Alderson Limited

Alderson House

Inspection report

Alderson House
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Date of inspection visit:
15 March 2016

Date of publication:
22 June 2016

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

We inspected Alderson House on 15 March 2016. This was an unannounced inspection. The service provides care and support for up to 18 people. When we undertook our inspection there were 17 people living at the home.

People living at the home were of mixed ages. Some people required more assistance either because of physical illnesses or because they were experiencing difficulties coping with everyday tasks.

There was a registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection there was no one subject to such an authorisation.

Staff had taken an outstanding amount of care and preparation in finding out what people wanted from their lives and had supported them in their choices. This sometimes had taken a lot of weeks of preparation and setting up, but staff remained consistent in their approach and ensured the outcomes were what each person wished. They had used family and friends as guides to obtain information and accessed a number of different resources within the community. Staff had outstanding skills and an excellent understanding of the social, cultural, values and beliefs of the people at Alderson House.

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We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken in dining rooms, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it. Some people helped with the preparation of meals and setting tables for meals.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely. Record keeping and stock control of medicines was good.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff approached people in a calm and dignified manner.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with

them.

Detailed work and care planning had taken place to ensure people's wishes were adhered to, no matter how long this took. Staff accessed a variety of resources in the community.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Is the service well-led?

Good

The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

Alderson 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 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 15 March 2015 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection, the provider 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.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with five people who lived at the service and three members of the care staff, the deputy manager and the registered manager. We also observed how care and support was provided to people.

We looked at three people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service, relatives and visiting professionals.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I really like living here." Another person said, "I love it here. It's the best and safest place I've lived in 32 years."

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people. Notices were on display in staff areas informing staff how to make a safeguarding referral. This ensured people could be safe living in the home.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through meetings and shift handover periods when actions needed to be revised. We observed this during the handover period during the afternoon of our inspection and in the minutes of staff meetings for November 2015 and February 2016.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people's behaviour was challenging to others at times. A protocol was in place to ensure all people living at the home were safe and staff had clear instructions on how to calm any situation down. People had signed to say they had agreed to the course of actions described.

People told us if they felt safe in going out on their own or needed an escort. One person said, "I can take the bus to Mablethorpe and staff make sure I know the bus times back." We saw this had been agreed in the person's care plan and staff ensured the person was safe to take this action. Another person told us, "I like to go out in the car. I don't think I could find my way back." We observed staff using the home's car to take the person shopping when they wanted to go out that day.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, ensuring people were not frightened when the fire alarm sounded. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency. The last fire and rescue service report had been in October 2014. The registered manager told us how they had completed the actions, for example ensuring all fire doors fitted correctly. We saw this had been reviewed each year since the report was issued and continual checks were made on all doors and other fire equipment. This ensured the building and fire fighting equipment was safe to use. A lot of refurbishment of the environment had occurred since our last visit and areas looked clean and well maintained.

People told us their needs were being met and there was sufficient staff available each day. One person said,

"Staff are excellent. I get on with them really well and they ensure I've got everything I need and want each day." Another person said, "They are brilliant you know. I've only got to ask and they get what I want. The staff are here 24hours a day." Another person said, "I like to go out a lot and my request for someone to come with me is never denied."

Staff told us there were adequate staff on duty to meet people's needs. One member of staff said, "Staffing levels are worked out for us. For long appointments extra staff are brought in. It can be adapted to people's needs." Another staff member said, "We've got plenty of staff and they will put on extra if we need them."

The registered manager showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. These had been discussed with the commissioners of services and reflected what had been agreed for each person, which was documented in care plans. The last calculations were completed in February 2016. The records showed this was completed at least monthly but more often if numbers of people using the service or people's needs changed. A process was in place to monitor short term absenteeism and the registered manager explained how they were handling staff sickness records and what support was in place. This included being able to offer the person alternative working hours and duties.

We looked at two personal files of staff that had been recruited in 2015 and 2016. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. The registered manager explained their current recruitment programme and how they were recruiting staff to work as and when required. There were no current staff permanent vacancies.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs, hospital staff and staff within the home. This was recorded in people's care plans. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken. A procedure was in place for people to take medicines out with them if they left the home. People told us medicines were handed to their family members if they went home. One person said, "I like the staff giving me my medicines or letting my family do it. I would get confused and may get ill."

