

Nynehead Care Limited

Nynehead Court

Inspection report

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Date of inspection visit:
26 November 2015
27 November 2015

Date of publication:
23 December 2015

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 was unannounced and took place on 26 & 27 November 2015.

Nynehead Court provides accommodation and personal care for up to 44 people. The home specialises in the care of older people including people living with dementia. In the grounds of the care home there are 11 houses and bungalows, known as The Mews, where people live independently but receive care and support from Nynehead Court. At the time of the inspection there were 28 people living in the house and two people living in The Mews were receiving personal care.

The last inspection of the home was carried out in July 2014. No concerns were identified with the care being provided to people at that inspection.

There is 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.

The registered manager was qualified and experienced to manage the home. They had been at the home for a number of years and were well respected by staff and people who used the service. One person told us "There's great management and it goes all the way down."

Nynehead Court was very much part of the local community which enabled people to maintain links with people and have access to a wide range of social activities and events. Some facilities at the home were used by people from outside the home and the village church was in the grounds. There was a wide range of activities available which took account people's personal hobbies and interests. The home had two vehicles which enabled people to go out shopping regularly and take part in social trips to places of interest. One person told us "There's lots of activities. Something for everyone."

There were sufficient numbers of well trained and experienced staff to support people safely and ensure people were not rushed with their care. Staff told us there was good team work and support from senior staff and management. This all helped to create high staff morale which led to a happy and relaxed atmosphere for people.

The provider had taken reasonable steps to minimise the risks of abuse to people. There was a thorough recruitment process which ensured all staff were fully checked for their suitability to work with vulnerable people. Staff knew how to recognise and report abuse and all were confident action would be taken to protect people if they raised any concerns.

People told us they felt safe at the home and with the staff who supported them. One person said "Yes I feel safe here. I have no worries about safety." People told us staff were always kind and caring and helped them

with personal care in a way that respected their privacy and dignity.

People received effective care and support which promoted independence where possible. People's healthcare needs were monitored and they were assisted to attend appointments with relevant healthcare professionals according to their individual needs.

People's nutritional needs were assessed and they were provided with meals that met their needs. People were complimentary about the food served at the home. Comments included; "The food is wonderful," "Food is excellent" and "The food here is very good indeed."

People were involved in discussions about their care and all said they would be able to talk with staff if they had any worries or concerns. Where people had made complaints, or raised issues these had been addressed.

There were quality assurance systems in place to enable the provider to monitor care and plan on-going improvements. People's views and suggestions were sought to make sure changes were made in line with people's wishes where appropriate.

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.

There were sufficient numbers of staff to ensure people's safety and provide care in an unhurried manner.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

Is the service responsive?

Good ●

The service was responsive.

The home was very much part of the local community which enabled people to stay connected to local people and events.

People were able to take part in a wide range of activities and follow their own interests and hobbies.

People said they felt comfortable to make a complaint if they needed to.

Is the service well-led?

The service was well led.

People benefitted from a registered manager who had the skills and experience to effectively manage the home.

There were effectively quality assurance systems to monitor practice, seek people's views and plan improvements.

Good ●

Nynehead Court

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 26 and 27 November 2015 and was unannounced. It was carried out by an adult social care inspector 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.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 11 people who lived in the main house, two people who lived in The Mews, and two visitors. We also spoke with 12 members of staff which included care staff and ancillary staff. The registered manager and provider were available throughout the inspection. Some people who lived at the home were unable to verbally express their views to us, we therefore observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and records relating to quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "Yes I feel safe here. I have no worries about safety." A visitor told us "I feel [relatives name] is safe here. I can sleep at nights."

People were supported by sufficient numbers of staff to ensure their safety and meet their needs in a relaxed and unhurried manner. At the time of the inspection the home was fully staffed despite the fact there were a number of vacant rooms. People told us there were always adequate numbers of staff to meet their needs. One person said "There's plenty of staff. They spend time with you and never rush you." Another person told us "I feel everyone is safe here and there are always plenty of staff around."

In the Mulberry unit, which cared for people with complex needs and people living with dementia, staffing levels enabled people to have a high proportion of one to one care. Care staff spent time sitting and chatting with people and provided on-going social stimulation.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personal files showed new staff had not commenced work at the home until all checks had been completed.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I've never seen anything I wasn't happy about but I would report it straight away if I did. The manager would definitely do something to make sure people were safe."

