Elizabeth Finn Homes Limited

The Cotswold

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We visited The Cotswold on 27 November 2014. The Cotswold provides nursing care for people over the age of 65. A few people living at the home had a diagnosis of dementia. The home offers a service for up to 51 people. At the time of our visit 50 people were using the service.

We last inspected in August 2013. We looked at how people were respected and involved in their care, and also how the provider managed the quality of service they provided, managed safeguarding concerns and recruited workers. We found no concerns at that inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The registered manager, staff and people were all aware of the aims of The Cotswold. This included ensuring people, as much as possible, continued to live an active and social life. People we spoke with were incredibly happy with the social life at the home and how they were involved in making changes and improvements to their home. There were always plenty of activities and events for people to enjoy, and people were encouraged and supported by staff to organise their own events

People were safe and were cared for by trained and knowledgeable staff. There were enough staff to meet the needs of people living at the home. The registered manager ensured where people's needs changed, the level of staff changed to meet those needs.

Staff knew the people they cared for, and ensured people were respected and treated as individuals. People spoke positively about staff and how caring and compassionate the staff were. Staff kept people comfortable and reassured people when they were in pain or distress. People told us how staff took the time to know them, and ensured they were happy with their surroundings.

People were involved in planning their care. People were supported to make decisions about their care and these decisions were respected. Where people did not have the mental capacity to make certain decisions, they were supported by relatives, staff and local healthcare professionals to make decisions in their "best interest."

There was a "residents committee" which met with the registered manager regularly. This committee discussed changes to the home, and allowed people to raise ideas and concerns. We saw the manager, where appropriate, acted on people's ideas.

Where people had specific dietary needs, staff ensured these needs were met. People had access to plenty of food and drink, with a variety of meals on offer.

People and staff felt the registered manager and clinical lead were approachable and available. Everyone spoke positively about the management team, and felt their concerns would be listened to. The registered manager and clinical lead had effective systems in place to manage the home and ensure people's needs were met.

The registered manager supported staff and people to be involved in changes to the home. Staff were involved in discussions around concerns and people were involved in refurbishment choices.

The provider supported the registered manager and regularly monitored the home to ensure people were safe and cared for. When concerns were identified, clear action was taken by the registered manager and their staff.

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 told us they were safe. Staff had knowledge of safeguarding and knew how to raise concerns.

People were informed of the risks of their care and were supported to make informed decisions.

People were cared for in a safe environment and received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People were cared for by trained and skilled staff.

Staff had a good knowledge of the Mental Capacity Act (2005) and people were supported to make decisions around their care.

People had access to a variety of food and drink. Where people had specifically dietary needs, staff ensured these were met.

Is the service caring?

Outstanding

The service was caring. People were involved in planning their care and where possible made decisions regarding their care. Peoplewere extremely positive about the support they received from staff.

Staff were kind and compassionate. People were cared for by staff who respected their individuality.

Staff knew the people they cared for and provided care that enabled people to remain independent. Staff were concerned about the welfare of people, and ensured people were comfortable and happy.

Is the service responsive?

Good

The service was responsive. People had access to a wealth and variety of events and activities held at The Cotswold. The registered manager supported community events to be carried out at the home.

People were encouraged and supported to organise their own social events. Staff were also supporting people who were unable to access group activities.

People's concerns, complaints, compliments and ideas were acted upon by the registered manager and their staff.

Is the service well-led?

Good

The service was well-led. Staff felt supported by the registered manager and clinical lead. The registered manager had support from the provider and other managers employed by the provider.

People and staff were involved in changes to the home. Staff were supported to reflect on difficult situations with the home and discuss improvements.

Summary of findings

The registered manager and clinical lead had effective systems in place to ensure people were cared for safely.	

The Cotswold

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 27 November 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams and sought the views of three healthcare professionals.

We also looked at the Provider Information Return for The Cotswold. This 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.

We spoke with 20 of the 50 people who were living at The Cotswold. Not everyone we met was able to tell us their experiences, so 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. We also spoke with one person's visitor and a volunteer.

