Rex Develop Limited

Valley View Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 and 23 November 2018 and was unannounced on the first day. We announced the second day of our inspection to ensure the registered manager was available. We previously inspected Valley View Residential Care Home in February 2018 and rated it overall as requires improvement. We rated our key question 'safe' as inadequate and found breaches of regulation concerning care plans not reflecting people's needs, the principals of the Mental Capacity Act (2005) not being met, risks to people not being fully assessed, concerns around the safe management of medicines and governance systems not being effective in the oversight of the home.

Following the last inspection, we met with the registered provider to discuss their action plan which showed what they would do and by when to improve the key questions, safe, effective, responsive and well-led. The registered provider employed the services of a consultant to provide support to the management team. At this inspection, we found improvements had been made in all areas.

Valley View Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Valley View is a purpose-built residential care home. The accommodation provides single rooms with en-suite toilet and shower facilities for up to 59 people. At the time of our inspection, 50 people were living at this home. There are four units; Rose, Poppy, Bluebell and Orchid unit. Poppy unit is dedicated to caring for people living with dementia.

Without exception, people told us they felt safe living at this home. Staff had received safeguarding training and appropriate action was taken in response to allegations of abuse. One safeguarding incident had not been reported to the Care Quality Commission (the Commission), although this had been reported to the local safeguarding authority and all other notifications had been submitted to the Commission. Safe recruitment practices had been followed which reduced the risk of unsuitable staff being employed.

The storage, administration and disposal of medicines was safely managed at this inspection. We discussed an exception with the registered manager and they took immediate action.

Individual risks to people had been identified, assessed and were regularly reviewed. Risk assessments included guidance for staff to follow. The management of infection control, the building and equipment staff used was effective.

Staffing levels had increased since our last inspection and a dependency took was used to ensure this continued to be a valid assessment of need. Extra staff were suitably deployed to areas of the home where people had greater needs.

Lessons were learned from events which did not go as planned and these outcomes were discussed with staff.

A dedicated training and development coordinator was responsible for the training programme which showed high levels of completion. Staff had received a recent supervision and appraisal and spot checks were taking place to ensure good standards of care were provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager used a tracker to ensure these authorisations continually remained up-to-date.

Care plans we looked at showed advice was sought from healthcare professionals when required. People confirmed staff made medical appointments for them as needed.

Staff knew how to maintain people's privacy and dignity at all times and people confirmed this happened. Staff were seen working at eye level with people, communicating effectively with them and providing reassurance where it was needed. Staff knew people well including their care preferences. People's equality, diversity and human rights were respected and their religious needs were being met.

Care plans were being developed and improvements had been made to make these easier to use. People and their representatives had been invited to be part of care plans and reviews.

Complaints were dealt with effectively through investigation and formal responses being provided. The registered provider sought feedback through their satisfaction survey and through meetings. We saw action had been taken in response to the feedback provided.

Activities were regularly taking place both inside and outside the home. People, including those who stayed in their own room, received a variety of activities, which helped them avoid social stimulation.

The registered manager's audits were effective in identifying concerns and demonstrating appropriate action had been taken.

The management team were approachable and since our last inspection, the registered manager had been able to focus on their oversight of the home as they were capably supported by their senior team.

Strong links had been made with a number of organisations from the local community which we were able to see positively affected people's lives.

People had a positive mealtime experience and drinks and snacks were available throughout the day. We recommended the home calculates fluid targets for people based on guidance from the National Institute for Health and Care Excellence (NICE).

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 consistently safe.

People felt safe and staff knew how to identify and respond to signs of abuse.

Improvements had been made in the safe management of medicines and assessment of risk.

Sufficient numbers of staff had been deployed. Safe recruitment practices were followed.

Is the service effective?

Good

The service was consistently effective.

The home was compliant with Deprivation of Liberty Safeguards (DoLS) and acted within the legal framework of the MCA.

People were supported to maintain healthy diets and have a positive mealtime experience. Staff ensured people received timely access to healthcare.

Staff received ongoing support through an effective training programme, supervision and appraisal.

Is the service caring?

Good

The service was consistently caring.