Risk assessments had been carried out to make sure people were able to take part in activities and join in social events with minimum risk to themselves or others. Where social events had been held in the grounds of the home assessments and control measures had been put in place to minimise the risks of slips and trips on wet ground.

Individual risk assessments had been carried out regarding people's personal mobility. Where people required support with mobility the assessments identified the number of staff required to safely support them and any equipment required. One care plan showed the person may be at risk of pressure damage to their skin. The assessment did not show what action was being taken to minimise this risk, however we saw that suitable pressure relieving equipment was in place for them.

People's medicines were administered by senior staff who had received specific training and supervision to carry out the task. People said they received the correct medicines at the right time. One person said "Spot

on with the tablets."

Some people had prescribed creams and lotions which care staff assisted people to apply. Although creams were signed for by senior staff on medication administration records they were not actually applied by the staff signing the records. Further records were kept in care plans for care staff to sign. However these were not always completed which would make it difficult to monitor the effectiveness of prescribed creams and lotions. The registered manager told us this had been identified at the most recent medication audit and action was being taken to address the issue.

The provider told us in their Provider Information Return (PIR) that risk assessments were in place to enable people to administer their own medication where they chose to. One person administered their own medicines and their care plan showed this had been discussed and agreed with the person. Risk assessments were also in place where staff kept medicines securely and gave them to people at the correct times for them to take when they chose to.

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked a sample of records against stocks held and found them to be correct.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People thought staff had the skills required to assist them. One person told us "The staff are very well trained." Another person said "They're always looking out for you and know what they are doing."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One member of staff told us how supported they had felt when they started work and how they continued to be supported in their role. They said "My co-workers have been really helpful. You can ask anyone anything."

After staff had completed their induction training they were able to undertake further training relevant to their roles. Care staff told us they had undertaken training which included; caring for people with dementia, Parkinson's disease, fire safety, infection control and food hygiene. This helped to make sure staff had the knowledge required to effectively support people. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles.

Part of the home, The Mulberry unit, cared for people who were living with dementia and complex care needs. Some staff chose to work solely in this part of the home whilst others worked throughout the home. There was a senior member of staff who took a lead role in The Mulberry unit and they had received specific training which they were able to cascade to other staff.

A group of staff were employed to support people with activities and these staff had received training which included a qualification in Creative Activity Therapy (CAT.) These staff had also taken part in reminiscence learning which enabled them to hold reminiscence sessions with people at the home. One person said "I like it when we get together and talk about things we like to remember."

The home had good relationships with local healthcare providers and staff arranged for people to see healthcare professionals according to their individual needs. People said staff always arranged for them to see doctors or community nurses if they were unwell. One person said "They're always quick to get the doctor if you need one." Records showed people were being seen by a range of healthcare professionals including; chiropodists, opticians and speech and language therapists. This helped to ensure people received effective treatment to meet their needs.

Where people needed to attend appointments outside the home staff supported them to do so. One person told us "They are very good at taking you to appointments." One medical consultant had provided written feedback which said the person had been accompanied by "An excellent care assistant who was really helpful." Where a person had become acutely mentally unwell the staff had worked with healthcare professionals to make sure they received the support they required. Records showed a member of staff had escorted them when they were admitted to hospital and stayed with them until they were transferred to an

appropriate healthcare setting.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The chef told us they received copies of people's nutritional assessments and had undertaken specific training regarding nutrition in older people to assist them to provide meals in lines with people's needs.

There was a varied menu which people had been able to have input into to make sure it reflected their preferences. The menu was displayed outside the main dining room and one person commented they would like to have menus on the tables to help them to remember what the meal was. A visitor said they would like to see picture menus to help people to make choices. People were complimentary about the food served at the home. Comments included; "The food is wonderful," "Food is excellent" and "The food here is very good indeed." We saw lunch being served in the main dining room and in The Mulberry unit. The meal was well presented and people were able to make choices about portion size and condiments.