Medicines were kept in a locked area. There was good stock control. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This ensured the stored medicines were safe to use and were stored appropriately and safely. Records about people's medicines were accurately completed. Staff told us two people could take their medicines without supervision and knew the process to follow if anyone was capable and requested this option. We saw this had been recorded in each of the people's care plans and details of when they had been assessed as still capable of performing this task. Medicines audits we saw were completed monthly. Any actions had been signed as completed.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions.

Good

Is the service effective?

Our findings

A staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and escorting people out in the community. They told us the programme had suited their particular needs. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files.

Staff said they had completed training in topics such as basic food hygiene and first aid. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Some staff had completed training in particular topics such as diabetes and challenging behaviour. This ensured the staff had the relevant training to meet people's specific needs at this time. One staff member told us they preferred face to face training and this had been accommodated for them.

Staff told us a system was in place to test their competences and if required they would receive supervision. They said this was a relatively new system, but it was working and was in line with the providers supervision and appraisal policy. They told us they could voice their opinions at any time. This ensured they had a voice in their workplace and could comment on the running of the home. We saw the competence planner for 2016. This gave the dates of when competences had been or were planned to be tested. These included infection control, food hygiene and supporting people's wishes. The records included training which had taken place and planned. The registered manager was aware of the sessions with staff that required a follow up to ensure they were comfortable in their role. Staff confirmed these had occurred.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals' are called Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor how registered persons apply DoLS and report on what we find. To help ensure people's rights are protected the registered manager ensures that information is available to them at all times about DoLS and staff have received training in the subject.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Staff had recorded the times best interest meetings had been held and assessments completed to test their mental capacity and ability.

When a person had appointed a relative to have power of attorney over their care, welfare and financial matters a copy was in the person's records in the main office. This was also the case when some-one was subject to a Court of Protection order and had an independent advocate to speak on their behalf. The advocate was some-one appointed by the Court to ensure the person's rights were being protected. This ensured staff were aware of who to contact about the person's needs.

People told us that the food was good. One person said, "The food is fantastic." The person told us they liked going out a lot, but always made sure they were back for meals as they liked them so much. Another person said, "My best meal is tea. We get an alternative and I can help make the sandwiches." Another person described to us their diet and how they wanted to lose weight, which we saw had been agreed with other health professionals and recorded in their care plan.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as when a person required a special diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans. People's likes and dislikes had been recorded.

Staff had one to one meetings with people throughout the year to discuss their needs and menu planning. This was recorded in people's care plans. Menus were available and on display within the kitchen area, which people had access to all the time. This ensured people felt included in the menu planning and their specific needs were taken into consideration. We observed staff helping people with drinks throughout the day and asking for help to set the tables for the lunch time meal. There was a lot of lively conversation at lunchtime and people were making social conversation and commenting on the meal.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatments and care given. For example, one person was being encouraged to access some leisure activities with others in the games room, which was part of their socialisation programme. We heard staff planning to speak with relatives about hospital appointments and home visits, after obtaining people's permission. This was to ensure those who looked after the interests of their family members knew what arrangements had been made.

People told us staff obtained the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people's behaviours had changed and when they required health checks such as mammograms. Several of the people had hospital appointments which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance.

Professionals' visits to the service say it was focused on providing person-centred care and it achieves excellent results. On-going improvement is seen as essential and lessons learnt from any part of the service which may have failed at the time. Social care professionals we had contact with before the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions and did so. One person told us how they had been able to access a local GP surgery and now went for what was described as 'women's check ups' and said, "I can now go on my own, as the doctors and nurses know me."

Good

Is the service caring?

Our findings

People told us they liked the staff and that they would receive good care and liked living there. Staff were described as kind. One person said, "I've never lived anywhere where I like the staff as much as I do here." Another person said, "It's my home and I like this house very much." Another person said, "They try and teach everyone to respect each other. They do to us too." Another person said, "Staff are excellent, especially the boss."

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "If I want to go to my room I can do. I know when I am not well." Another person said, "I like to phone my family and they make it possible." People told us how they had been encouraged to choice colours for their bedrooms. One person said, "I like [named colour] but I've told them I'll have a change next time and have [named colour]."

Throughout the day a book of carpet samples was on a table. People were being encouraged to put their names on pieces of paper and stick them to the carpet sample they liked. Staff told us the highest number of names on a sample would be the one the provider would buy. There was much lively discussion with people about colour choices for carpets and how this would blend in with the furnishings.

People were given choices throughout the day if they wanted to prepare rounds of drinks and the meals. Some people joined in happily and readily. Others declined, but staff respected their choices on what they wanted to do.