Staff were seen providing comfort and reassurance to people. Staff knew people and their care needs well.

People's privacy and dignity was maintained by staff who understood the importance of this.

People's religious needs were being met.

Is the service responsive?

Good

The service was consistently responsive.

Care plans had been developed to improve content. People and their representatives had been invited to take part in care planning.

A variety of activities within the home and external trips were taking place.

Complaints and concerns were well managed.

Is the service well-led?

Good

The service was consistently well-led.

The oversight of the home was effective through a system of audits.

Meetings were taking place and satisfaction surveys were used to gather feedback.

The registered provider had developed strong links with a number of other services in the community.

Valley View Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 20 and 23 November 2018. The first day of our inspection was unannounced and was carried out 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. The second day of the inspection was announced and was completed by two adult social care inspectors.

We spoke with a total of eight people and four visitors to ask about their experience of living in this home. We also spoke with the registered provider, registered manager, two deputy managers, a training and development coordinator as well as seven other members of staff. We looked at five care plans in detail and a further two care plans for specific information.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

At our last inspection in February 2018, we rated this key question as inadequate and took enforcement action in response to our findings. We found there were insufficient numbers of staff to meet people's needs. Medicines were not safely managed. Individual risks to people had not always been assessed and maintenance was not always completed as required. At this inspection we found improvements in each of these areas had been made.

Without exception, people we spoke with told us they felt safe living at this home. One person told us, "I feel safe here, there's no danger here." One relative commented, "It's brilliant, safe, [relative] needs a stand aid (to mobilise), and staff are at great pains to use it properly." Staff we spoke with were able to identify abuse and knew how to report this, including to external points of contact, if needed.

We found risks were more effectively managed at this inspection. Aspects of risk were identified in care records and plans were put in place to lower risk through the instructions provided for staff. Where people were at risk of weight loss, their care plans showed input from GPs and dieticians. Where people were having difficulties swallowing, speech and language therapists had been consulted. Risk assessments showed how people's independence was promoted and what staff needed to do to support people safely to meet their own needs, where possible. Risk assessments we saw, for example, covered falls, bed rails and choking, but also included, for example, one person being able to make their breakfast independently. Risk assessments were reviewed every month to ensure they remained valid.

People's skin care was appropriately managed. The registered manager told us, "Our pressure care is really good." They said they had consulted with the district nurse team and other resources about supporting people to maintain good skin integrity. Staff had received pressure care training from an external provider. We looked at two air flow mattresses and saw these were set correctly.

The registered provider had an up-to-date fire risk assessment and staff had experienced fire drills to ensure they would know what to do in the event of an emergency. Personal emergency evacuation plans were effective and kept up-to-date. Certificates relating to the building and equipment used to support people's personal care were all found to be current. We discussed the number of hot water checks in people's rooms with the registered manager who took steps to ensure a greater number of checks were carried out. Temperature checks we saw showed there was no risk of scalding to people.

We looked at the arrangements in place to assess and meet staffing level requirements. We found staffing levels had increased since our last inspection and extra staff resources were effectively deployed. We observed staff responded promptly to people if they needed assistance.

One person told us, "I have had to ring the buzzer, but I've not had to wait long." Relatives commented, "Since there have been three care assistants (on one of the floors), it has helped a lot" and "They manage risk. I think there are more staff here now."

At our last inspection, the registered provider did not have a tool to calculate the number of staff hours required to meet people's needs. At this inspection, the registered manager had adopted a tool for this purpose. This was updated when new admissions came into the home or people's needs changed.

One staff member said, "If we are short they (management) get agency staff in." We saw agency staff profiles and found they received an induction to the home before commencing work.

At the last inspection we found the management of medicines was not always safe. At this inspection we found the original concerns had been addressed.

People we spoke with told us they received their medicines, including creams, as prescribed. We observed members of staff administering medicines to people on two floors. Medicine administration records (MARs) were used to record the administration of medicines. We looked at a selection of MARs and saw these had been completed appropriately with no gaps in recording. We saw each MAR included a picture of the person, details of known allergies and how the person preferred to take their medicine. We saw staff members check the specific medicine against the MAR to verify the prescription and medicine instructions.