In addition we spoke with two registered nurses, a house keeper, a head of care, three care workers, the chef, the clinical lead and the registered manager. We looked around the home and observed the way staff interacted with people.

We looked at seven people's care records including their medicine records and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and a range of other audits.

Good

Is the service safe?

Our findings

Everyone we spoke with said they were safe at The Cotswold. People told us: "I feel safe. My family are happy I'm here, they know I'm looked after", "I'm very safe", "I'm safe, looked after, it's perfect", "I'm absolutely safe. It honestly couldn't be better."

People told us they had access to call bells they could use if they needed assistance. They all said staff came quickly, with one person praising how quickly night staff assisted them when they were in pain. People told us there were enough staff on duty, and they always had assistance when they needed it.

Staff told us there was enough staff to meet the needs of people living at the home. Two staff members said they had previously raised concerns to the registered manager about staffing in the home, particularly on the first floor, due to changes in people's needs. We spoke with the registered manager who told us they had recently had agreement from the provider to add an extra member of care staff to the first floor each morning. They said this was an immediate change and had been identified because of the extra support people needed on this floor. This had been communicated to the provider through a "management plan". They stated the impact of this would enable people's social and clinical needs to be met safely. We looked at staff rotas and saw this change would come into operation in November 2014.

Staff we spoke with had knowledge of types of abuse, signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the nurse or manager. One nurse said, "we report and deal with any concerns. If we have a concern we would say something." One staff member added that, if they were unhappy with the manager's response, "I'd go to their boss, safeguarding or CQC." All staff we spoke with had received safeguarding training and were aware of the local authority safeguarding team and its role.

We also looked at safeguarding notifications made by the registered manager and emails we had received from the local authority safeguarding team. We saw the registered manager worked with local authority safeguarding to ensure people were protected from abuse. The registered manager raised concerns where they thought people may be at risk and provided opportunities for staff to reflect on difficult circumstances to learn from situations and aim to improve people's care.

Building work was being carried out at The Cotswolds on the day of our visit. Health and safety notices were in place and the registered manager and staff had clear plans to ensure people were safe. These plans included using other lounges in the home, to ensure disruption to people was reduced and people were protected from this risk of social isolation, or any harm from building work.

One person was receiving support from staff around pressure ulcers on their feet. Staff advised the person they should take time to rest their legs, to relieve pressure. The person chose to move around and did not always take on board the advice of nursing staff and local healthcare professionals. Staff discussed the risk of the person not resting their legs to ensure the person had full understanding of the situation. The person was positively encouraged to rest, however their choices to take risks were respected.

People told us they received their medicines when they needed. We looked at medicine records for six people. These were fully completed with details of where people received medicines, the amount of medicine and the time the medicine was administered.

All medicines including peoples' controlled drugs were securely stored at The Cotswold, in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by a senior member of staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

Staff had identified the risks associated with one person not taking their prescribed pain relief. They had discussed these risks with the person who told us "I don't have acute pain" and "I've opted not to [take it] at this stage." To help manage the risks staff made sure the person's GP was aware so that their medication could be reviewed regularly.

One person managed their own medicines, with the exception of a controlled drug which staff administered. The nurse had undertaken a risk assessment which provided guidance to staff on how to safely support this person to be independent with their medicines.

Good

Is the service safe?

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. In addition staff told us they received induction training and a period of shadowing of more experienced staff.

Various items of equipment used in people's care throughout the home, such as hoists and specialised baths, were checked by a service engineer every six months. Staff we spoke with told us they would not use any equipment if there was a fault. Equipment was maintained to ensure it was safe for staff to assist people with moving and handling.

The home had evacuation 'ski pads' for emergency use at the top of stairways to the first floor. The clinical lead explained the home's fire alarm system was linked to a control centre which responded to every alarm and would contact the fire brigade. They also told us there had been two recent practices of the evacuation procedure, including one at night which was overseen by a fire officer. These measures had been put in place to ensure staff knew how to protect people in the event of a fire at the home.

Good

Is the service effective?