All the staff approached people in a kindly, positive manner. They were patient with people when they were attending to their needs. For example, one person was distressed about how the day was going. Staff gently asked them where they wanted to be and respected their wish for some quiet time in their bedroom. Staff were observed knocking on people's doors before entering people's bedrooms and waited for an answer before opening the door.

People told us staff treated them with dignity and respect at all times. One person said, "Staff are very helpful and respect what I want to do each day." Another person said, "They treat people with respect." We observed staff respecting which parts of the building and grounds people wanted to relax in. Three people told us they had keys to their bedrooms as they did not like people going into their rooms, except staff. Each person unlocked their bedroom doors for us to see their rooms which they had offered to show us. One person said, "I call it my front door and you wouldn't like people to come into your house would you? This way I can keep people out." Another person told us, "I like this colour in my bedroom. I know it's all the same, but staff respect how I like to keep my room. I may change the colour soon and staff said they would help me."

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes

and respected the decisions they made.

Staff responded when people said they had physical pain or discomfort. When someone said they felt unwell, staff gently asked questions and the person was taken to one side.

People told us they could have visitors whenever they wished. We saw several signatures in the visitors' book of when people had arrived at the home. Staff told us six sets of families visited on a regular basis and they were offered refreshment and opportunity to speak with staff. This was recorded in the care plans. This ensured people could still have contact with their own families and they in turn had information about their family member.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display. There were no local advocates being used by people at the moment.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs quickly. One person said, "There are always sufficient staff, even at the drop of a hat." Another person said, "Staff just know when I'm not well. They just know and they help me so much."

People told us they had a good quality of life at the home. They told us that they had staff they could talk with and who ensured other health and social care professionals were contacted when needed. One person said, "I've lived in loads of places, but my life is the best here. There is so much to do and see and go to. It's fabulous." Another person said, "I know that when I become agitated staff are there for me." They went on to describe how calm their life was, compared to their past home. This was not an isolated conversation, but was shared by all the people we spoke with during our inspection.

To help people have a better understanding of how health care works in the community and to promote community participation and engagement, people had been encouraged to contribute to the local NHS partnership plan for health care. A member of staff supported people to have a voice and attend meetings when the local partnership group met. This means that people living at the home could influence how health services were managed locally. New GP's in the area had been invited to the home to meet people and see them in their home surroundings. Staff told us this had worked well for the people at the home as they could ask questions about health care in their own relaxed environment. There had been other positive results with GP's visiting the home with other health care professionals to ensure people felt free to talk and discuss their own issues. One person said, "I like to see the doctors here."

People told us how their problems sometime prevented them from socialising in the community. One person told us this had been done in easy stages for them. First a drive through to local shops with others. Then on their own with staff. To the point where they now liked to go out once a week with staff and could walk around the shops. This was not an isolated conversation and others told us of the support they had with staff in helping them in a variety of social settings, especially when they went on holiday. This had encouraged people to become increasingly more independent.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so they felt consulted, empowered and listened to. People told us that staff took time each day to discuss their care and treatment. They had been shown videos and TV programmes about specific health topics to help them understand. As well as the opportunity to speak with other health professionals. We saw that some records had been adapted to use pictures as well as words, for those having difficulty reading. No one required the use of audio aids, but staff told us where they could obtain them quickly if required. Each year the provider invited people living in the home and staff to take part in a sponsored walk. People told us they enjoyed it and described to us this year's route. Money raised goes to a charity chosen by people living in the home. The choice of charity was that of the people living at the home, not staff views. This had encouraged people to think of the needs of others.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways

to enable people to live as full a life as possible. The arrangements for social activities, and where appropriate education and work, were life changing for some people's individual needs. The provider was enabling staff to help people to develop their own interests. For example, one person had for many years only enjoyed their interest in nature in the security of their indoor surroundings through books and television. Over a period of time, at the pace of the person concerned, they were now able to continue their interest in nature not only in their room, but outside. The person took great joy in telling us how they now visited the local town to buy items for their interest and used the garden area. They had joined a national nature conservation group and showed us their membership card and latest magazine. The person said, "[Named staff member] has been particularly helpful. I feel so happy. I do get dark days, but they are less. I am thinking of volunteering in the local nature reserve." Another person told us how they had been involved in some voluntary work in the community. This had involved a group of people from the home taking part in a community conservation project. One person said, "We all did our bit. Staff knew what we were capable of. I liked the digging." In both examples the care given to those individuals had impacted greatly on their clinical diagnosis and ensured they were functioning at a much higher level than they had ever done.