We observed a staff member sign to say one person had received their prescribed cream prior to them checking if care staff had actually applied the cream. We raised this issue with the registered manager who took appropriate action to address our concern.

Some people were prescribed medicines 'as required' which are known as PRN. We found PRN protocols were in place to help ensure these medicines were appropriately administered.

Daily records were kept for the fridge and medication room temperatures. We saw temperatures recorded were always in range. Medicines were kept in locked cupboards in the clinical rooms which were locked when not in use. This meant medicines were stored safely. Instructions for the use of covert medicines were followed.

Staff responsible for the administration of medicines had received training for this and their competency had been checked within the last 12 months. We discussed one exception with the registered manager who took action to address this.

We found the home was clean and free from odours. One person said, "It's beautifully decorated, really clean." Staff were seen using plastic aprons and gloves, for example at lunchtime when food was served. Each floor had a domestic member of staff working on it and those staff were also trained to provide the same support as care assistants. The registered manager said they had empowered domestic staff to ensure they were suitably skilled to provide assistance to people where needed. Training records we saw confirmed this happened. This helped during particularly busy periods of the day.

The registered manager showed how they looked for learning opportunities when events did not go as planned. They held meetings with staff to discuss accidents and incidents, findings from management audits. Where an increase in falls had been seen, amongst other initiatives, extra staff had been allocated to observe people, including domestic staff who were able to observe people during busy periods of the day, for example, in the morning when large numbers of people needed assistance to get up.

We looked at the recruitment process followed for three members of staff and found this was safe. Relevant background checks had been carried out in each case, which included suitable references and information from the Disclosure and Barring Service. This helps employers to make effective judgements on the

suitability of staff working with vulnerable people.

Good

Is the service effective?

Our findings

At our last inspection in February 2018, we rated this key question as requiring improvement and took enforcement action in response to our findings. We found staff training records showed a number of overdue areas. Supervision records did not sufficiently demonstrate the personal development of staff. Mental capacity assessments were not routinely available to staff and these were not specific to a range of decisions. At this inspection, we found improvements had been made in each of these areas.

Needs assessments were completed before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People were satisfied they were supported by suitably trained and skilled staff.

Since our last inspection, the registered provider had appointed a dedicated training and development coordinator. Training delivery had been enhanced through more interactive 'classroom' based sessions which staff spoke positively about. One staff member said, "I think it's so much for the better, now we have conversations. A lot of people are learning from each other." As well as group sessions, one-to-one support was available to staff and knowledge checks took place to ensure staff understood their learning. The training and development coordinator followed up training through observing staff in practical situations to ensure learning had been understood. Senior staff were empowered to approach the training and development coordinator if they felt specific staff members needed additional training. Training records showed high levels of completion and additional training to meet specific care needs was readily accessed through a number of local organisations.

All staff had completed the Care Certificate which is an identified set of national standards which health and social care workers are expected to follow. Whilst this is not a requirement for staff with a background in providing care, the registered manager said, "It's a refresher."

Supervision records we looked at showed staff received this ongoing support on a more regular basis and this included an annual appraisal. One staff member said, "I feel like I get them all the time. They are useful." Supervision records were sufficiently detailed and recorded staff member's personal development needs. Once staff member told us they had requested training through their supervision which was subsequently provided.

The majority of people spoke positively about the meals they were served. Comments included, "It's good, but sometimes it's not cooked as it should be. There's enough of it and its hot", "The meals are good, plain, but good, what I like" and "The food is 100 per cent. It couldn't get better and it's hot." One visitor told us their relative had been prescribed supplement vitamin drinks after staff identified they weren't eating enough.

People were supported to have a pleasant mealtime experience. As the meals were being served, staff asked

people about their meal choice in case they wanted to change their mind. People were able to see the options if they wanted to. Staff were heard asking people if they had had enough to eat and offered a choice of drinks. Fresh fruit was seen in the dining rooms for people to eat.