Our findings

People spoke positively about the home and the care they received. People told us: "It's perfect in my opinion. The staff are all very good", "The carers are absolutely wonderful", "The staff are well trained" and "the carers are so attentive. They know what I like and what I need." One person described staff as "very professional, caring and well trained."

Staff told us they had a range of training to meet people's needs and keep them safe including safeguarding, moving and handling and fire safety. All staff regardless of their role at The Cotswold completed the same mandatory training. Staff spoke positively about the training they received and told us their interest in subjects such as dementia and tissue viability had been encouraged by managers. One nurse said they had been supported by the registered manager to attend a local clinical group's "tissue viability forum" as this was an area of interest and development they had identified.

We saw records had been kept which showed nurses were recording information using this scheme. This helped to ensure people were protected from the risk of skin breaks or pressure area care, as staff were involved in identifying concerns around incidents and accidents.

One staff member said, "we can request training. I was put through a conversion (training to enable the staff member to become a nurse) which was beneficial to myself, other staff and people." Other staff told us they were able to request training and support from their line manager or the registered manager. One member of staff said they had been supported to complete a qualification in health and social care and care related courses with the Open University. We spoke with a volunteer who was visiting people who said they had access to certain training, such as safeguarding to ensure they could raise any concerns to a staff member if needed.

Staff received frequent one to one supervision meetings and an annual appraisal with their line manager. These meetings were used to discuss training needs and any concerns or performance issues. The registered manager and clinical lead told us they also used group supervision meetings to discuss training, changes to the home and for reflective learning. The registered manager had used a group supervision to discuss training with staff who had completed a training course to enable them to provide training in the home. This supervision discussed how training would be put into practice and how to identify staff member's training needs.

Staff told us they had completed training on the Mental Capacity Act (MCA) 2005 and were aware of its principles, such as decisions having to be taken in the best interest of a person who lacked capacity. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. One member of staff said, "we have had training on both the mental capacity act and deprivation of liberty safeguards (DoLS). We have never had to put a DoLS in place but this may change under the current guidance and we have a new policy from the provider. With regard to mental capacity, we must never assume people don't have the capacity to make their own decisions." One person said, "choice is everything, it's important. You always get a choice. If you say no, they [staff] respect it."

Staff told us if they had any concerns they had support from local community mental health professionals and also could use local advocacy agencies to ensure the people who might lack capacity had support to make a decision in their best interest. We saw an example where the nurses had engaged the support of a healthcare professional to assess the capacity of one person. They had assessed the person was unable to make complex life decisions, such as where they lived. The assessment showed how staff could support the person to make day to day decisions around what clothes to wear and what they would like to eat. The assessment included a record of the 'best interests decision'.

Staff had training and support to assist people with anxieties. Staff told us how they assisted one person who was resistive to personal care and support. They told us how this person could be anxious. Staff told us they always explained how they would help the person and asked for consent. They said they would leave the person in peace if they refused, and return to offer assistance. One staff member said, "we offer reassurance when they need it. They can get anxious, and we support them when this happens."

Good

Is the service effective?

People told us there was plenty to drink within the home. One person said, "there is always plenty to drink. There is always water available. We also have a bar as well; you can have a sherry before lunch." Another person said, "lots to drink, cups of coffee and tea all day long." We observed people had water jugs available in their room, and tea, coffee and water were available for people in the home. We also observed people and their visitors enjoying a glass of sherry before their lunch.

People spoke positively about the choice they had regarding lunch. One person told us, "There are always three choices available for lunch. Meat, fish or vegetable. It's always very good." Another person said, "there is a clear menu. There is always a choice of vegetables as well." The menu showed meal choices provided people with a variety of options. People told us they were always asked what they wanted for mealtimes. Staff told us they supported people to make choices around lunch. One staff member said, "Some people don't remember the choices. We ask them at lunch, they can then see and smell the food, it helps them make a decision."

We observed one person say to staff they only wanted a small meal for lunch. We saw the person was given a small meal, but still felt it was too large. The staff member said they would replace it, and came back with a smaller meal. The person was happy with this change and started to eat their meal. Another person told staff they were unwell and didn't feel hungry. Staff encouraged the person to have a meal of their choice. Staff offered to get the person some toast, which they preferred when they didn't feel well. The person was happy with the choice and enjoyed their meal.

