

CLS Care Services Ltd

# New Milton House

## 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

This inspection was unannounced and took place on the 24 November 2014.

The home was previously inspected in July 2013. Two breaches of legal requirements concerning consent to care and treatment and records were identified. We undertook a follow-up inspection in November 2013 and found improvements had been made to meet the relevant requirements.

New Milton House is a purpose built care home located in Alsager. It offers accommodation and personal care for up to 39 older people. There is a separate unit within the

home called 'The Coppice' that provides care for up to 19 people living with dementia. The rest of the home provides traditional residential care for 20 people within the 'Summerfields unit'. At the time of our inspection the service was providing accommodation and care to 38 people.

People who live in the home are accommodated on both floors of the two storey building and access between the

# Summary of findings

first and second floors is via passenger lift or by the stairway. Bedrooms are all single, but none have en-suite facilities. There are shops, a library, doctor's surgery and a bus stop close by.

At the time of the inspection there was a registered manager at New Milton House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection, people living at New Milton House were observed to be comfortable and relaxed in their home environment and in the presence of staff. People spoken with told us that they were well cared for and confirmed that they felt safe from harm. For example, we received comments such as: "I feel very safe"; "I'm well cared for and extremely safe here"; "I feel valued and protected" and "There are enough staff to help us."

People using the service and relatives spoken with were generally complimentary of the standard of care provided at New Milton House. We received positive feedback which confirmed people spoken with were of the opinion that their care needs were met by the provider. Comments received included: "Very good quality care I give them 9 ¾ out of 10. It is A1"; "Yes I feel very happy with my care. It is spot on"; "I have no problems. I am very happy with all my care" and "I am sometimes invited to join Mum for lunch."

Staff confirmed they had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities. The training was delivered via e-learning or face to face sessions. Staff also had access to supervision sessions.

During our inspection we noted that a range of activities had taken place in the home by the activities coordinator.

We saw that there were corporate policies and procedures in place relating to the Mental Capacity Act 2005 and Deprivation of Liberties (DoLS) however there was no evidence on training records provided that staff had completed training in the Mental Capacity Act. Likewise, staff spoken with reported that they had not completed training in this key area.

We found that people living on the dementia unit were not supported to choose daily meal options and there were no picture cards or pictorial menus available to help people living with dementia to make meal choices.

There were auditing systems in place so that the service could be monitored and developed. There were also arrangements for people who lived in the home and their relatives to be consulted about their opinions on the standard of care provided. Staff told us that they found the manager of the home to be approachable and supportive. Comments received from staff included: "I like working here"; "The manager is approachable and there if you need help" and "I feel supported to do my work."

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

# 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.

Policies and procedures were in place to inform staff about safeguarding vulnerable adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

People we spoke with confirmed they felt safe from harm living in New Milton House.

Risk assessments had been updated regularly so that staff were aware of current risks for people who lived in the home and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and ensured people were being cared for by staff that were suitable to work with vulnerable people.

Systems were in place to help protect people from the risks associated with unsafe medicines management.

Good



### Is the service effective?

The service was not always effective.

Although the manager had a good understanding of his responsibilities related to the Mental Capacity Act and Deprivation of Liberty Safeguards, staff spoken with lacked awareness of the Mental Capacity Act and reported that they had not received training in this key area.

We found that people living on the dementia unit were not supported to choose daily meal options and there were no picture cards or pictorial menus available to help people living with dementia to make meal choices.

Requires Improvement



### Is the service caring?

The service was caring.

Staff spoken with told us that they had received training on the principles of care as part of their induction training and had taken time to get to know the needs and preferences of the people who lived in New Milton House.

Staff had a good understanding of the need to care for people with dignity and in a way that promoted their privacy. Staff demonstrated this by the way they spoke about the people who lived in New Milton House and by their care practices.

