Acegold Limited

Carlton Mansions 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

At our last inspection in November 2016 we rated the service overall as Requires Improvement. This was because we found breaches in Regulations 9, 12 and 14 of the Health and Social Care (Regulated Activities) Regulations 2014. This was because medicines were not consistently managed safely, people's nutrition and hydration needs were not consistently met and care plans did not always accurately reflect people's needs and their involvement in developing them.

Following the inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of those regulations. At this inspection we saw the provider had taken action as identified in their action plan and improvements had been made. In addition they had sustained previous good practice. As a result of this inspection the service has an overall rating of Good.

Why the service is rated Good.

Even though the new manager had been in post for a short period of time their appointment had already significantly helped improve the service. Their previous experience and support from their managers had equipped them with the skills and knowledge required for their roles and responsibilities. It was evident they were confident and committed to embrace new challenges and to continue to improve the service. An increase in the provider's oversight meant that a significant number of improvements had been made to help ensure that people were safe and received good quality care.

Improvements had been made to help ensure people were protected from the risk of poor management of medicines. The manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, plans were in place about how to manage, monitor and review these. People were supported by the service's recruitment policy and practices to help ensure that staff were suitable. The manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

Staff had the knowledge and skills they needed to carry out their roles effectively. They felt supported by the manager and deputy at all times. The manager and deputy had a good understanding of the Mental Capacity Act 2005 (MCA). The care staff understood its principles and the importance of supporting people to make decisions and protect their rights. People enjoyed a healthy balanced diet based on personal preferences. Systems had improved to ensure food and fluid intake was monitored and recorded effectively.

People and their relatives felt staff were caring and kind. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. Care plans had improved and demonstrated that people were involved about how they wished to be supported. The manager, deputy and staff were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People benefitted from a service that was well led. People who used the service felt able to make requests and express their opinions and views. Staff were embracing new initiatives with the support of the manager and provider. They continued to look at the needs of people who used the service and ways to improve these so that people felt able to make positive changes.

The provider and manager had implemented a programme of improvement that was being well managed. The manager and provider demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service had improved to Good.

Appropriate action was taken to ensure there were enough care staff to support people.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Appropriate health and safety checks were undertaken to reduce risk to people. The home was clean and staff followed the homes infection control policy and procedures.

Is the service effective?

Good

The service had improved to Good.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service had improved to Good.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service had improved to Good.

The manager provided a consistent leadership of the service.

Staff were proud to work for the service and were supported in understanding the values of the service.

Effective quality monitoring systems had improved. Audits were being completed to regularly assess the quality and safety of the services provided.

The service notified CQC of events as required by law.

Carlton Mansions 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in November 2016. At that time we found there were areas that required improvement. This inspection was conducted over two days by one adult social care inspector.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visits we spoke with six people individually and two relatives. In addition we observed people in communal areas. We spent time with the manager, deputy, six care staff, the cook, domestic assistant and maintenance operative. The regional manager and regional support manager also attended the first day of our inspection to support the manager, introduce themselves to us and answer any questions we had. We observed lunch and staff interaction with people. We looked at four people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

After our inspection the manager sent us a reflective account on her progress and future plans following her

first three months at the home. In addition the activity co-ordinator who was not available during our visits also wrote to us to share her thoughts and feelings since commencing her new post.

Good

Is the service safe?

Our findings

The service had improved and was safe. At the inspection of November 2016 we found improvements were required around management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of November 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. We saw significant improvements had been made. Regular medicine audits had improved to help ensure staff were following the homes policy and procedures on ordering, receiving, administration, storage and disposing of medicines. Any discrepancies were dealt with immediately so that systems in place were safe and protected people. Staff completed medicine administration training before they were able to support people with their medicines. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The manager and deputy also completed practical competency reviews with all staff to ensure best practice was being followed.

People we spoke with felt 'safe' and 'content' living in the home. One relative told us, "I have great peace of mind knowing dad is safe and in good hands". People and staff were protected by the homes policy for entering the home. The front door was secure and visitors had to ring a bell to gain entry. All visitors were required to sign a book and state the reason for their visit and who they had come to see. Health and social care professionals were asked to show an official form of identification before entering the premises. A staff member asked us for identification when we arrived.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staff understood risks relating to people's health and well-being and how to respond to these. These included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the actions staff should take to reduce these.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented and these were shared with other homes within the group to promote best practice.