Staff used small, medium and large plates to meet people's preferred portion sizes and this assisted in recording how much people had to eat, where this needed to be recorded. We looked at fluid charts and saw fluids consumed were recorded, although these sheets were missing totals. We recommended the home calculates fluid targets for people based on guidance from the National Institute for Health and Care Excellence (NICE).

Staff kept up-to-date records of people's special dietary requirements in the kitchen and knew how to support these needs. We were able to see monthly updates to people's dietary preference sheets, which included feedback from a food preference survey completed in October 2018.

This home has been awarded the Kirklees Healthy Choice Award for being committed to good standards of food hygiene and healthy food options.

We asked people about the quality of support they received from staff to access timely healthcare and found this was positive. People expressed that staff readily made appointments for them and relatives said they were kept informed.

Care plans we looked at showed advice was sought from healthcare professionals such as GPs, speech and language therapists, dieticians, physios, the falls team, chiropodists and opticians. Advice from their consultations was used to review and update care plans.

We saw people had 'hospital passports' in their care records. Valley View is a 'Red Bag' home which helps to ensure the right information is sent with a person when they need to go to hospital. We identified a risk that some information in these records may not be the most up-to-date. The registered manager and deputy managers were able to explain how they would ensure only relevant details were sent. This meant people were supported to have a better experience through improved information sharing.

We saw the design and decoration on the 'Poppy' floor had been adapted for people living with dementia. This was decorated with old bus stop signs, wall paintings, LPs on the walls, photocopies of wartime newspapers, a map, sensory carpet style samples, film star photos, and symbols and signs to the garden and activity room. People had a selection of photographs outside their door to help them recognise their room. Dementia friendly signage and objects in the corridor to encourage sensory stimulation were seen.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

On 'Poppy' we saw the names on the doors to people's rooms were in a large font. The registered manager said they were able to obtain documents in large print for anyone with sensory needs. The activities coordinator told us they had previously obtained audio books where needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The assessment of people's capacity had improved considerably since our last inspection. MCA assessments were fully completed for the use of covert medicines and key coded doors, although we saw further work was needed to ensure the principals of the MCA are followed for monitoring people's movements using sensors where people are unable to consent to this.

The manager recorded all DoLS applications on a tracker which helped to ensure these were reapplied for when needed and also identified any conditions as part of the approval. The registered manager was in touch with the local authority regarding outstanding applications.

People had consented to the use of photography and care plans contained a key agreement as to whether people wanted these locked or unlocked. People's recorded preferences matched what we saw during the inspection.

We saw people were routinely offered choice during our inspection. One person said, "You can choose when to get up and go to bed, they [staff] leave it up to you." During both days of inspection, staff did not assume what people wanted and asked for their consent before providing care.

Good

Is the service caring?

Our findings

People and their visitors we spoke with were pleased with the care and support they received from staff. People's comments included, "They're good people, I can't complain at all, they all look after me. I've got a lovely room", "Staff are very obliging", "I've nothing to worry about, it's wonderful. They keep it spot on. I enjoy it here every minute." Visitors commented, "[Relative] is nice and clean, their hair is clean. I have no concerns or worries" and "They make me welcome when I come."

The registered manager told us, "The care the staff give is excellent." The registered manager was exemplary and was overheard being sympathetic to one person who was anxious about not having a visitor they were expecting. The registered manager reminded them about the personal reasons why their visitor may not be able to get to the home. They promised they would contact the visitor and we found they did this and updated the person.

Staff were very patient and warm with people. On 'Poppy' where people were living with dementia, we observed they sometimes became very vocal. We saw staff working at eye level with people and talking softly to provide reassurance. Staff were affectionate with people, such as spontaneously touching a person on their shoulder to provide comfort and putting their hand on the hand of a person who touched them. We heard staff calling people by their name or using terms of endearment which people were comfortable with. Staff knew people well and were familiar with their care and support needs. They understood their interests and how people liked to spend their time.

The activities coordinator was talking with one person who was reminiscing about a holiday they had once enjoyed. The person became frustrated when they were unable to remember aspects of the holiday, but the activities coordinator reassured them it was important they only needed to remember how the trip made them feel. In response, the person smiled and continued talking about the trip, how it made them feel and as they had been reassured, they were able to relax and subsequently remembered further details about what they had enjoyed.