Comments received from people using the service and their relatives included: "They are very caring. It is like a family here"; It's very caring and I'm very happy

Good



# Summary of findings

with my care”; “It’s great here”; “I am as independent as I can be and they [staff] help me if necessary. They knock at the door, before they come in to my room” and “I have a few times found Mum downstairs and not in her room, because the staff had wheeled her down to be with fellow residents for company.”

## Is the service responsive?

The service was responsive.

Care records showed people had their needs assessed, planned for and regularly reviewed by staff at New Milton House.

The service employed two part time activity coordinators who provided a range of activities for people living within the home.

People told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

Good



## Is the service well-led?

The service was well led.

New Milton House had a registered manager. The registered manager was present during our inspection.

A range of auditing systems had been developed to enable the manager to monitor and review the service. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions.

Staff told us that they found the management of the home to be approachable and supportive.

Comments received from staff included: “Steve [the registered manager] is a good listener”; “It [New Milton House] is very well managed”; “I have been involved with a survey. I posted it to CLS” and “The service is excellent and they all acknowledge me.”

Good



# New Milton House

## 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 was 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 24 November 2014 and was unannounced.

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of people living with dementia.

Before the inspection we looked at all of the information which the Care Quality Commission already held about the provider. This included previous inspections and any

information the provider had to notify us about. We invited the local authority to provide us with any information they held about the New Milton House. We took any information received into account.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the site visit we talked with 17 people who used the service, two visitors, five staff, one activities coordinator and the cook who was on duty.

Furthermore, we met with the registered manager of New Milton House. We also spent time with people in the communal lounges and in their bedrooms with their consent. The expert by experience joined one group of people for lunch.

We undertook a Short Observational Framework for Inspection (SOFI) observation in one unit of New Milton House. SOFI is a specific way of observing care to help us understand the experience of people who may experience difficulty talking with us.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided at New Milton House to be safe.

People spoken with confirmed that they felt safe and some people qualified this. For example, we received comments such as: “I feel very safe”; “I’m well cared for and extremely safe here”; “I feel valued and protected” and “There are enough staff to help us.”

Overall, people we spoke with who were living at New Milton House told us that they were well cared for and confirmed that they felt safe from harm. People using the service were observed to be relaxed and content in their home environment and in the presence of staff. The relatives of people who lived at New Milton House who were spoken with during our visit also confirmed that they felt that the people who lived in the home were safe and told us that they had no concerns about the way that their family members were treated.

We looked at four plans for people who lived at New Milton House and we saw that they contained a range of risk assessments relating to different areas of care relevant to each person. We found that these had been updated regularly so that staff were aware of current risks for people who lived in the home and the action they should take to minimise potential risks.

We saw that staff had recorded people’s weights on a monthly basis so as to identify any health and nutritional risks. We noted that action had been taken to involve multi-disciplinary team members such as GPs; district nurses; speech and language therapists; mental health team; opticians and other health care professionals subject to individual need when necessary.

At the time of our inspection the service was providing accommodation and care to 38 people with residential and dementia care needs. We checked staff rotas which confirmed the information we received throughout the inspection about the numbers of staff on duty. Staffing levels across the two units had been set by the provider at two team leaders and four care assistants during the morning and evening shifts. During the night there was one care team leader and two care assistants on duty covering the two units in the home.

Although individual dependency assessments were available within individual files, there was no staffing / dependency tool in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed. This was raised with the management team during our inspection as one person spoken with raised concern about the length of time taken to respond to call bells. Two other people reported that staff were under pressure especially at meal times. The manager reported that he would address the concerns.

We looked at a sample of files for four staff who were employed in the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. In all files we found that there were application forms, references, medical forms, disclosure and barring service checks and proofs of identity including photographs. All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work at New Milton House. This helped protect people against the risks of unsuitable staff.

The registered provider CLS Care Services Limited had developed internal policies and procedures to provide guidance to staff on 'safeguarding vulnerable adults' and 'speaking out at work' (whistle blowing). A copy of the local authority's safeguarding procedures was also in place for staff to reference.

