

Springcare (Birkenhead) Limited







Oxton Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 25 March 2015 and was unannounced. Oxton Grange Nursing Home is registered to provide accommodation and nursing care to 60 people with dementia. There are 60 bedrooms and some bedrooms could be shared. All have private washing facilities.

The manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

We last inspected the care home on 28 November 2013. At that inspection we found the service was meeting all the essential standards that we inspected.

Some people had lived at Oxton Grange for a considerable time and considered it to be their home, others had moved in more recently. There was a team of

Summary of findings

21 staff on duty on the day of this inspection, nine care staff, the manager and two unit managers, the activities coordinator, the chef and kitchen assistant, three cleaners and the two maintenance people. All of the staff had completed induction training and received regular training by the provider.

The staffing levels were sufficient in all areas of the home at all times to support people and meet their needs and everyone we spoke with considered there were enough staff on duty.

The home used safe systems of recruiting new staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home.

People were able to see their friends and families when they wanted and there were no restrictions. Visitors were seen to be welcomed by all staff throughout the inspection.

The thirteen staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding. We found that medicines were

managed safely and records confirmed that people received the medication prescribed by their doctor. Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

The six people we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal off the menu that was planned. People we spoke with said they had plenty to eat. The food we tasted was well presented and tasted good.

The seven care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. People were all registered with a local GP and records showed that people saw a GP, dentist, optician, and chiropodist as needed.

The expert by experience commented, "The home is well run and all of the people told me they were 'safe, very safe'. I spent time talking to people and visitors who were all extremely positive about Oxton Grange Nursing Home. All staff were friendly and provided care in a respectful way. The lunch was good and people were happy with the food provided and there was plenty".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to support people and keep them safe. All staff had received training about safeguarding to ensure that people were protected from abuse.

The home was clean, comfortable and well-maintained and records showed that the required safety checks were carried out.

Medicine management was in accordance with current and relevant professional guidance. Medicines were being administered as prescribed and stored at an appropriate temperature.

Good



Is the service effective?

The service was mainly effective.

All staff had received training and were being provided with an on-going training plan. Staff had good support with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. People we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly. People were supported to eat and drink however staff support at lunch time was very busy and staff were feeding people standing up over them.

People were all registered with a local GP practice. People were supported to access community health services including dentist, chiropodist and optician.

The environment was not decorated to meet the needs of the people living there; all areas on all four floors replicate each other in design and decoration and looked the same. It would be difficult to differentiate where a person was and people with dementia would find it difficult.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

People told us staff listened to any concerns they raised. There was a good system to receive or handle complaints.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

Good



Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service provided at the home.

Staff were supported by the management team.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good



Oxton Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 25 March 2015. The inspection was unannounced and the inspection team consisted of an Adult Social Care inspector, a specialist advisor with experience and knowledge of dementia care and the Mental Capacity Act 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. We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. We spent the afternoon and evening looking at medication, care plans and records related to the running of the service.

During our inspection we spoke with six people who lived in the home, five visitors, five care staff, the activities coordinator, a maintenance person, one domestic staff, the cook and kitchen assistant, the two unit managers and the registered manager. We observed care and support in communal areas, spoke with people in private, looked at the care records for seven people and looked at five staff records. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in November 2013. We also contacted the local commissioners of the service.

We requested information from the provider after the inspection. The information sent by the manager was the staff training matrix, staff rotas and induction training programme.

Is the service safe?

Our findings

The expert by experience asked people if they felt safe at the home and they replied “Yes, I do I give staff top marks, I’m very safe”, “This is my home and the staff look after me”, “I am safe here.” and “Yes, staff always make me feel safe”. We asked the seven relatives we spent time talking with if they thought the home was safe, all said it was.

Records showed that all staff had received training about safeguarding vulnerable people from abuse and this was refreshed annually. An assessment was completed at the end of the training programme and, if successful, a certificate was awarded. The certificate showed the course syllabus and we saw that this was comprehensive. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. A member of staff said “I would report without hesitation”. CQC records showed that the registered manager had made a safeguarding referral to social services in March 2015 to report a concern regarding the lift being out of operation and requiring maintenance for a period of time. We saw that this had been dealt with appropriately, risk assessments had been completed and relevant professionals and relatives had been informed.

The thirteen staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

We spoke with the manager about how risks to people’s safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. We saw that risk assessments relating to mobility, falls, nutrition, and other issues relevant to the individual, were in the three people’s care plans we looked at and they were reviewed monthly. Accident and incident policies and procedures were in place.

We spent time in all areas of the premises and could see that Oxton Grange was well maintained and comfortable for the people living there. Health and safety had been checked through various risk assessments and audits. There were two designated members of staff who were responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly.

Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the home was clean and provided a safe environment for people to live in. We saw records to show that regular health and safety checks were carried out and that regular servicing and checks were also carried out on equipment. The catering arrangements had received a four star food hygiene rating. A fire risk assessment was in place and had been reviewed and updated in September 2014. A premises risk assessment was dated September 2014. Information was available for staff in case of an emergency and gave details of people’s mobility needs.

We asked six people if there were enough staff to support them and they all said “Yes”. One person said “If I need them, I ring my bell and they come quickly”. The registered manager told us that staff numbers were flexible and additional members of staff could be deployed if anyone required extra support with their care. We looked at the staff rotas for 1 February 2015 to 25 March 2015 and saw that the staff ratios were sufficient to meet people’s needs.

The registered manager and the administration person were aware of the checks that should be carried out when new staff were recruited. We looked at three staff recruitment files including one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

We spent time with a unit manager who was responsible for medication at the home on the day of our inspection. We saw that medicines were stored safely in the medication room in the basement that was locked. Records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for six people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. We looked at the controlled drugs records and medication that was stored in a secure drugs cabinet in the medicines room and saw that all of the controlled drugs had been administered appropriately.

The specialist advisor looked at the Covert Medication policy that was last updated in 2010 and requires updating to reflect the Mental Capacity Act 2005 (MCA). In discussion with the registered manager and looking at the records of

Is the service safe?

one person who was under the covert practice, there were details of how a best interests decision had been reached and documented. This included consultation with the person's GP and with the pharmacist, and was compliant with National Institute for Health and Care Excellence (NICE) guidelines.

The records we looked at indicated that people always received their medicines as prescribed by their doctor. We saw no missed signatures. Some people had items prescribed to be given 'as required (PRN)'. This was written on the reverse of the medication administration record sheets that showed what had been given and the reason for the PRN medication.

The expert by experience asked people if they got their medicines in a safe way and on time. People confirmed

that they did and one person added "I get my medication exactly when required". The expert by experience also commented "At no time on my visit did I see any staff actions which could be described as unsafe".

The cleanliness and hygiene in the premises were good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers within the corridors for staff and visitors to have the opportunity to wash or disinfect their hands appropriately. People were protected as the staff followed universal safe hand hygiene procedures. There was an audit of hand hygiene completed by the provider in January 2015.

We discussed with the registered manager that the hand wipes and napkins seen in the dining rooms were not being used by staff to support people to clean their hands before and after their meals.

Is the service effective?

Our findings

We asked six people about the skills of the staff and if they were competent in their roles. Comments received included; “They know what they are doing, good at their job” and “Lovely caring staff and are very good at their jobs”. A relative told us “The staff has the skills required to look after my relative well”. Another relative said “My relative is well cared by the staff who are all fantastic”.

We spent time on all four floors. The majority of the walls were painted in magnolia, which can be reflective and not the best choice for those suffering from cognitive or sight difficulties. All doors were painted the same colour which does not aid navigation or identification for people. All the bedrooms had only small name plates and an inconspicuous door number that could make it difficult for those with visual problems, cognition issues or dementia, to identify their rooms. All the toilets and bathrooms had appropriate picture signage, but there were no adaptations in relation to the needs of those with dementia for example, coloured toilet seats and rails. We discussed the environment with the manager and that there is information readily available in the NICE guidelines.

We looked at staff training. Staff were up to date in training for providing care and support for people living at Oxtan Grange. We looked at the training material and information and saw that the training was provided in house by the provider who had its own training department. We were sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The specialist advisor spent time with the registered manager who was knowledgeable and had started to implement a clear concise procedure with records in place to show what actions had been taken in relation to people’s mental health. We looked at seven care plans and all clearly showed that MCA assessments had been undertaken and when the local authority had been liaised with.

We found that there were issues around consent relating to relatives where they were often thought to have consensual powers in relation to their relatives. In the absence of legal authority, this was not the case. There were, in two care files, some instances of relatives signing consensual documents, for example for photographs, and by request of the GP for flu vaccinations. In relation to the MCA and DoLS, ‘next of kin’ arrangements are not legal. However, the registered manager was making every attempt to correct this.

The specialist advisor noted that the provider was making significant progress in implementing the MCA. The registered manager understood that from the outset in the pre assessment and care planning, that when there was an indication that a person may not have capacity to give informed consent then a MCA assessment would be undertaken. If appropriate that would then be then followed by the best interests procedure, both of which were recorded. The registered manager knew to request these documents from the admitting social worker, or knew that if these were not available then they had a responsibility to ensure the process was undertaken.

The registered manager was acting on guidance from the ‘supervisory authority’; they have made applications in respect of all those in Oxtan Grange who may be deprived of their liberty. In respect of those people with dementia, 24 applications had been submitted, of which 14 were now subject to DoLS authorisations.