The main meal at the home was served at lunchtime but one person told us they preferred to eat their main meal in the evening and this had been catered for. They told us "The chef is lovely. They make me sandwiches at lunchtime then I have a meal in the evening. They have been very obliging." A person who lived in The Mews said when they had been unwell staff had bought meals to them in their home. They told us "Sometimes I go over for a meal. When I was unwell they bought meals to me, they were always nice and still lovely and hot."

People received the support and encouragement they needed to help them to eat a good diet and maintain a stable weight. One person's care plan stated they needed their food to be served at specific texture to minimise risks of choking and to ease swallowing. They also needed support to eat. At lunchtime this person was served a meal at the required texture and received the help they needed to eat. One person, who had a poor appetite, and had been given a food supplement drink, told us "They fuss about me because they say I don't eat enough. I think I do but they are always trying to offer me more. They certainly keep a close eye on you."

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. We heard staff asking people if they wished to be assisted and accepted their responses. At lunchtime one person was offered an apron to protect their clothes. The person said they would rather not wear it and staff accepted this response.

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. The home had been audited by an outside body regarding their understanding and practice in respect of the MCA. The audit had recommended further training for all staff and this had been provided.

Staff were able to tell us how they assisted people to make decisions if they were unable to make these for themselves. Staff said they consulted family members and relevant professionals to make sure decisions were made in the person's best interests. Where equipment was being used which may be regarded as restrictive, such as the use of bedrails and pressure mats which were linked to the call bell system and alerted staff when people were moving about their room, assessments had been undertaken. These assessments showed whether the person had the mental capacity to consent to the equipment. Where it

was deemed they did not, the staff had involved relatives and professionals to make sure the equipment was being used in their best interests.

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 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 were being met. The registered manager had made applications for some people to be cared for under this legislation and was waiting for assessments to be carried out by the Local Authority.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person told us "The staff are kind and understanding. They also have a sense of humour which really helps." Another person said "Staff are lovely and all very kind."

There was a consistent staff team and many of the care staff had worked at the home for a number of years. This helped people to build relationships with the staff who supported them. Each person was allocated a keyworker to make sure they had a nominated person to discuss any issues with. One person said "We chat a lot. They keep me up to date with what's going on." In The Mulberry unit some people were unable to verbally express themselves. People were very comfortable with the staff who worked with them. People laughed and smiled with staff and some staff used physical comfort such as holding people's hands to convey affection and reassurance.

During our visit we saw staff interacting kindly and patiently with people. At lunch time staff took time to explain the food to people as they were being served. They spoke clearly and slowly to people, some of whom had hearing difficulties. During the day one person was sitting in the hallway by the main door. A member of staff saw them and went to get them a jumper which they helped them to put on. The person said to us "That's what they're all like. So thoughtful and kind."

Some people were unable to stand or walk without staff assistance and one person told us how kind staff were when they assisted them to move using a mechanical hoist. They said "They hoist me up very gently" Other people needed staff to walk with them to ensure their safety. Staff walked at people's pace and constantly talked to the person they were supporting. They offered reassurance and encouragement in a friendly and polite way.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People said there were no restrictions on visitors and friends and family were able to come and go as they pleased.

A member of staff delivered newspapers each morning to people who lived in The Mews which enabled them to check people were well. One person said "They bring the paper in the morning. They ask if you are OK and are always very helpful." The registered manager told us delivering the newspapers to people was a way to monitor people's well-being without being overly intrusive and respecting people's privacy.

Staff were respectful of people's privacy and dignity and made sure people were comfortable. One person told us "They help me with the bath which I really like. They are very sweet and respectful." Another person said "Staff are gentle and sensitive when they assist me with personal care." At the time of the inspection one person was being cared for in bed. They were comfortable and warm and staff checked on them regularly to make sure their comfort was maintained. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did

so in an affectionate and compassionate way.

There were ways for people to express their views about their care. Care plans seen showed people had been involved in the creation of the plan and had been able to discuss their needs and wishes with a senior member of staff. One visitor told us, although they were able to discuss their relative's care with the manager or a member of staff at any time, they would like more regular formal reviews. Other people said they appreciated being able to discuss issues or wishes informally with staff.