Following their appointment the manager had considered daily routines and current staffing levels. They had identified certain times in the day where extra support was required. This included, mornings, evenings and mealtimes. In addition they had considered the environment so that there was a staff presence throughout the home. This had resulted in a positive impact for people and staff which had enhanced person centred care, people's safety and nutritional intake and staff morale. During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People and relatives confirmed there were sufficient numbers of staff on duty. Comments included, "Staffing has greatly improved", "I never feel rushed, the girls are all very good and take their time with me" and "There is a good staff presence, especially in communal areas". Staff told us, "Staffing levels are really good thanks to the manager, we now feel listened to and valued", "It's a lot better, I don't worry before I start my shift anymore, I feel totally satisfied at the end of the day that we have really supported people well" and "It's a safer working environment for all of us".

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. The registered manager ensured there was a suitable mix of skills and experience during each shift. Staff escorts were also provided for people when attending appointments for health check-ups and treatments if required. The manager and deputy were supernumerary on each shift and readily available to offer support, guidance and hands on help should any staff require assistance. An electronic tool helped determine staffing levels but this was only used as a guide. During her appointment the manager had identified that some shifts required more staff, largely due to the environment and design of the building. Recruitment was underway to provide an additional night staff member and another senior on days.

The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. In addition the manager considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

We spent time with the maintenance operative for the home. They had good systems in place with regards to health and safety checks throughout the home. It was evident they considered their role an essential part of keeping everyone who used the service safe. Staff had received fire safety training and took part in fire drills. Each person had an individual fire evacuation plan in place, detailing the support they required to keep them safe in the event of a fire. A fire safety officer had conducted a recent audit of the premises. Various actions had been completed and dates were provided for any outstanding work.

The service was clean and tidy and retained a homely feel. Staff were supported by the homes infection control guidance and suitable training and protective equipment, such as gloves and aprons were provided. We met with the head of housekeeping who was very proud of their role, their team and their responsibilities.

Good

Is the service effective?

Our findings

The home had improved and provided an effective service. At the inspection of November 2016 we found people's nutrition and hydration needs were not consistently met. Some people were having their food and fluid intake monitored because they had been assessed as being at risk of dehydration or malnutrition. There were gaps in some of the food and fluid charts in place and the fluids were not totalled at the end of a 24 hour period. Where there had been a low intake there was no evidence that the information had been noted and escalated to a senior member of staff. Records also showed long gaps between food and fluids, such as from tea time until breakfast time. The lack of information meant there was a risk that people might not have enough to eat or drink.

We observed that there was a water and juice dispenser in the communal area, but we did not see people go and get themselves a drink. People were not prompted or asked if they wanted fluids outside structured serving times. People in the main relied on staff to provide them with food and drink. These were breaches of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of November 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. Overall we saw significant improvements had been made.

Following the appointment of the manager they had created a new post and had recruited an experienced carer who was currently having training to become the homes nutritional champion. They worked collaboratively with the manager, chef and activities coordinator. Although the role was in its infancy they had already established responsibility around ensuring people had access to fluids and snacks throughout the day. They ensured those who required assistance at mealtimes was effective and that recording of intake was always clear and well documented. There had been much improvement with these records and they were also checked by the deputy each day. People's intake was discussed during handovers so that if there were any concerns these could be addressed.

If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and body weights.

Throughout our visits staff were confidently and competently assisting and supporting people. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. New staff worked with senior staff to assist with continued training throughout the induction process. One new member of staff told us the induction process was well organised and that they had a mentor to shadow on each of their shifts until they felt confident to work alone. They said, "The induction process was supportive and the staff always welcomed any questions I had, everyone was very

approachable, understanding and helped relieve my nerves".

The manager supported staff with training to keep them up to date with best practice, and extend their skills and knowledge. In addition to mandatory courses, staff accessed additional topics to help them understand the conditions and illnesses of the people they cared for. Staff told us they enjoyed attending training sessions and sharing what they had learnt with colleagues. Individual comments included, "All the training has been very helpful and equally interesting", "The training has helped me in practice, for example using distraction techniques for people with raised anxiety and increased confusion" and "I enjoyed the dementia training, I am not a carer but it's important I know about the people who live here so that I can support them too". Care staff had completed nationally recognised qualifications in health and social care and others were in the process of completing this.

Staff told us they felt supported by the manager, deputy and other colleagues. Staff felt they worked well as a team and they respected each other. Comments included, "They really are all a lovely bunch", "We treat each other as equals and all have a role to play" and, "Everyone supports the other, it's all about working together". The manager ensured staff felt supported through one to one and small group supervisions and team meetings. These sessions enabled staff to discuss what was going well and where things could improve. They discussed people they cared for and any professional development and training they would like to explore.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it was in their best interests to do so.