We saw people wearing hearing aids and glasses which helped them in their daily living. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People's rooms we saw were clean and well maintained.

Since our last inspection, the registered provider had contacted all people and their representatives to ask about their interest in being involved in care planning. One relative told us, "I'm involved in [relative's] care planning, it's been renewed and updated." The registered manager said they had a small uptake and the question concerning level of involvement had been added to the admission form for people new to the home.

We found people's privacy and dignity was being maintained by staff. One person told us, "They shower and help me dry, they give me towels for privacy." We asked one staff member how they maintained people's dignity during personal care. They said, "We always put a towel over the front of people, make sure the

doors are always closed and knock on the door before you enter." During our inspection we saw staff routinely knocking on people's doors. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

We saw the registered provider continued to meet people's equality, diversity and human rights since our last inspection. Staff received equality and diversity training as part of their induction.

One person told us, "I've been a few times to church, if not there's a minister who comes in." On the third Thursday of the month a church service was held in the home. This demonstrated how the registered provider continued to meet the religious needs of people living in the home and showed how they were capable of meeting more diverse cultural needs.

Good

Is the service responsive?

Our findings

At our last inspection in February 2018, we rated this key question as requiring improvement. We found care plans did not always reflect people's needs as they lacked sufficient relevant details to provide person-centred care. At this inspection, we found improvements had been made.

The registered manager told us they had done a considerable amount of work updating care plans since our last inspection. The registered manager was in the process of revising the care plan format to make them more person-centred and easier for staff to navigate. One staff member told us, "The care plans are better as they are easier to follow."

Care plans covered aspects, such as eating and drinking, moving and handling, personal hygiene, sleeping and leisure needs. We saw the assessment scores varied each month where a person's needs or presentation changed. One person's care plan stated they may display challenging behaviour during personal care. Further detail was needed to show warning signs, what they may do and how staff should respond. However, we spoke with staff about this who clearly described appropriate action they took to support this person effectively. The deputy managers ensured this information was added to the relevant care plans.

Information about people's care needs was reviewed monthly and updated to reflect people's changing needs. We found the monthly review document did not have the name of the person's care plan on it which we discussed with the registered manager and deputy managers. They said they would ensure these were all named with immediate effect.

The majority of people we spoke with were pleased with the activities provision. On the first day of our inspection, we saw a quiz taking place in the afternoon which was very well attended. The activities coordinator told us, "We have quite a lot of singers who come in." Musical entertainment was also provided on a one-to-one basis for people unable to leave their rooms. Activity records showed who attended, how they responded and whether the activity could be improved the next time. The activities coordinator, who had taken time to find out about people's individual interests said, "What works today, might not work tomorrow." The activities coordinator said they were well supported by the registered manager and provider.

Some people had been out for the day before the start of our inspection to enjoy afternoon tea at a local garden centre café. Earlier in the year, five trips on a barge had taken place and people had also gone to the circus. We found people had been supported to access specific trips out into the community based on their personal interests.

We saw pictures of one person whose care records we had looked at. This showed a remarkable, positive reaction to a visiting pet zoo which they enjoyed. We also saw pictures of people making bird feeders. Social events had been planned for Christmas, including singers, a school choir and a party. People were invited to go to a local nursery to sing carols and take a trip to see the lights and other decorations locally.

The activities coordinator had visited another home in the district which demonstrated partnership working and how new ideas were being shared and developed.

At this inspection, we found improvements had been made in the recording of concerns as well as complaints. People we met told us they knew how to complain if they needed to. One person said, "I would talk to the office if worried, I've never had any concerns." We looked at the records of complaints and saw each one was effectively dealt with through investigation and a formal response was provided. This meant effective systems were in place for dealing with expressions of dissatisfaction.

The registered manager had established links with specialist nurses at a local hospice to facilitate improved end of life care. The training and development coordinator had made enquiries about someone from the hospice attending the home in early 2019 to give a talk about best practice. Staff we spoke with confirmed they had received end of life care training. We saw people had end of life care plans which recorded, where they wished to discuss this, how they wanted to be supported in advance. The working relationships between the hospice meant staff also had the necessary skills to provide support to grieving families.