The thirteen staff we spent time talking with were aware of the MCA. All care staff spoken with had completed training and were aware of what the MCA was and what the DoLS

Is the service effective?

procedure meant if implemented. They always sought people's consent; gave people choice; encouraged their independence and by consulting with and involving, relatives.

The staff we spoke with had completed the provider's mandatory training for specific subjects. Staff told us that they were happy with the training provided and there was a lot of it. Comments made were "I do lots of training and it's good too, interesting". "I am up to date with training and the manager puts notices up for staff of training that is coming up". There was an induction programme that included shadowing other staff and completing training specific to their roles. We looked at the records of staff training which confirmed that all staff had completed a range of training relevant to their roles and responsibilities. Staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

Staff spoken with told us that they had supervision meetings with senior staff and the management team. There was an annual appraisal procedure that had been implemented for staff. We were told by all of the staff we spoke with that they had received an annual appraisal. The staff spoken with told us that they were appropriately supported and that there was an open door policy at the home where they could talk to one of the management team about any concerns they may have.

We observed staff interacting with people throughout the day and evening. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke to and their relatives informed us that staff met the individual care needs and preferences at all times.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. We spent time in all three dining rooms at lunchtime, observing the support provided to people by the staff. We used a SOFI on the second floor only.

We were present for the lunch meal which was lamb steaks, mashed potatoes and vegetables with crumble or jam tarts for the desert. The staff were seen to ask people what they wanted, people were asking for alternatives if they did not want the food offered. A variety of sandwiches and soups were provided. The expert by experience had lunch with the people using the service and informed us that it was good. Comments from people were that the food was, "Very good", "Nice", "I would like a change". The majority of people had their meals in the dining rooms. A relative told us "My relative has shown a lot more interest in food since coming to live here. They provided a lot of food and drinks intermittently throughout the day and evening, making sure they eat and drink".

We used SOFI in the dining room on the second floor. The staff were seen to be supporting three people to eat their lunch. There were two staff in the dining room to support the people. There were ten people in the dining room and three people who had chosen to eat lunch in their room. Staff seemed rushed and were seen to be feeding people standing up. One member of staff was anxious to go for their lunch and was heard telling another member of staff. Another member of staff came into the dining room after a few minutes and the staff member went off for their break. We were told that staff took their breaks at people's lunch time. We discussed staff breaks at lunchtime with the registered manager and the number of staff left to provide support to people.

The provider checked people's weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed two observational records for people who were being monitored for food and fluid intakes. These observational records were seen to be completed appropriately.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff monitored their health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on that change. There were discussions throughout the inspection about people's health checks. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. The registered manager told us that the doctors visited the home as required.

Is the service effective?

People had been enabled to personalise their own rooms, we were shown three people's bedrooms by the people and their relatives. Three people told us they were happy with their rooms and if they had an issue with their rooms, they told us they would report it to the managers. We looked at the maintenance records that showed that any issues were dealt with promptly.

The home was surrounded by a large garden that was well kept. People told us they really liked looking at the garden and enjoyed warmer weather when they spent a lot of time outside.

Is the service caring?

Our findings

The six people we spoke with told us that staff treated them well. Comments included, “Everybody is nice”, and “Carers look after me very well”. A relative commented, “There is a nice atmosphere in this place, a very supportive environment. First class”. We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported where necessary, to make choices and decisions about their care and treatment.

We saw a member of staff talking with a person who was worried about being at Oxton Grange. The member of staff was respectful to the individual and calmed them down by explaining why they were at the home. We observed staff reacting to call bells and to people requesting support in a respectful manner.

We spent time talking with five relatives of the people living at Oxton Grange. All were very positive about the care and support provided. We were told that they all visited different times of the day and evening and that staff were always welcoming. Comments made included “We chose this home; it was a no brainer. Our relative is happy here”, “The staff are excellent, and do care”. Another commented “Staff are wonderful”.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges as they chose.

We observed people being listened to and talked with in a respectful way by the registered manager and the staff members on duty. People were constantly seen to ask questions and wanted actions by the staff. Staff were all seen and heard to support the people, communicating in a

calm manner and also reassuring people if they became anxious. The relationship between the staff members and the managers, with the people living at Oxton Grange was respectful, friendly and courteous.

The registered manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people’s views and wishes if required. We were told by the registered manager that no one had recently utilised this service. The information for advocates was displayed on the notice board opposite the front door.

Most people were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if their support was needed.

Oxton Grange Nursing Home provided end of life care with the support of other healthcare professionals who would be requested to support the person. The registered manager told us that this was a person’s home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare. We were told that there was one person currently living at the home that was being provided with end of life care.

The expert by experience commented:

“I observed the care provided by staff on the day of this visit to be good. Staff were respectful and friendly. The residents were seen to be supported quickly when help was asked for”.

Is the service responsive?

Our findings

People we spent time with were happy with the care provided by staff. People told us “Staff are always asking me if want to do things” and “I get my hair done every week by the hairdresser” and “The activity person is very good at organizing everything”. We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them.