The manager and deputy had a good understanding of the MCA and their responsibilities with respect to promoting people's rights. They were clear that when people had mental capacity to make their own decisions, these were respected. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the Deprivation of Liberty Safeguards (DoLS) it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and/or independent advocates. There were systems in place to alert the manager as to when DoLs would expire and need to be re-applied for.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professional's involved in their care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses, dieticians and other health and social care professionals based on their individual needs.

The service had a dedicated maintenance operative who had been in post since January 2018. Together

with the manager they had completed addressed essential work that would improve safety in addition to a redecoration/refurbishment plan. The manager told us, "The maintenance operative (MO) started early January and in a short space the team can see the positive impact of his role. Carlton had been without a MO since April 2017 and the home needs some tender loving care". Numerous requests to the estates team had been made to make improvements within the home and the majority had been approved. This included redecorating bedrooms and replacement flooring, a replacement lounge carpet, new bedding, crockery and silver ware.

Good

Is the service caring?

Our findings

People received care and support from a caring service. People were cared for with compassion and kindness and staff at every level wanted people to be 'happy, feel important and live a life that was meaningful'. We were introduced to people throughout our visits, the atmosphere was calm and people appeared comfortable and relaxed in their surroundings. People and relatives told us, "I am very happy with the staff, they treat me very well", "I am always impressed by how the staff interact with everyone", "They are all very good to me and the others" and, "All staff treat people kindly and respectfully, I have never been concerned about that".

The service used a nationally used initiative that puts the 'resident' at the heart of the service and had proven successful with 'residents', relatives and healthcare professionals nationally. Resident of the Day is an initiative that helps care home staff to really understand what is important to each person and to review in depth what would make a difference to them. Each day, in homes across the region, the resident of the day programme enables all staff, whether carers, or ancillary staff, time to get to know one service user so that they can personalise their care and provide an environment for them to enjoy as much stimulation as possible. Staff we spoke with were positive about the impact this had for people, they said it 'made people feel special, enhanced person centred care and joined up working'.

During the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The manager and all staff demonstrated a positive commitment to people to ensure they felt valued. The manager told us about one person who was a retired teacher and they enjoyed organising and tidying the reception area, where there were folders, brochures and leaflets. The manager had spoken with the family and it was agreed that a desk and chair in the reception would be somewhere they could continue to do this comfortably and with meaning. The manager was going to work with the activity co-coordinator to look at other office duties that might interest him.

The respect and kindness shown to people was shared amongst the whole staff group so that everyone felt valued within their individual roles. The manager spoke with us about their ethos on supporting staff. Staff wellbeing was paramount in helping to ensure they felt valued, empowered and supported. This approach had a positive impact both individually and as a team, in addition to the care and support people subsequently received. Staff were happy working at the home and this was reflected in their attitudes and integrity during the inspection. Staff were approachable, helpful, willing and friendly with a good mix of personalities.

Due to management changes it had at times been an unsettling year for staff, however there was still a sense of determination and pride. Staff morale was cheerful and buoyant, they were motivated and enjoyed their roles and responsibilities. They were clearly committed to the people they supported and enjoyed talking to us. We asked staff what they thought they did well and what they were proud of. Comments included, "The care team in Carlton Mansions is good. The senior carers are very motivated and outspokenly grateful for doing this job", "The residents always come first", "It is important that we know about those things important to them and keep those memories alive", "I am very positive about my job, it is so rewarding and I

feel I have a bond with people".

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect. Staff were supporting people respectfully and at their own pace, sitting at the same level, with the person's clothes protected where requested. Staff were attentive throughout lunch, gently encouraging and cutting up food if required.

People we spoke with agreed they were treated with respect and dignity, and that their privacy was maintained. Many people chose to have their bedroom doors open, and we observed staff calling out as they entered their rooms. Everyone said their dignity was maintained when receiving personal care and confirmed doors were closed and curtains drawn before any personal care was given.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and access to hairdresser visits.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to the communal areas and the garden. Family and friends were invited to special events. Relatives we spoke with told us, "They are a super group of staff and I feel relaxed when I visit", "I always feel welcome and they call me by my name which is nice". The manager had made arrangements for a drink dispenser to be installed so that people and their visitors could help themselves to a selection of hot and cold beverages without relying on staff to make one for them.