Staff assisted two people to eat pureed meals to reduce the risk of choking. We saw the food items was pureed and presented individually. Before assisting staff told the person what they were about to eat. We observed staff assisted people in a calm manner. When we asked one person if they had enjoyed their meal, they smiled and nodded.

One person told us staff provided help when needed at mealtimes "They cut up your food for you."

We observed one person who was given their meal, but clearly struggled to cut their food. Staff assisted this person. We spoke to the staff member and they said, "we don't always do it for them because often they can do it, but sometimes they do struggle, so we help."

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GP, pharmacists and district nurses. One person said about their GP "I'm very happy with the lady from Burford." People told us they could request a doctor when they needed. One person said, "I'm waiting for the doctor, they're coming today." People spoke positively about the services they could access through the home. One person told us the physiotherapist's intervention was aiding their recovery after a serious accident. They said, "The physiotherapist here is amazing."

Outstanding ☆

Is the service caring?

Our findings

People we spoke with were positive about the care they received. People told us: "It's absolutely first class. They make you feel at home", "it's out of this world", "I'm very fortunate to be here", "it's a lovely home. When I became unable to cope, this is where I wanted to go." One visitor said, "In all the times that I visit, she [the person they visited] always says it's good. The staff are so welcoming. It seems lovely here, nothing is too much trouble."

One person praised night staff at the home. They said, "One night I was in a lot of pain, a night nurse came and sat with me for a long time." They told us how the nurse talked to them and took time to make sure they felt better. They said, "They're [staff] very compassionate. It couldn't be better."

We observed staff were caring and compassionate to people. One staff member answered the call bell of a person who wanted to join an activity. They took time to talk to the person, and assisted the person to get ready. When ready to leave, the staff member asked if the person had everything they needed and if they were happy to go. We saw the person was grateful for the support and praised the member of staff. People were comfortable with staff and staff always took time to talk to people. People told us that nothing was too much trouble for staff.

People told us how staff made them feel at home in The Cotswolds. One person said, "When I moved in, they brought things from my cottage, we discussed what I wanted. I chose where everything went in my room. They went to great lengths to fix my computer and broadband. They did so much." Another person told us pictures they had brought from their past, which related to family and places they used to live were hung up in their room. Another person said, "this space is my room, staff respect that, they always knock or say hello before coming in."

One person had been diagnosed with later stage dementia. Staff knew the person and their preferences. Staff told us, "they always like to look smart, they need assistance now, but we help them appear as they wish." The person's preferences had been recorded on their care plan, and staff had clear information to ensure they met the person's needs and preferences. We saw this person was supported to appear how they wished.

We spoke with a staff member who told us how they spent time with people individually. They told us they did this to ensure people, who did not wish to or could not attend group activities, had regular company. As part of the "ladder to the moon" scheme, ("ladder to the moon" is a scheme to improve care and social engagement for people with dementia) one to one activities were being looked at so support could be provided to care staff to provide one to one activities. Boxes were being created with specific subjects, such as sport, to assist staff to provide activities to meet individual preferences. We saw a few boxes had been set up and staff talked positively about using these to engage with people.

One person who was cared for in bed had a pet in their room. Staff told us how this was their decision, and how family and staff supported this decision to be made. The person's care plan contained guidance on how staff should support the person and their pet, to ensure the person could sleep at night. We asked this person if they liked their pet and they smiled.

People told us their privacy and dignity was always respected. One person said, "they don't just plunge in. It's one of the things they place a great deal of emphasis on." Another person said, "I feel respected. When they care for me they close the door and curtains. It all happens at my pace, and if I refuse they accept [my decision]." When people were receiving care and support in their rooms, staff placed "do not disturb" signs on door handles to show this. Staff told us how important it was to respect people's dignity and that they always explained to people what they were doing when they assisted people with personal care.