Discussion with the management team and staff together with examination of training

records confirmed that all of staff had completed 'safeguarding awareness' training in May 2014. When we talked with staff they confirmed that they had received this training which was also included in their induction.

The management team and staff spoken with demonstrated a satisfactory understanding of the different types of abuse and the action they should take in response to suspicion or evidence of abuse.

Staff told us that they would report any issues of concern to their care team leaders and that if this did not result in the appropriate action they would continue to report it

## Is the service safe?

through the line management and organisational structure until their concern was acted upon. Staff spoken with also demonstrated a sound awareness of how to whistleblow, should the need arise.

Records held by the Care Quality Commission (CQC) indicated that there had been one whistleblowing concern raised in the past twelve months. The information received alleged that the televisions within the Coppice unit were not working correctly and that the channels and volume could not be adjusted. Secondly, that people on the Coppice unit did not benefit from the activities coordinator and did not have a choice of meal. Concerns were also raised regarding the conduct of one employee.

We reviewed the information received as part of the inspection and found that the televisions in the Coppice were both fully functional. However, the remote controls could not be located. The manager informed us that the remotes were often taken away by people using the service. We received an assurance from the manager that they would be located or replaced.

We also raised the concerns regarding the conduct of an employee with the registered manager. We noted that records related to the individual had been maintained and brief details of the action taken by the manager had been recorded. This confirmed the manager had responded to issues appropriately.

We investigated the other concerns raised by the whistle-blower as part of the inspection and have reported our findings within the relevant sections of this report.

Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC. This helped to ensure measures were put in place, where necessary to protect the safety of people who used the service and others.

We viewed the safeguarding file for New Milton House. Records of safeguarding incidents were available for reference and confirmed that any safeguarding concerns had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures.

We looked at the arrangements for managing medicines in New Milton House with a care team leader. A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to medication administration records to assist staff in the correct identification of people who required medication.

We noted that systems were in place to periodically monitor and review the competency of staff responsible for administering medication via an audit of practice. Training records viewed confirmed that staff responsible for the management and administration of medication had received medication training.

We also checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that a comprehensive policy entitled 'The safe and secure handling and administration of medicines' had been developed by the provider which was last reviewed in March 2014.

We observed the arrangements in place for the administration of medicines during our visit with a member of staff. Medication for each person was stored in their individual bedroom in a lockable cabinet. Separate storage facilities were in place for the storage of controlled drugs and medication requiring cold storage.

Medicines checked were found to be appropriately stored and records of the receipt and administration of medication were well maintained.

Systems were also in place to record fridge and room temperature checks; medication returns and incidents concerning medication. Additionally, medication audits were undertaken every three months to monitor practice and safeguard the health and safety of people using the service.

# Is the service effective?

## Our findings

We asked people who used the service or their relatives if they found the service provided at New Milton House to be effective. We received positive feedback which confirmed people spoken with were of the opinion that their care needs were met by the provider.

Comments received included: “Very good quality care I give them 9 ¾ out of 10. It is A1”; “Yes I feel very happy with my care. It is spot on”; “I have no problems. I am very happy with all my care” and “I am sometimes invited to join Mum for lunch.”

Examination of training records together with discussions with staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities. Staff also confirmed they had access to supervision sessions and records and tracking sheets confirmed that these occurred at regular intervals.

Examination of training records confirmed that new staff completed an induction programme developed by the provider which was mapped to the Skills for Care Common Induction Standards (a comprehensive induction that takes account of recognised standards within the care sector). E-learning was also used to train and develop staff.

We received training information from the provider in the form of a colour coordinated training matrix and an e-learning report. This highlighted that staff had access to: moving and handling; fire; medication; safeguarding; infection control; first aid; dementia; food safety and other training. Medication and first aid training was only completed by senior staff designated with responsibility for these tasks.

