Care Quality Commission

Colten Care (2003) Limited

Belmore Lodge

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

Overall summary

Belmore Lodge is registered to provide accommodation for persons who require nursing or personal care for up to 55 older people some of who may be living with dementia. On the day of our visit 55 people were living at the home. The home is located approximately one mile from the town of Lymington, Hampshire. The home is purpose built and accommodation is on three floors. There is a passenger lift to all floors. The home has a well maintained garden area that people are actively encouraged to use.

The inspection on 23 March 2015 was unannounced.

There was a registered manager at the home. 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.

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health care professionals told us they were very happy with the care and described the service as

Summary of findings

excellent. A visiting GP told us, "I have no concerns at all regarding anyone living there. The home look after people very well indeed. Things have become significantly better all-round since the new manager has been in post".

People were supported to take part in activities they had chosen. One person said, "There is always lots to do. It's a very busy and social place to live. Everyone gets on so well with each other and we have a good old laugh".

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and every relative told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person living at the home was currently subject to a DoLS. The manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff talked to people in a friendly and respectful manner. People told us staff had developed good relationships with them and were attentive to their individual needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner. People told us they felt staff were always kind and respectful to them.

Staff were encouraged to raise any concerns about possible abuse. One member of staff said, "We all know how to recognise abuse or bad practice and what to do if we thought someone was being abused. I know if we have concerns we can speak to the manager and she would report it".

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).

The home routinely listened and learned from people and visitor experiences through annual resident/ relatives' survey. The surveys gained the views of people living at the home, their relatives and visiting health and social care professionals and were used to monitor and where necessary improve the service.

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?

Good

The service was safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Belmore Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 23 March 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, head of care, six care staff, the chef, 16 people and two relatives. We also spoke with three visiting health care professionals. Following our visit, we telephoned two GP's to discuss their experiences of the care provided to people.

We pathway tracked four care plans for people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audit which was dated May 2014.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 15 May 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People said they felt safe. They told us that if they were concerned they would talk to a member of staff or the registered manager if it was more serious. One person said, "I am very safe and comfortable here. The staff are very kind". Another person told us, "I feel very safe here. All the staff are kind, helpful and always very gentle which with me". Relatives told us they felt their family members were safe. One relative said, "It's a great reassurance knowing that my mum is here and is safe. I know the staff care and look after her".

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

Risks had been assessed and actions had been taken to minimise any risks identified. Risk assessments were carried out based on people's individual needs. For example, when one person lost weight, a risk assessment was carried out to determine their risk of becoming malnourished, and to reduce this risk the person was provided with a high calorie diet and weighed more regularly. A range of other assessments were carried out, such as to determine the risk of people falling or developing pressure sores, and in response to people's care needs.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure they were safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us it was important to know how to move people safely and they felt confident that they and their colleagues were fully competent with this.

Recruitment practice was robust. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practise in the UK must be on the NMC register.

There were sufficient numbers of staff deployed to care and support people according to their needs. Call bells were answered in a timely manner. Call bell audits confirmed this. People told us they never waited any longer that 'a couple of minutes' if they pressed their call bells. A relative told us, "Staff have always responded very quickly to people needing help whenever I've been here. I've never seen anyone in distress because there is not enough staff. There is always plenty of staff about". The registered manager told us staffing levels were flexible and could be increased should people's dependency levels rise. The home used a "needs dependency tool" to calculate staffing requirements and the registered manager said, "We review people's needs monthly or as they change. If we identified a requirement to deploy extra staff to meet a person's specific needs we would do so".

Reports of accidents and incidents were recorded and were reviewed by the registered manager to assess if there were any trends in order to identify and make improvements to the support people received. We saw this system was used and had resulted in referrals to the falls prevention team where needed. People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were 'quick to respond'. Relatives also said they felt there were enough staff to give their relation the care they needed. One relative told us there had been occasions when their relation had called for staff using the alarm call and that, "A member of staff always comes within a minute or two".

People told us their medicine was given to them on time. One person said, "I get my medicine at the same time every day. I never have to ask them they know when I need it and

Good

Is the service safe?

that's when I get it". At lunchtime we saw people being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored in a locked medicine trolley that was secured to the wall in the nurse's office. Medicines that were required to be kept cool were stored in an appropriate refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly.

Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and identified staff had signed to show that people had been given their medicines.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the passenger lift and the fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. The homes emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, gas leak or if the service needed to be evacuated. Evacuation plans indicated people's mobility and the number of staff needed to evacuate the person safely. Fire exits and evacuation routes out of the building were clearly visible and accessible. Fire fighting equipment was checked weekly by staff and also checked annually by a local contractor. People we spoke with were aware of external assembly points and what they need to do in an emergency.

Good

Is the service effective?

Our findings

People told us they enjoyed the food at the home. There was a food comments book in reception. Comments were positive about the food and included, "Absolutely delicious could not fault it", "The food is excellent. The helpers are fantastic. All very good." and "A Wonderful lunch. Everything was perfect". People were supported in maintaining a balanced and nutritious diet. A chef was employed who was responsible for ordering food supplies and planning the menus with the registered manager. The chef spoke with people every morning to discuss menu choices for the day. A list of people's likes and dislikes was displayed on the kitchen wall and was available to any staff member responsible for preparing food. There was also a detailed list of whether people needed a soft diet or their food cut up into small pieces, and people's specific dietary needs. For example, if they were diabetic.

Most people took their meals in the dining room and this was encouraged to enable people to socialise. We observed part of breakfast and joined people at lunchtime. Some people needed assistance with their food. The chef explained that they had cut up their food and checked that this was to their satisfaction. The majority of people did not require support with their meals, but staff were available to offer this if it was needed. Staff sat next to people who required support to eat and let them eat at their own pace. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

People were able to access appropriate health, social and medical support when they needed it. Visits from doctors and other health professionals, for example, Tissue Viability Nurse (TVN), Occupational Therapist (OT) and Community Psychiatric Nurse (CPN) were requested promptly when people became unwell or their condition had changed. Local GP's attend the service every week to conduct a surgery and to see anyone who wished to see a doctor or anyone the service were concerned about. One GP told us, "I visit sometimes four times a week so I know the staff and people living here very well. The home is very relaxed and people are cared for in a loving way". The atmosphere in the home is notably much better of late and I think this is down to the stability the new manager has brought in". A visiting optician told us, "We visit the home regularly and carry out eye examinations as needed. Another purpose of the visits was to carry out any 'minor' repairs that were needed to people's glasses. People are very well cared for and staff are very helpful".

New staff received an in-house induction which was based on Skills for Care's "Common Induction Standards (CIS)".CIS are the standards people working in adult social care staff meet before they are assessed as being safe to work unsupervised. Staff completed a workbook which included specific training around supporting people living with dementia and written responses to questions and scenarios. New staff also shadowed senior staff. This was to provide evidence that staff had the skills, knowledge and experience to care for people.

There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to most staff in communication, continence management, dementia awareness, diabetes awareness, and people with swallowing difficulties. Staff had the training and specialist skills and knowledge that they needed to support people effectively. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. The registered manager told us, "We need to get better at supervisions. Although supervisions are being carried out as routine there was a time before I came here when they were only done 'when things had gone wrong'. The registered manager was open and transparent and was able to show us supervision sessions had now been planned 12 months in advance. Staff files we viewed confirmed this was the case.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Whilst most people were able to chat about their daily lives, some people were not able to understand and make important decisions about their care and support. The registered manager and staff said where necessary they would liaise with people's relatives, where appropriate, and health and

Good

Is the service effective?

social care professionals should people's needs change, so that appropriate care and support was provided. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Where people did not have the capacity to consent to care and treatment an assessment had been carried out.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLs and understood their responsibilities in relation to using least restrictive practices to keep people safe. One person living at the home was currently subject to a DoLS. Documentation we viewed confirmed the registered manager understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Good

Is the service caring?

Our findings

People were positive about the way staff supported them. One person told us, "The staff are lovely." Another said, "The staff are very good – they don't change around as much as they did. Whilst a further person told us, "Everything's changed for the better recently – it's all very clean, the laundry is good. Care is excellent – can't do enough for you".

The home had received a number of compliments from relatives about the caring nature of the home. These included, "I would like to thank everyone who looked after X during her stay at Belmore Lodge. To know she was with friends when she passed away has been a great comfort".

"We would like to thank the staff who supported Mum in her final days. For the excellent treatment and care and for taking the time to talk to her and being there for her" and "I felt that with the impact and stability that X (registered manager) was bringing to the home, it's a shame we didn't have more time to see what she was achieving in such a fantastic way for both residents and staff before Dad passed away".