One person told us, "I prefer to be on my own. They [staff] always ask me if I want things, but they respect me as an individual. They know I like my own company, but they have never stopped asking." Staff told us it was important to respect people as individuals. One nurse said, "this is people's home, we have to respect that. If someone wants a gin before supper, that's their choice and we respect it. We also can't label people and we don't."

Staff we spoke with knew the people they cared for and what was important to them. One person told us how staff drove past their cottage to take pictures of the garden. They said, "They [staff] bend over backward to make me happy." The registered manager told us the person was a keen gardener and staff were aware of this.

Care staff told us how they supported people to be independent. Staff said some people liked to visit local

Outstanding ☆

Is the service caring?

towns and access the community independently. The registered manager told us they had changed the front door system with the agreement of people and their relatives. A new system had been implemented and security tightened in the evening to ensure people felt safe, but still had the opportunity to go outside.

The registered manager had sought the support of local advocacy services following safeguarding concerns regarding two people with a confrontational relationship. Both people had access to an advocate to discuss their concerns. These concerns were then shared by the advocates and staff at the home to ensure both people were protected from abuse, harm and to help resolve the confrontation. We spoke to one of the people and they told us they were happy with the support they received.

One person living at Cotswold House was receiving end of life care. We spoke with this person who told us how they and their family were heavily involved in their care. The person had made clear choices around how they wished to be cared for and what medicine they took. This person said they were happy and comfortable at the home.

Another person had made clear choices around their end of life care with the support of their family. This person had clearly stated they did not wish to be resuscitated under any circumstances if they were at the end of their life. They wished to remain pain free. We saw a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order had been completed with the person, their family and doctor which reflected this person's decision.

Good

Is the service responsive?

Our findings

The home had social events calendar which informed people what was planned each week. These included one to one visits, coffee mornings, scrabble, bridge, art and exercise classes. People spoke positively about the events arranged for them by the social engagement lead (staff member) at the home. People told us: "there is masses to do", "It's fantastic, there are so many activities", "activities are marvellous, there is always something going on."

One person told us how they had enjoyed talking with people and having a drink the in the courtyard and by the bar during summer evenings. They said, "the bar is good, it promotes us to be social, it's a meeting place." Other people said, "I enjoy spending time with my friends" and "I enjoyed listening to classical music, I saw it had a positive effect on my friend."

People were asked for their views about the events and activities they would like to do. One person said, "I've just been asked for my views and I've filled it [a form] in." Events and activities were discussed at resident meetings. People discussed having coffee mornings in different lounges and film choices. The registered manager and social engagement lead told us they encouraged people to organise and plan their own activities and events.

One person we spoke with told us since they moved to the home they had been involved in planning events and resident meetings. They said, "I've organised film sessions. I'm heavily involved. I also get involved in residents meetings. They told us how they discussed what films people wanted to watch and how they were supported by staff to ask people their views. Another person said, "I enjoy watching films, I've told them what films I want to watch."

The home had a "Resident's Committee" which met regularly. The committee discussed people's views, ideas and concerns with the registered manager and staff at the home. Following each meeting an action plan was implemented. One action from a recent meeting was a new light for the games table. People told us and we saw this light had been purchased by staff and was now in place.

Staff at the home organised events for people who lived at the home and their visitors. In the reception there were pictures from a local "cruise of the world" event. A menu was created from places around the world and staff dressed up in nautical clothing. People we spoke with told us they enjoyed the day and looked forward to future events. The registered manager actively sought to involve the local community in events within the home. They had arranged for a local community club to use the home to enable more people from The Cotswold to attend.

The home had a library and a communal computer station which people could use. Staff told us most people had their own personal computers in their rooms for email and internet access. One person told us some books were in large print and a magnifying glass with a light was available for anyone to read all the books. Information regarding events, advocacy and resident meetings was available for people in the library and other communal areas of the home.

People told us they were involved in planning their care. We also saw people signed documents in their care plan which showed they wished to be involved. One person explained how they were involved in their care, and had a goal to return home. They said they were supported with physiotherapy. Staff also told us family involvement in people's care was encouraged. People we spoke with had family members who were actively involved in supporting them to make decisions about their care.