The training matrix did not provide information on which staff had completed induction or National Vocational Qualification / Diploma in Health and Social Care training. A number of dates on the matrix were also recorded in advance of training sessions as the matrix was used as a planner. It was therefore not possible to determine the most recent date that staff had completed training courses without reviewing each staff member’s training records.

Likewise, there was no evidence on training records provided that staff had completed training in the Mental Capacity Act and staff spoken with reported that they had not completed training in this key area.

We checked the training records and found that there was a high level of completion for mandatory training. We raised the development of the corporate training matrix and the need for Mental Capacity Act training for staff with the registered manager and received assurances that this would be raised within the organisation’s management meetings.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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.

In March 2014 a supreme court judgement made it clear that if a person lacking capacity to consent to arrangements for their care, is subject to continuous supervision and control and is not free to leave the service they are likely to be deprived of their liberty. We discussed the implications of this judgement in relation to the people residing on the Coppice unit with the registered manager and noted that DoLS applications for all the people living on this unit had been submitted to the local authority to safeguard the rights of the people using the service.

We saw that there were corporate policies in place relating to the Mental Capacity Act 2005 and DoLS.

Discussion with the registered manager and examination of records confirmed that mental capacity assessments had been completed for people living at New Milton House when required and if applicable a DoLS application had been completed if the person was deemed to be at risk and it was in their best interests to restrict an element of liberty.

The registered manager had developed a ‘DoLS authorisations and outcomes’ monitoring form to track applications and progress. Records indicated that at the time of our inspection three applications had been approved.

## Is the service effective?

We looked at care records to see if the provider had obtained the consent of the people using the service to the care being provided for them or if their relatives had signed an agreement to the care being provided to their family member. We noted that where possible people using the service had signed consent forms and confirmed agreement with the information contained within their care plans. In one case we noted that an advocate had signed a consent form and there was no evidence on file to indicate that the person had Lasting Power of Attorney for personal welfare. This was raised with the registered manager who agreed to review this issue.

The provider had developed a 'marvellous mealtimes policy' to provide guidance to staff on the expected standards of care people should receive.

A five week rolling menu had been developed for the service which was reviewed periodically. The menu detailed one meal option per day and highlighted in small print that vegetable options and alternatives to the meal of the day would be offered upon request.

Each of the two units within New Milton House had dining areas which were provided with food from a central kitchen. Meals were transported to the Coppice unit via a hot trolley.

We spoke with the cook on duty and noted that information on the preferences and special dietary requirements of the people living in New Milton House had been obtained for catering staff to reference. We observed that food was served to people in accordance with these special requirements during meal times.

During the inspection a lunchtime service was observed in the main dining area. The main meal at Milton House is served in the evening. We were assured that there was a choice at meal times, although there were none mentioned on the list on the notice board on the day of the inspection. Tables were attractively laid with table cloths, condiments and napkins. The mealtime appeared an unrushed and friendly occasion.

People using the service were offered tea or coffee to have during their meal. We observed that everybody was offered homemade soup. Some people had sandwiches and crisps, rather than a jacket potato with salad as an alternative. The pudding was a piece of birthday cake which everybody was offered.

We observed the cook and care assistants to be present and were seen to check if everything was okay and to enquire if anyone wanted any more food. The majority of people spoken with were complimentary of the meals, especially the cooked breakfasts.

There was a relaxed atmosphere and people clearly enjoyed the opportunity to eat together as many were seen chatting amongst themselves.

We discussed the arrangements for choosing daily meals within New Milton House and noted that options were recorded for Summerfields (the residential unit) only. The cook informed us that the service only provided alternatives for people in the Coppice (dementia unit) that were known to prefer alternatives and this was confirmed in discussion with staff and via direct observation. We also noted there were no picture cards or pictorial menus available to help people on the Coppice unit make meal choices.

The most recent local authority food hygiene inspection for the New Milton House was in October 2014 and the home had been given a rating of 4 stars.