The home was able to provide care to people at the end of their lives and worked with other professionals to ensure people's comfort. The staff ensured people's family and friends were able to spend time with people at the end of their lives. Care plans gave details of the people who should be contacted if someone was very unwell. This helped to ensure people were supported by those who were important to them. One member of staff told "I think one thing we do really well is palliative care and supporting people and their families at the end of their lives." One person told us "I am quite happy here. The staff are extremely kind, I recommend it. I am quite happy to stay here till my dying day and my family are happy too."

After people had died the staff supported families with funeral arrangements and several wakes had been hosted in the home's orangery which was in the grounds of Nynehead Court. The chef told us they were able to provide catering for these occasions.

The home had received a large number of thank you cards and letters regarding the care people had received at the home at the end of their lives. One card thanked staff for "All the care and support to [person's name] and family during the last two weeks. It made a difficult time more bearable." Another person wrote "You handled their death with dignity and respect which was exemplary and I cannot thank you enough."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People were able to decide when they got up, when they went to bed and how they spent their day. One person told us "You can really please yourself. They know when to help and when to hold back to allow you independence." Another person said "I couldn't have chosen a better home. You can still live your life."

The home was part of the local community and various events were held throughout the year to encourage local people to the home. The gardens were open to the public and the orangery in the grounds was used for events and educational classes. This all helped to keep people connected to local events and people. Many people commented how nice it was to maintain links with local people and make new acquaintances. One person said "It's always interesting meeting new people." Another person said "One nice thing about here is all the social stuff that goes on."

On the day of the inspection people from the home joined local school children in the orangery for a craft session. The children also visited The Mulberry unit and interacted with people there. This was very much appreciated with people smiling and chatting happily.

The home had four activity workers who supported people to take part in a wide range of group and individual activities. Each person received a monthly bulletin telling them what was on each day. This enabled people to plan their time around activities which interested them. One person told us "There are lots of activities. Something for everyone."

The home had two vehicles which enabled people to access the nearby town for shopping and take part in trips further afield. There were numerous photographs of trips out and activities and events within the home. A member of staff told us they often arranged for people to meet up with friends and families when they went out on trips.

The activity co-ordinator was very passionate about their work and had a good knowledge of people's interests and hobbies. Activities were tailored to individuals and very personalised. One person who lived at the home had been provided with space within the communal area to pursue their art work and had held an exhibition in the orangery. There were chickens in part of the garden which some people who liked animals helped to feed. The activity worker found that one person enjoyed painting and they were able to attend a community art class which was held regularly in the orangery. One person told us a member of staff was supporting them to go to the cinema that evening.

The village church was in the grounds of Nynehead Court which enabled people to easily attend religious services and social events. One person said "It's so nice to be able to walk to church and people come back to the house for coffee and a chat."

To further enhance community participation the home hosted a number of social events to raise money for

charity. These events have included; summer fetes, wildlife days, musical concerts and big breakfasts. The registered manager told us they ensured everyone was able to take part in these events which provided social and mental stimulation to people.

The home kept some records of the activities people had taken part in and how they had reacted to different sessions. This enabled staff to plan activities in line with things that were popular. Although records were kept of group activities there were no records of one to one sessions with people and no information about what people had enjoyed, or not liked about these. Therefore some records did not give evidence of people receiving social stimulation for a number of days or weeks. One person's care plan said staff should encourage participation in activities. This person told us they did not like to join in with organised activities and there was no record to show how social stimulation was provided to them.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People were also seen by a physiotherapist when they began to use the service. This helped to ensure they had suitable equipment and support to maintain their mobility and independence.

From the initial assessments care plans were devised so staff had information about how people wanted their care needs to be met. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes and met their needs. One care plan stated the action that should be taken if the person became unsettled. During the inspection we saw staff followed the plan and the person became more relaxed.

The staff responded to changes in people's needs. For example when someone's mental health deteriorated they had sought advice from outside professionals to make sure they were receiving suitable medication. One person told us "Some days I can do more than others. They adapt around you." A person who lived in The Mews said "They are always readily available. They fit in with you."