Good

Is the service responsive?

Our findings

During our visits we saw people being cared for and supported in accordance with their individual wishes. People said they made their likes and dislikes known. One relative told us, "We were asked lots of questions about what dad liked and didn't like, also his preferred personal routines". Staff shared with us their experiences of the care and support they provided people, they felt they knew people well, that care was much more person centred and people were happy. The manager and deputy had ensured that people and family were a lot more involved in care reviews so that they received care that was responsive and met their needs.

The manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. The manager demonstrated a measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

At the inspection of November 2016 we had identified that care plans did not always reflect the needs of people and they were not evidencing the person centred approach that people received. Care files were under review to help make them less cumbersome and more 'user friendly'. Old documents and records were being archived and some new paperwork had been implemented. We saw that some progress had been made with the care plans. The speed of progress had been compromised due to the lack of a permanent manager but the quality of what had been achieved was positive. The plans demonstrated that people had been consulted about how they wanted to live their lives and what level of support they wanted from staff.

The newly appointed activity coordinator was not available during the inspection visits however she did write to us about her role and future plans to enhance social and emotional stimulation for people. She had been working closely with the manager and between them they had some exciting ideas. One to one sessions with each 'resident' had proved very positive. They told us, "Getting to know the residents on a deep level is vital to learn what would make them truly happy in this stage of their life and illness. This is challenging and rewarding, but requires a lot of time and patience". Plans had already started to make a sensory room, fiddle/sensory boards and exploration boxes. These were to provide 'stimulation to the brain and to make people with dementia feel empowered and capable'.

The manager wrote in her reflection, "I am a very holistic person and believe greatly in activities and the importance of bringing the community into the care home and the need for resident's to be part of the wider community. Mother and toddler groups were excited to be visiting the home to participate in activities with the 'residents' and university students also visited to join people for afternoon tea and engagement. The manager told us she was planning to invite the local Women's Institute to see if they would visit, spend time with people and include them in future events.

The service was not registered to provide nursing care, however people were provided with end of life care if it was decided that remaining at Carlton Mansions was in their best interests and appropriate support was available. This was provided with the support of the GP and district nurses. Specialist equipment was provided from community resources if required for example, profiling beds and air mattresses.

The service had a complaints and comments policy in place and this was shared with people and families on admission. People said they would raise any concerns and were confident their concerns would be acted on. The daily presence of the manager and deputy meant they saw people every day to see how they were. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that they knew people well and they were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Good

Is the service well-led?

Our findings

The service had continued to improve and sustain those improvements following the last inspection. The newly appointed manager was enthusiastic and enjoying her role. This was reflected in how she ran the service. She was proud of the services' achievements to date and committed to moving the service forward. They had slowly built confidence and values in a small staff team with a clear management structure. They told us they were all feeling 'settled and grounded and excited about moving the service forward'. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained.

During our inspection we met and spoke with the regional manager, regional support manager, manager and deputy. This was a fairly new management team who had worked together to identify where improvements were required and make plans to resolve these had been placed in order of priority. They worked collaboratively and shared the same values and visions. The manager told us they had felt supported and listened to. She was able to share with us several examples where recent improvements had a positive impact for people who used the service and staff. Handovers had been changed to ensure all staff attended and received essential key information 15 minutes before commencing their shift. Previously these had only included the senior on duty of each shift. In addition staff were compensated for starting their shift15 minutes early, staff told us they found the handovers 'extremely useful and informative in addition to feeling 'valued' by the provider.

As previously mentioned in the report an extensive environmental audit had been completed and significant improvements had already been achieved both on a large and small scale. The kitchen had been completely refurbished and a new wet room was to be installed on the lower floor. The manager also had commenced plans for the outdoors to make it more enjoyable during the approaching milder weather. One of the projects was to develop a sensory garden. The manager told us, "This will be a place of visual beauty, smells, sounds, animal life, offering peace and relaxation".

The manager had commenced a level 5 course in leadership and management and said they were 'excited to learn and grow'. They had joined the care home provider forum and had started to create contacts with other managers within the local area. They were also planning to be the dementia champion for the home and would like all staff to become a dementia friend.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. We looked at the quality monitoring reports conducted by the regional manager and regional support manager. The audits evidenced thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the manager and deputy.

The manager and senior staff knew when notification forms had to be submitted to CQC. These notifications

inform CQC of events happening in the service. We had received notifications from the provider in the last 12 months prior to this inspection. These had all given sufficient detail and were submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.