Health care records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; speech and language therapists; mental health team, opticians, chiropodists and other health care professionals subject to individual need.

# Is the service caring?

## Our findings

We asked people who used the service or their relatives if they found the service provided at New Milton House to be to be caring. Feedback received was positive and confirmed people spoken with were of the opinion that the service they received was caring.

For example, comments received included: “They are very caring. It is like a family here”; “It’s very caring and I’m very happy with my care”; “It’s great here”; “I am as independent as I can be and they [staff] help me if necessary. They knock at the door, before they come in to my room” and “I have a few times found Mum downstairs and not in her room, because the staff had wheeled her down to be with fellow residents for company.”

We spent time with people using the service and staff on each of the units in the home during the day of our inspection. We saw that staff were both polite and respectful and addressed people by their first name in an appropriate manner.

Our use of the Short Observational Framework for Inspection (SOFI) tool found interactions between staff and people were positive, friendly and personalised. We noted that staff supported people to follow their preferred routines and understood people’s likes, dislikes and individual needs. For example, we saw staff communicate and engage with people in a positive manner and we could see from the expressions and reactions of people that they enjoyed the interaction and were comfortable and relaxed in their home environment.

Staff told us that they were given time to read people’s life plans, risk assessments and other information to help them

get to know people using the service. This helped staff to gain an understanding of how to deliver personalised care and to understand people backgrounds, needs and preferences.

We asked staff how they promoted dignity and privacy when providing care to the people who lived at New Milton House. Staff spoken with told us that they had received training on the principles of care as part of their induction training. Staff were able to give examples of how they promote good care practice such as speaking to people using their preferred names; knocking on doors and waiting for permission before entering personal rooms; taking the time to get to know people as individuals and supporting people to maintain their independence.

We found the registered manager had a good knowledge of the staff team and the people who lived at New Milton House, for example their personalities, needs and support requirements.

People spoken with told us that they had a good relationship with the manager and staff team.

The information about people who lived at new Milton House was kept secure however we did highlight concerns about the security of the staff communication book to the registered manager.

A ‘statement of purpose’ and a ‘your guide to living at New Milton House’ was available for prospective service users and people using the service to view. These documents contained a range of information about the home, the aims and objectives of the service, the resident’s charter and the organisations approach to care.

# Is the service responsive?

## Our findings

We asked people who used the service or their relatives if they found the service provided at New Milton House to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to individual need.

Comments received included: "I am encouraged to do as much as I can for myself"; "I wash and dress myself, but I ask for and get, help when I shower"; "I regularly go down to the shop and pub"; "We can have visitors any time we like"; "We go out sometimes together, which is good"; "I enjoy the quizzes and bingo"; "I was involved with my Mums care plan, before she came in and I have been kept up to date with any changes" and "We can visit whenever we want to. It's marvellous."

New Milton House was divided into two units. The units were named 'Summerfields' and the 'Coppice'. The Summerfields unit provided residential care for up to 20 older people. Likewise, the 'Coppice' provided dementia care for up to 19 older people living with dementia. Dementia can cause memory loss, confusion, mood changes and difficulty in functioning and coping with day-to-day tasks. Memory boxes (door signage frames) had been fitted throughout the Coppice unit to help people locate their personal rooms.

New Milton House had two part time activity coordinators who were employed to develop and provide a programme of activities for people living within the home. A programme of activities had been developed which was displayed on a notice board for people to view.

On the day of our inspection we noted that the activities coordinator had facilitated a range of activities including: music and movement; a quiz session, a reminiscence activity; reading old nursery rhymes and singing. We observed one of the activities and noted that the activities coordinator had encouraged five people from the Coppice unit to also participate in activities with other residents in the Summerfields unit.

We were unable to review activity records for people living on the residential unit on the day of our visit as we were informed that the records had been taken off site by another member of staff to update. We sampled four diaries for people living on the Coppice Unit and noted that people had participated in activities of interest.