We looked at seven people’s care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person’s emotional wellbeing and what activities they enjoyed. Staff were knowledgeable about all of the people living at the home and what they liked to do.

We spent time talking to people about activities and were told by all six people that there was always something taking place. Comments included “I am asked to do activities here if I want to I do” and another comment “Lots of things going on”. One person told us “We have singers come in to see us, sing songs, it’s lovely”. We spent time with the activity coordinator discussing activities and looking at the programme for January, February and March 2015. Activities included coffee mornings, baking, reminiscence and discussion, classic movies, poetry, quizzes, hairdresser, communion services, morning walks and going to church if requested. There was outside entertainment including singing provided at Oxtan Grange. The activities were mainly group activities, we discussed one to one activities and were told that they do take place, the activities coordinator visit people in their rooms. We discussed providing specialised activities for people with dementia and the activity coordinator told us they had completed related training. They had started to initiate a new programme of information on activities and had set up two people’s books called ‘This is me’ with an aim to do for all of the people living at the home. We were told that because there was only one activity coordinator they did not have a lot of time. We discussed activities and one to one stimulation with the registered manager who agreed that one person was not sufficient in meeting the wellbeing needs of 60 people and would initiate that another activities coordinator would be employed.

People’s needs were formally reviewed monthly or more frequently, if required. There were monthly comments on the care plan records to inform that senior staff had assessed the person and informed if there was any changes to the care and support provided. People when asked about their reviews of care and care plans were not all fully aware about the care they were receiving and the care they required and had agreed to. All five relatives spoken with told us that they were involved in the care review process and that the care provided was what was agreed.

People told us staff listened to any concerns they raised. There were two complaints raised at the home in the last twelve months. We looked at the records that showed how the complaints had been dealt with. All of the information was in place to inform what the registered manager had done to investigate the complaints raised and the outcomes of both complaints. We were provided with the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board by the front door. Also the complaints procedure was given to all of the people living at the home and their relatives.

The registered manager told us that they had a residents/relatives meeting on 5 November 2014. We looked at the record of this meeting which informed how issues raised in discussions were actioned and by whom. We saw that the meetings took place every three months and people were made aware well in advance. The relatives that we spent time with told us that staff were good at communicating with them.

The expert by experience spent time talking with the resident’s representative who lived at the home who was very happy living at Oxtan Grange.

The home worked with professionals from outside the home to make sure they responded appropriately to people’s changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people’s treatments for their health and wellbeing.

The expert by experience commented.

In discussing activities planning and delivery I was impressed with the range of training that the activities coordinator had undertaken in order to cater for the range of interests of the residents. His enthusiasm and

Is the service responsive?

commitment, as well as his skills, were well demonstrated in doing an activity of scone-making with 6 residents (all with dementia) to engage them all and with a clear

understanding of their skills, residents were smiling and joking together and clearly enjoying themselves. Subsequent discussion revealed files kept of activities done with every individual resident on a one-to-one basis.

Is the service well-led?

Our findings

The six people we spoke with and five relatives told us that the managers were always available. People's comments included "The manager is very easy to talk to and you can raise issues with her", "Really understanding manager very approachable". Relatives' comments included, "Good rapport with the staff and very friendly" and "The manager always listens to what we say and acts on it on behalf of our relative".

There is a three tier management at Oxton Grange which comprises the registered manager and two unit managers. The registered manager told us that they were also recruiting a deputy manager to support the team. The leadership was visible and it was obvious that the managers knew the people who lived in the home. Staff told us that they had a good relationship with the managers who were supportive and listened. We observed staff interactions with the three managers which was respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The managers and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, "It's a good place to work, I love working here", and "I think we do provide good care here, we all work hard". Another comment was "Great place to work, seriously". The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were systems in place to assess the quality of the service provided in the home that included, weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for January 2015 to March 2015.

We looked at the ways people were able to express their views about their home and the support they received. One person told the expert by experience "I am constantly asked if everything is ok and I reply everything really good". We were told that open days and residents /relatives meetings were held every three months. This was confirmed by the resident's representative who lived at the home who was very positive about the management of the home. Information looked at showed that meetings took place and people were asked if they had any issues. We saw that people who lived at the home and relatives and staff were provided with feedback forms on the 20 February 2015 and were provided with stamped address envelopes to return to the provider's office where the quality assurance lead would collate the information. The registered manager told us that the summary would be sent to the CQC.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We looked at a selection of records throughout the inspection. All were seen to be up to date and relevant. Monitoring records looked at for two people were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual's food and fluid intake. Confidentiality was maintained with locked filing cabinets and a password protected computer which was secured in place.

The expert by experience commented.

"The manager was to be seen around the place throughout the day and as her length of service indicates she is doing an effective and quality job".