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. People's care records showed where people and their relatives had been involved in planning their care and documenting their preferences. Each care plan documented if people wished to have a male or a female care worker, and what parts of their personal care they liked to do themselves.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs.

People told us they knew how to raise concerns. One person said, "I know who the manager is, they come and say hello, if I had a concern I would tell them." Another person said, "I'm asked my views on things. I'm happy to let them know if I'm concerned." There was guidance on how to make a complaint displayed in the home in accessible

Good

Is the service responsive?

locations for people and their visitors. We looked at the complaints file and saw all complaints had been dealt with in line with the provider's policy and people were happy with the outcomes.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager and the clinical lead. One person told us, "the manager is really good, they're approachable. They take time to listen to us." Staff said: "Morale is high. We're a happy bunch", "Our management is approachable" and that, if they raised an issue they "know that something will be done." One staff member told us "I was so lucky to get the job here."

Staff we spoke with told us they were able to raise concerns. One staff member said, "We have an open culture to discuss concerns or poor practice. We question things." Another member of staff said, "we're a close knit team. If we have something to say, we say it" and "we learn from lessons. If we make a mistake, we are open about it." Staff we spoke with knew about the provider's whistle blowing policy, and were confident in their ability to raise concerns.

The registered manager, staff and people were all aware of the aims of The Cotswold. This included ensuring people as much as possible continued to have an active and social life. People we spoke with were incredibly happy with the social life at the home and how they were involved in making changes and improvements to their home.

People were starting to be involved in the recruitment process for staff at the home. The registered manager showed us interview notes for one staff member where a person from the resident committee had been involved in the interview. The registered manager said, ''it's important for people to be involved where possible, for them to have a view of staff who may be recruited.''

One person also told us they were involved in choosing new chairs for a lounge being refurbished. They said they tried chairs to see how comfortable they were. The registered manager showed us how they documented people's views on the chairs to ensure they had a variety of chairs which reflected people's preferences. This gave people ownership and responsibility in making decisions within their home.

A nurse told us they were involved in a new scheme to monitor people with pressure area concerns. They said they were testing this scheme as they were involved in a local tissue viability forum. They told us, "the aim is to identify and skin tears or concerns, and use this information to reduce skin breaks."

Staff were supported by the registered manager to reflect on concerns within the home. Staff told us about they had a reflective session to discuss people who exhibit behaviours that challenge. This meeting enabled staff to openly discuss concerns and help inform changes to people's care moving forward. Meeting minutes clearly documented that the registered manager and staff felt an increase in communication with people's families would help reduce future occurrences.

Staff were involved in discussing activities and support for people who were at risk of social isolation. Staff meeting minutes showed how the service was looking to implement new one to one activities with people who were at risk of isolation. This included training on "ladder to the moon" for staff, led by the social engagement team ("ladder to the moon" is a scheme to improve care and social engagement for people with dementia). As an outcome of this training, the social engagement lead showed us activity boxes were being created for one to one activity sessions.

The registered manager and clinical lead conducted their own audits on a monthly basis. Audits conducted included incident and accident audits, pressure area care audits and audits around health and safety. Where concerns had been identified in audits, action was taken to ensure people were safe and lessons were learnt. The registered manager had clear goals which they documented in a management plan. This plan documented changes which may be required to staffing, equipment and the refurbishment of the home.

The registered manager had support from the provider and other managers from homes owned by the provider. The registered manager attended management meetings where they discussed concerns around health and safety matters, changes in the provider and good practice. The registered manager of the home shared with the other manager's feedback on their reflective meeting around behaviours that challenge as a piece of good practice.

The provider monitored the quality of care people received at The Cotswold through monthly visits. A representative of the provider spoke to people living at the home and staff. At each visit if concerns had been identified, an action plan

Good

Is the service well-led?

was implemented. We saw actions from a visit in September related to improving the dining experience of people living at the home. The provider also carried out quality assurance audits of the home. We saw a record of the last audit conducted in April 2014 which provided a clear action for the registered manager around supervisions. The report also stated the provider felt the home was “very good.”