We looked at the personal files of four people who lived at New Milton House during our inspection. Each file contained copies of corporate documentation entitled 'My Life Plan'. that had been developed by the provider (CLS Care Services Limited).

Each life plan contained: an 'initial assessment and support plan'; dependency tools; key background and life experience information; admission checklist; consent forms; progress records; health history and medical records; information on the needs of people, the support required from staff and desired outcomes; variation forms; risk assessments and review notes. Records viewed had been kept under review each month and updated when necessary. These records helped staff to understand the needs and support requirements of the people using the service.

We noted that where possible people using the service had signed consent forms and confirmed agreement with the information contained within their care plans. We noted some minor gaps in record keeping such as missing signatures and dates. Furthermore we noted three different copies of a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms in one file. We received assurance from the registered manager that these matters would be addressed to ensure best practice.

Key information on New Milton House was available in the reception area and documents such as the home's statement of purpose, 'your guide to living at New Milton House' and the organisation's customer feedback policy and procedure was available for reference.

We reviewed the customer feedback log for the service. This outlined the date complaints or concerns were received; details of the person raising a concern / complaint; feedback details; action taken and date resolved.

Records indicated that there had been nine concerns / complaints received in the last 12 months which covered a range of issues. Details of the action taken in response to concerns raised was available for reference. This confirmed that the service had taken action in response to issues of concerns raised.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

## Is the service responsive?

During our inspection we undertook a SOFI observation in the Coppice prior to an evening meal. We observed staff to communicate and engage with people using the service in a friendly and caring manner. Likewise, people using the

service appeared happy and content and were seen to socialise and engage with each other positively. We saw that staff remained attentive to the needs of people on the unit and were responsive to their individual needs.

# Is the service well-led?

## Our findings

We asked people who used the service and their relatives if they found the service provided at New Milton House to be well led.

Comments received included: “Steve [the registered manager] is a good listener”; “It [Milton House] is very well managed”; “I have been involved with a survey. I posted it to CLS” and “The service is excellent and they all acknowledge me.”

New Milton House had a registered manager in place that had been in post for several years. The registered manager was present during our inspection and was noted to encourage staff, people using the service and their representatives to participate in the inspection process.

The manager was noted to operate an open door policy. It was clear through discussion with staff and people using the service that the manager provided leadership and direction to ensure the on-going operation of the service.

Comments received from staff included: “I like working here”; “The manager is approachable and there if you need help” and “I feel supported to do my work.”

We noted that a contingency plan had been developed to ensure an appropriate response in the event of an emergency such as loss of mains services, failure of equipment, storm damage, etc.

We also saw that there was a system of audits in place. For example, monthly monitoring visits were undertaken by an operations manager. Furthermore, a range of quality audits were routinely undertaken throughout the year to enable the registered manager to monitor the service and identify areas for improvement. These audits focussed on a range of operational issues such as: health and safety; mealtimes; medication; night visits; incident, accident and events; infection prevention and control and medication.

A comprehensive range of service and maintenance records were also in place to verify that services and equipment within the home was monitored and maintained to a satisfactory standard. We checked a sample of test and service records relating to the premises such as fire alarms; fire extinguishers; portable appliance testing; gas safety; electrical wiring and gas safety. All were found all to be in good order.

The provider had also commissioned a market research organisation to conduct a 'Your Care Rating'. The survey was conducted during September and October 2013 and involved seeking the views of the people using the service or their representatives. The survey sought feedback on a range of issues including: 'staff and care'; 'home comforts'; 'choice and having a say' and 'quality of life'. An action plan with timescales had been developed in response to the feedback to ensure the on-going development of the service.

We saw minutes of staff and relatives and residents meetings which had taken place twice each year to provide stakeholders with the opportunity to share and receive information.

Staff spoken with also confirmed that they had received formal supervision and appraisals at variable intervals.

The registered manager is required to notify the CQC of certain significant events in the home. We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and discharged the legal responsibilities attached to his role.