." The relatives we spoke with also felt that staff were caring and treated people well. One relative said, "Some are nicer than others. Some are brilliant. They always sound so nice. I don't worry." Another relative told us, "I can't fault them – they all seem lovely. Hearts as big as lions." A third relative told us that staff understood their loved one well, saying, "They know [my relative's] quirks and behaviour."

During our inspection we observed that staff had warm and friendly interactions with people. Staff had individualised relationships with each person which showed that they understood their personality and sense of humour. Staff also understood when a soft touch and gentle encouragement was the best approach. For example, a member of staff assisted a person to transfer from their wheelchair into an armchair, using their equipment to do so. The staff member kept reassuring the person throughout and did not hurry them. A relative confirmed that their loved one appreciated the approach staff took with them and told us, "They (staff) sit and talk sometimes. [My relative's] face lights up if they come in the room."

The staff we spoke with told us they enjoyed working in the home and felt they had good relationships with people. Staff were able to describe people's likes and dislikes and the things they enjoyed doing. There was information available in people's care plans about their likes, dislikes and family history which matched what staff told us. Staff were aware of how this information impacted on the care they provided to people. Whilst nobody living at the home actively wished to practice a religion, it was acknowledged that better links could be built with a local religious group. We were told that links would be made to enable people to visit a local place of worship should they wish to.

People were able to be involved in making decisions and planning their own care where possible. Relatives could also be involved in decision making should this be appropriate. People told us that staff respected any day to day choices they made. One person said, "They let me do what I can." The relatives we spoke with also told us that staff respected the choices people made. One relative commented, "They ask [my relative] what to wear when [my relative] dresses." Where appropriate, relatives were also involved in making decisions about the care their loved one should receive. One relative said, "We had a review. (The care manager) involves me in everything."

During our visit we observed that staff offered people various choices such as whether they wanted to sit inside or outside. Staff respected the choices people made. People's care plans showed that they were involved in providing information about their care needs upon arrival at the home, where possible. Records also showed that when care plans were reviewed by staff they took into account any feedback provided by people or their relatives.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The care manager said that they would contact a

local representative of a recognised advocacy service with a view to them visiting the home to speak with people.

People told us they were treated with dignity and respect by staff and that their right to privacy was upheld. One person said, "That's what they do – knock until I say (it is alright to enter my bedroom)." Another person told us, "The staff are all spot on, very nice." The relatives we spoke with also confirmed that staff treated people in a polite and respectful manner. One relative told us, "I'm completely happy with [my relative's] care – they speak very nicely to all the residents." Another relative said, "I've never heard anyone be rude. Always polite."

During our visit we observed that staff were polite and respectful and treated people in a dignified manner. When people needed help with personal care, staff spoke with them discreetly about this and ensured the care was provided in a private area. The staff we spoke with knew the appropriate ways they should care for people to ensure that their dignity was maintained. Equipment was provided to support people to maintain their independence such as grab rails and assisted bathing adaptations.

People could receive visitors at any time of the day and privacy was respected by staff. The relatives we spoke with confirmed that they were welcome to visit at any time, one relative said, "I can come any time. They're not bothered." Another relative confirmed this by saying, "The door's always open to us. I come 2-3 times a week and often it'll be 9pm before I can get here." People had access to a large lounge, a smaller quiet lounge and the dining room at any time of the day. People could also choose to spend time in their bedroom if they wished to spend some time alone.

Is the service responsive?

Our findings

The people we spoke with told us that they received the care they needed and it was provided in a person-centred way. One person told us that staff responded quickly when they used their bedroom call bell, "I use it at night for the toilet and they come very quickly." Another person commented, "I am very happy here, they care for us well." The relatives we spoke with were also positive about the care that people received. One relative said, "[My relative] uses it (the bedroom call bell) all the time when in their room and staff are there within minutes." Another relative told us, "They seem to know the residents well – they give me an update when they open the door to me." A third relative told us that staff had responded quickly to a change in their loved one's healthcare condition and added, "I can't fault the place."

People received person-centred care and staff responded quickly and appropriately when people required support. For example, one person's care plan contained detailed information about how their dementia could affect their wellbeing and how staff should respond if they became distressed. During our visit we saw that staff spend long periods of time sitting with this person to calm and distract them, such as by playing a ball game or singing with them. Another person's records indicated that they would communicate their needs and wishes using actions rather than words. We saw that staff knew this person well and picked up any signs that they may require assistance, for example to use the toilet.

The staff we spoke with had an in depth understanding of people's care needs, personalities, likes and dislikes. The information given by staff matched with the information in people's care plans. Staff told us that care plans were reviewed regularly and kept up to date, they also told us that their feedback about people was taken into account in care plan reviews. Each care plan was reviewed on a monthly basis and people or their relatives were able to contribute to this process. Changes were made to care plans, such as updated information following an increase in the risk of a person having a fall. There was an effective handover between shifts to ensure that staff were aware of how each person had been and to receive important messages.

Reasonable adjustments were made to support people to maintain their independence. Staff ensured that people had hearing aids and glasses available to them where required. Other adaptations were made for people such as the provision of hand rails, raised toilet seats and a passenger lift. Where people required some assistance prior to completing a task themselves this was also done. For example, some people needed their food to be cut up to enable them to eat it independently. Staff also spoke clearly and patiently when people required extra time to understand information.

The people we spoke with described some of the activities that were provided. One person said, "They bring us little things to do sometimes like throwing games. They get a singer in if it's someone's birthday." However, the relatives we spoke with provided mixed feedback regarding the provision of activities. One of the relatives we spoke with told us that their loved one enjoyed the visiting entertainer. Another relative said, "I've not seen much. The girls (staff) tell me [my relative] dances with them sometimes." Another relative said, "There's not much. They do the odd sit down things. I'd like to see more on, like music regularly would be nice as they enjoy that."