For people who were living with dementia the staff adjusted their care according to people's needs and abilities. One member of staff said "You do what works on the day and we all have to be flexible." To make sure people were supported in line with their wishes if they moved to another care setting staff had completed The Alzheimer's Society document called 'This is me' for people living with dementia. This is a record of people's personal history and current needs. It can be used by other professionals who are providing care, such as hospital staff. It aims to make sure people receive care and support in line with their needs, beliefs and lifestyle preferences even if they are unable to verbally communicate their wishes.

The registered manager sought people's feedback and took action to address issues raised. The registered manager and representatives from the provider held coffee mornings for people and their relatives. This enabled people to share ideas and make suggestions to senior people within the organisation on an informal basis. There were also more formal meetings for people who lived at the home to make sure people were kept up to date with any changes. At the last meeting people were introduced to the new director and given information about them and their previous experience.

Each person received an information pack which included a copy of the complaints policy when they began to use the service. People told us they would be comfortable to make a complaint and everyone asked felt that complaints would be taken seriously. One person said "I have a keyworker and if I had any complaints I would tell them." Another person said "I would talk to staff or management if I were not happy about something. They are quite good at responding. It is very acceptable living here."

Where complaints had been made there were records to show these had been fully investigated and responded to. One visitor said "There have, on the odd occasion, been issues but I speak with the manager and all is dealt with."

Is the service well-led?

Our findings

The registered manager was qualified and experienced to manage the home. They had been at the home for a number of years and were well respected by staff and people who used the service. One person told us "There's great management and it goes all the way down." Another person said "Excellent manager and excellent staff." A member of staff commented "The manager is really approachable."

Staff told us they felt well supported by the registered manager and provider. They said there was good teamwork and communication within the home. One member of staff said "Best job I have ever had by far." Another member of staff said "If you are not sure of anything you can always ask. We all work together. We get great support from the manager." This all led to high staff morale which provided a happy and relaxed environment for people.

The registered manager kept their skills and knowledge up to date by reading and attending training courses. The home was a member of the Registered Care Providers Association (RCPA) which provides guidance and information for care providers in Somerset. The registered manager and providers attended conferences held by the RCPA to make sure they kept up with local developments. This enabled them to make sure care and support was in line with current guidelines.

The registered manager told us Nynehead Court aimed to provide a 'one stop shop' where people could dip in and out of services according to their needs. They said they aimed to provide long term support where people felt at home regardless of their abilities. In accordance with this philosophy varying levels of support were provided. This ranged from people living in The Mews and receiving some social support and companionship to those who had received care at the end of their life. Some people had moved from The Mews to the house as their needs increased. This enabled them to be cared for by a familiar and consistent staff team.

Staff were very aware that the service was people's home and aimed to provide care in line with this. One member of staff told us "We want things to be homely and comfortable for people." Another member of staff said "We want people to have choices. It's their home and their life."

There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was supported by an experienced care co-ordinator who was responsible for overseeing the day to day care of people. There was a team of senior carers who ran each shift and supervised less experienced staff. This ensured people and staff always had access to senior staff if they wished to share concerns or discuss their care.

There were effective quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Care plan audits were on-going and one audit highlighted the need for people to be more involved in planning their care. Further audits showed improvements in this and people were signing to state their care plan had been discussed with them.

The registered manager informed us that information from audits was fed back to staff during supervision sessions and staff meetings. The minutes of one staff meeting showed how the results of a medication audit had been shared with staff to highlight good practice and make staff aware of improvements needed.

The registered manager and provider sought people's views by meetings and satisfaction surveys. Comments on surveys were analysed and areas for improvement were recorded. The last survey showed some people did not know the role of each member of staff. In response to this all staff were reminded to wear their name badges which identified their role. All staff we met had name badges on which showed the reminder had been effective. Another comment identified a need for everyone to be asked about their preference about the gender of the staff who assisted them with personal care and to ensure this was recorded in people's care plans. The registered manager gave assurances that people had been asked this question, however the information was not clearly recorded in the care plans we viewed.

All accidents and incidents which occurred in the home were recorded and analysed. The analysis looked at the location and time of any accidents to see if there were any changes to the building or staff deployment needed to reduce risks. Where a person had a number of falls the staff sought advice from healthcare professionals. The home's physiotherapist said they were always asked to see people who had had a fall. They told us staff followed any recommendations they made to improve mobility and reduce risks to the person.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.