The Service takes a key role in the community and is actively involved in building further links. People are encouraged and supported to engage with services and events outside of the service. Input from other services is encouraged. Links had been made with the local leisure centre to encourage people to have a healthy exercise programme. People told us they had been consulted about what they would like to do by staff and people at the leisure centre. This included swimming, gym membership and saunas. One person said, "I could go on my own, but prefer it when a group of us go and staff. It's such good fun and we take part in galas and other events." Another person said, "I do 45 minutes in the gym. I love it, see how fit I am." They proceeded to do some exercises for us.

People told us about their holidays. Some preferred to stay in England, but others liked trips abroad. One person showed enjoyment in their first trip abroad and how staff had helped them obtain a passport. Another person had researched for some time about the history of Scotland. They were overjoyed to then help plan a trip to a Scottish castle with other people they lived with plus staff. A staff member told us, "It was a very long way involving cars, trains and boats, but such a happy time." Staff said some people preferred to stay closer to home, but if they expressed a wish for a night away they would go to a local hotel or holiday camp. Provision was made to bring them back quickly if necessary.

People told us staff had talked with them about their specific needs. They told us they were aware staff kept notes about them. People told us they were involved in the care plan process, but if they could not read their notes staff would do this for them. This was confirmed in the care notes we reviewed. Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, when they liked to get up in the morning and people's specific medical needs. This was confirmed in the care plans.

Staff also received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. The handover we observed was unhurried and gave staff time to ask questions and confirm events to take place.

People told us staff had good skills, and had an excellent understanding of their social and cultural diversity, values and beliefs as individuals. People told us that staff knew them so well and how their beliefs could influence their decisions to receive care, treatment and support and play an enhanced role in the community. Staff knew how to meet people's preferences with suggestions for additional ideas and support. This means people have an enhanced sense of wellbeing and exceptional quality of life. Staff had used local resources in health and social care, plus the internet and local libraries and TV programmes to ensure

messages were received by people about health matters and local events.

People were actively encouraged to give their views and raise concerns or complaints. The service sees concerns and complaints as part of driving improvement. For example, how staff assist people to access their bank accounts when out shopping. More scrutiny is given to how staff can help people access their bank cards for obtaining money from ATM machines and how this is recorded when back in the office setting. This has ensured that accurate records are kept at all times. People's feedback was valued and concerns discussed in an open and transparent way. People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display, which was in word and picture format.

The complaints log detailed the formal complaints the manager had dealt with since our last visit. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from the case had been passed to staff at their meetings in 2015. The registered manager completed a monthly audit of complaints to give to the provider.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, "I can speak with the manager any time." Another person said, "Everyone is nice and the office door is always open."

People who lived at the home and relatives completed questionnaires about the quality of service being received. People told us they had completed questionnaires. One person said, "I don't mind doing it." The last questionnaire had been in July 2015 for people who used the service, relatives, friends and other representatives, plus health and social care professionals. Any actions had been passed to the relevant department, through staff meetings. Staff confirmed these had occurred. However, each part of the questionnaire had positive outcomes.

Staff told us they worked well as a team. One staff member said, "I love it here." Another staff member said, "I enjoy every minute of my working life here. I've never felt so settled in a place" Staff told us they supported each other and were supported by the registered manager and other senior staff. They said the provider visited on frequent occasions and chatted to everyone.

Staff told us staff meetings were held regularly. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the staff meeting for November 2015 and February 2016. The meeting had a variety of topics which staff had discussed, such as; infection control, food hygiene and environmental health. This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home. This was reflected in records seen.

The registered manager was seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person. They gave support to staff when asked and checked on people's needs that were unwell during our visit and asked staff for continual updates.

There was evidence to show the registered manager had completed audits to test the quality of the service. These included medicines, care plans, beds and equipment. Staff were able to tell us which audits they were responsible in completing. Where actions were required these had been clearly identified and signed when completed. Accidents and incidents were analysed monthly to ensure people were not at risk and staff told us that they amended people's care plans when necessary. Any changes of practice required by staff were highlighted in staff meetings and shift handovers so staff were aware if lessons had to be learnt from incidents. The registered manager attended the quarterly meeting held for all local providers by commissioners. They told us this kept them abreast of information about the local county and changes in legislation.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and

knew of other resources they could use for advice, such as the internet and local multi-agencies.

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