Staff were respectful to people at all times during our visits. Staff ensured people's dignity and privacy was maintained. One staff member explained that if someone was receiving personal care in their room, the door would be closed and a sign reading 'do not disturb care in progress' would be posted on the door alerting staff to this. This ensured staff did not enter the room during this time. A staff member told us they tried to treat people as they themselves would like to be treated. They said, It cannot be easy for people who have lived a full and active life to find themselves needing help with simple things like putting on a shirt. I treat people the way I would like to be cared for and I would like to think my own standards are very high". Staff had undertaken a training programme in dignity and respect about how to provide people with dignity in residential care setting.

People told us they could make everyday choices. One said, "I do what I want really. I can walk around the gardens if I want. I often go and feed the birds". A second person said, "Life here is no different to being in your own home. No-one bothers me but help is on hand if I need it. I am free to do as I please".

Staff communicated with people in a kind and attentive manner. Staff chatted easily with people and we heard a lot of joking and laughter. Staff also knew when to stand back so that people could talk to one another and make their own decisions and choices about how to plan their day. People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views and opinions these, together with their past history, were recorded in people's care plans. This enabled staff to understand people's character, interests and abilities if they were not able to verbalise them and so help to support people to make decisions in their best interests, on a day to day basis.

Staff knocked on people's doors before entering rooms and staff took the time to talk with people. People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas.

We observed staff seeking permission before undertaking any care and support with a person. We saw one staff member ask a person if they wanted assistance with their meal which the person accepted. Another person who had not eaten their pudding was offered an alternative. The person declined this which the staff member respected and was an example of staff showing they sought people's opinions. Staff had close relationships with people living at the home and their relatives. One visitor told us, "This is so much my mums home. The staff really do know her and us very well. They are more than carers…….they are part of the family".

Care plans contained guidance that maintained people's privacy and dignity whilst staff supported them with their personal care. This included explaining to people what they were doing before they carried out each personal care task. Records contained information about what was important to each person living at the home. People's likes, dislikes and preferences had been recorded. There was a section on people's life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. Staff were able to demonstrate an in depth knowledge of people they cared for. People's preferences on how they wished to receive their daily care and support were recorded. One person

Good

Is the service caring?

explained that they did not feel they needed help with dressing or personal care but needed someone to be with them 'just in case'. We saw that this was clearly documented in their care plan for staff to follow.

Good

Is the service responsive?

Our findings

People told us they could talk to staff or the manager at any time if they had any worries or concerns about their care. One person told us, "If I was worried or concerned I would speak with Matron (registered manager). I've never had to do it but I know she would be able to sort anything out". A relative told us, "There is a complaints procedure but I've never had to use it. When I have had worries or concerns I have only had to have a quiet word with the staff and it gets sorted".

People told us staff were responsive to their needs. One person told us, "It is a 'God send', I am really happy here they go way beyond what they should do, nothing is too much trouble. They are always cheerful". Another person told us, "I don't need much help at the moment but if I do need extra help I use my bell and they are quick to come see what I need". People said the staff were flexible in the way they changed things to meet what they wanted. For example one person said, "I like to walk in the gardens some days but I'm a little unsteady on my feet so the staff come with me". Another person said, "There is an activities programme. If we don't want to do the planned activity they don't worry they just move things round to accommodate us".

People's needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear directions of all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence.

People's needs were evaluated, monitored and reviewed each month. Each care plan was centred on people's personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. Daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed. A visiting GP said, "The home are proactive in calling us rather than re-active. We are contacted by the home in a timely way for advice and guidance and it works very well". Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the registered manager. Staff said that other people could not verbalise their concerns and that changes in their mood and / or body language would identify to them that something was not right and needed to be investigated further.

Activities were arranged throughout the day. On the day of our visit the activities included, word searches, balloon tennis and knit and natter. Activities were planned monthly in advance. People we spoke with all told us they had a copy of the activities calendar and were aware of forthcoming events. Other activities included, mini bus trips, yoga, hymns and prayers, visiting musicians and entertainers. During the morning staff sat and talked with people whilst some people preferred to watch television or spend quiet time in their rooms. For people who did not wish to join in with activities, or for those people who had specific welfare needs a social care period of time was made available by the home for one to one personal support by a members of the care staff. People we spoke with found this to be of great comfort especially with helping people to write letters or to have someone to talk with.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC). The complaints log showed that there had not been any complaints about the home during the last year. Feedback from people and relatives in the home's quality assurance survey confirmed they did not have any complaints about the home.

Good

Is the service well-led?