Technology was used to support people in their daily living. For example, people had been supported to access audiobooks and voice controlled devices. Sensors were used to assist staff in monitoring people's movements where they were at risk of falls.

Good

Is the service well-led?

Our findings

At our last inspection in February 2018, we rated this key question as requiring improvement and took enforcement action in response to our findings. We found systems and processes to assess, monitor and improve the quality and safety of services were not operated effectively. Since our last inspection, the registered provider had employed the services of a consultancy service to provide support to the management team and regularly update the home action plan which was shared with us. At this inspection, we found improvements had been made in these areas.

The service had a registered manager. 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.

People told us they thought the home was well-led. Comments included, "There was a 'residents' meeting last week, they [management team] listen to you", "I don't think they can improve anything, I've no complaints about anything" and "The staff get on pretty well together so the atmosphere must be right." People, their visitors and staff told us the registered manager communicated well and was approachable. Staff felt motivated and well supported in carrying out their duties. One staff member told us, "I enjoy working here, I like the management team staff and residents." Another staff member told us, "They're very easy to talk to. They follow things through. We (other staff) definitely get our say."

At our last inspection, we found the registered manager was routinely the first point of contact for staff and visitors. At this inspection, we saw both deputy managers had been delegated this responsibility which meant the registered manager had been able to focus on their oversight of the home. One of the deputy managers usually worked on weekends which meant there was management oversight of the home throughout the week.

Governance systems had improved at this inspection and it was evident the registered manager had a stronger oversight of the home.

The registered manager completed monthly audits of care plans which they sampled from across each floor of the home. We saw these audits were effective in identifying any shortfalls and recorded action needed. We looked at one person's care plan and found this needed to be more person-centred which the registered manager had already identified through their care plan audit and an action had been set. The registered manager completed a monthly safeguarding analysis as well as the same style report for any complaints received. These were thorough in their findings and demonstrated a commitment to continuous improvement in this home. We found an allegation of abuse report by the registered provider to the local safeguarding authority had not been reported to the Care Quality Commission. However, this was an exception as all other notifications were submitted as required.

We looked at the analysis of accidents and incidents for September to October 2018. This looked at themes

and trends using the data gathered as well as ensuring measures were in place to reduce future risk and identify learning outcomes.

We saw the management team carried out spot checks in the home. The 'manager's daily audit' included checking rotas were fully staffed, speaking to members of staff and general observations. These day-to-day checks helped to ensure the service ran smoothly. A dining experience audit was carried out in November 2018. This looked at the dining experience on each floor to ensure all areas of this service received a positive service. A monthly building walk around audit looked at the cleanliness in rooms and recorded action taken to ensure this was satisfactory.

The registered provider visited the home on a regular basis and carried out their own audits to ensure people were well cared for.

The registered provider had established links with services in the community, such as schools, a nursery, a local church, a hospice and another care home. They also attended the Kirklees Independent Sector care home meetings. This meant they were able to evidence strong partnership working.

In February 2018, a satisfaction survey had been sent to people and their representatives. Eleven responses had been provided which were positive. All people responding knew who the registered manager was. One hundred per cent of people were happy with the activities programme and the quality of care provided by staff and 100 per cent of people said they would recommend the home. An analysis of these findings had been made available to people and their representatives and included action the registered provider had taken to make any improvements needed.

The most recent meeting for people living in the home took place on 9 November 2018. This reviewed fundraising, activities, external trips and meals. We saw people had asked for more fish dishes. On the second day of our inspection, lunch included an option for poached fish. We saw evidence of staff meetings with different departments in the home which helped ensure information was communicated effectively and staff had a chance to express their views.

Care plans were stored in a locked office so that they could only be accessed by those who needed them. This protected people's personal details.
We saw one compliment which read, 'Our [relative] could not have been in a better place. From the moment we walked in and the lovely homely welcome that greeted us, we knew we had found somewhere special'.