The staff we spoke with told us that they tried to engage people in activities but found that people generally declined to take part. We were told that staff offered to spend time playing games or singing and dancing with people. In addition, one to one activities such as nail painting were offered and several people enjoyed this on the day of our inspection. However, if people declined to take part in an activity there was limited alternative provision made for them. There was also limited provision for people who were not willing or able to join in with a group activity or preferred to stay in their room. One person told us that they enjoyed playing some traditional board games but commented that staff did not play these with them. During our inspection we found a set of dominoes and played several games with the person and they appeared to greatly enjoy this.

In addition, there were limited opportunities for people to take part in excursions to places in the local community or further afield. Occasional day and half day trips were arranged but these were infrequent. There was a place of worship very near to the home which had café facilities. We were told that people had not had the opportunity to visit should they wish to, but that efforts would be made to develop better links. Two of the people we spoke with had a good knowledge of the local area and told us that they had previously enjoyed outdoor pursuits and visiting new places. They told us they would appreciate the opportunity to take more trips outside of the home.

The people we spoke with told us they would be happy to make a complaint and knew how to do so. One person said, "I've not had to complain." Another person told us, "If there is a problem I could go to the management without hesitation." The relatives we spoke with also felt confident that complaints would be dealt with properly. One relative gave an example of when they had raised a complaint which the registered manager had handled well. Another relative said, "We've not had to complain – ever."

People were provided with information about how to make a complaint when they moved into the home. In addition, the complaints procedure was displayed in a prominent location in the entrance area. There had not been any complaints made about the service in the 12 months prior to our inspection. The registered manager and staff all told us that any complaints would be welcomed and dealt with in an open and transparent manner.

Is the service well-led?

Our findings

The people we spoke with felt the culture of the home was open and transparent. One person said, "I am very comfortable here, I would be happy saying anything I need to say." Relatives also commented that they felt there was a relaxed and friendly atmosphere and they would feel comfortable speaking with the staff or registered manager. One relative said, "I see one of them on most visits. I think I can talk to them ok." We were also told, "They're so lovely – I can ask anything."

During our visit we observed people confidently interacting with staff, the care manager and the registered manager. We also saw that staff were comfortable speaking with the registered manager and regularly did so throughout our visit. The staff we spoke with felt there was an open and transparent culture in the home. Staff told us that there were regular staff meetings and that they felt able to make suggestions and raise concerns during these meetings which were taken seriously and acted upon. Records confirmed what staff had told us and that staff meetings were held on a frequent basis. Staff also told us they would feel comfortable reporting any mistakes should this occur. One staff member said, "It's the right thing to do, I wouldn't be afraid of getting told off."

The visiting healthcare professional we spoke with commended the staff and management of Beech Court Care Home for their open and transparent culture. They told us they had found it easy to work with staff and that their feedback was always welcomed. Visitors were welcomed to the home at any time, however we saw that there were not always such strong links with other community groups and organisations. We were told that steps would be taken to make links with local religious organisations as well as an advocacy service.

The service had a registered manager who understood their responsibilities. Some of the managerial duties at the home were delegated to the care manager. We were told that there was a plan in place for the care manager and another person to become registered managers in the near future. The people we spoke with were not sure who the registered manager was however did comment that they felt able to speak with any member of staff. One person said, "I'm not sure who the manager is. I could talk to any of the girls (staff)." Another person told us, "I see them now and again. I could talk to them or the girls (staff)." The relatives we spoke with felt that the home was well-led and that the registered manager and care manager led by example. One relative said, "I see them every time I'm in – (the registered manager) is a real gent. (The care manager) is so caring." Another relative added, "They're all lovely – and never too busy to talk."

The staff we spoke with commended the registered manager and care manager and told us they led by example and were willing to help them out. They also spent periods of time speaking with people and relatives and observing staff practice. Sufficient resources were available to fund on-going improvements to the service. For example, the provider was investing on the maintenance and redecoration of parts of the building. The staff we spoke with told us that they were provided with the equipment required to support people well.

Providers are required by law to notify us of certain events in the service. Whilst we had received some

notifications from the service, the records we looked at showed that CQC had not been notified of an allegation of abuse. It is important that CQC receives all notifications in a timely manner to assist in our on-going monitoring of registered providers. The notification was submitted following our inspection.

The people we spoke with told us they were asked for the opinion on the quality of the service. One person said, "(The registered manager) often asks me if things are going ok." The relatives we spoke with told us their feedback about the service was acted upon. One relative said, "I had a review meeting a few months ago and they asked what I thought."

There were occasional meetings for people using the service and their relatives. We were told that these were not very well attended, however the people and relatives we spoke with were not all aware of such meetings. One person said, "I don't know of any meetings." Three of the relatives we spoke with also told us that they were not aware of meetings that they could attend. Whilst everybody we spoke with felt that their opinion would be listened to, there was a risk that people's and relative's feedback may not be obtained due to the lack of awareness of meetings.

The registered manager and care manager also had access to a range of audits to monitor the effectiveness of the service that was provided. Where these had been used they were effective and resulted in improvements being made. For example, a regular medicines audit was carried out which had identified that some improvements to record keeping were required. We saw that these improvements had been made. However, no infection control audit had been carried out, despite an audit tool having been provided to the service following a recent infection control inspection by an external agency. Despite this, many improvements had been made to infection control practices at the home since the inspection. The care manager told us that they would carry out this audit following our inspection.