Our findings

People said the service was well organised and managed. One person commented, "Everything runs well here I have no complaints at all". People said they had opportunities to comment on the running of the service. They told us, "We get asked about how things could be improved. We have regular meetings in the lounge with the manager and things get done". The home also produced a monthly newsletter for relatives and people living at the home. This gave information about forthcoming events and other notes of interest. A visiting GP told us, "This home is managed very well. It did go through a bit of a bad patch a while ago with lots of staff coming and going but it has now settled down and runs smoothly".

People were keen to tell us how everything had 'improved' in terms of care, catering, everything since the new registered manager had been in post. One person said, "The manager, and head of care, were "always around" and "very approachable", and there was now a better atmosphere in the home". Another person told us, "The staff are kind and helpful which is really nice". Relatives told us they felt their family members were safe. One relative said, "I have no concerns at all. Mum is very well cared for and loves being here. I wouldn't want her to be anywhere else".

People told us there was an "open atmosphere" in the home and the registered manager was approachable and available if they wanted to speak with them. One person said, "You can speak to the manager when you want, nothing is too much trouble". Staff were confident they could speak to the manager or the provider if they felt they needed. One staff member said, "I feel confident in raising any issues." Staff told us they had confidence to question the practice of other staff and would have no hesitation reporting poor practice to the manager. Staff said they felt confident concerns would be thoroughly investigated.

Each morning at 10am the registered manager held a '10 at 10 meeting'. All heads of departments and senior nursing and care staff attended the meetings. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. Staff told us they found this a good way to communicate 'what was going on in the home' and enabled them to keep up to date with the day to day running of the home and people's changing needs.

The provider used a resident/ relatives' survey to gain the views of family members and people. In the most recent survey in May 2014, 30% of people rated the care as 'excellent' and 52% of people rated the care as 'good'. Comments included, "Friendly helpful staff who listen to residents and relatives and give individual care" and "Well run to a very high standard in a relaxed and caring atmosphere". Staff also felt encouraged to make suggestions for improvement at the home. Staff meetings were held on a monthly basis and we saw from the meeting minutes that staff were kept informed of developments to the service. Staff also participated in an annual staff survey.

The registered manager was active in the home throughout the day and engaged with people, staff and relatives in a warm and friendly manner. A relative said, "My Mum has been here for a number of years and seen many managers come and go but this one seems to be really good. We rarely see her in her office but she is the door is always open, unless she has someone with her".

We observed the registered manager and staff talking with people throughout the day and walking around the home ensuring people's needs were being met. One staff member commented, "The manager is very approachable – for us and the residents. When I pop in her office there's often a resident in there chatting or just spending time with her". Another staff member told us, "The manager is very good. She involves and includes us in everything. She listens and takes on board our views". Staff also felt valued and supported by the registered manager and the providers management team. One staff member said, "I've worked for the home for a number of years and always found the visiting management to very open and approachable and they always ask me how I am". Other comments from staff used to describe the registered managers leadership were, "brilliant", amazing, dedicated, and "knows the residents really well".

Visitors were always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the 'visitor's book'. This was used to monitor the whereabouts of people in the event of a fire. People told us they were asked their opinions on a daily basis about their needs and how they liked certain things such as the meals.

Good

Is the service well-led?

The provider's values were outlined in their philosophy of care which was on display in the home and a copy given to each member of staff. The philosophy of care statement promoted people's wellbeing, choice, rights, individualism, fulfilment and privacy.

Incidents and accidents were reviewed to identify trends. Any outcomes were included in an action plan and reviewed regularly or if things changed.

The service had notified us of any incidents that were required by law, such as the deaths, accidents or injuries. We were able to see, from people's records that actions were taken to learn from incidents. For example, when accidents had occurred the registered manager had reviewed risk assessments to reduce the risks of these happening again. This helped to make sure that people were safe and protected as far as possible form the risk of harm.

Policies and procedures were reviewed on an annual basis to ensure they remained relevant and staff spoken to confirmed that they were aware of these policies and that they were accessible to them.

The registered manager carried out some quality audits including health and safety checks, fire safety checks and checks of the nurse call alarm system. The provider's quality assurance team visited the home frequently and spent time discussing the service with people and staff. They recorded what they found and an action plan of any issues that needed addressing was in place. For example, during the provider visit in March 2015 it was noted that picture frames around the home were 'dusty' and needed cleaning. Action plans clearly stated the required action to be taken and a date by which it should be completed.