

Coastal Care Homes Limited

Wolborough Court

Inspection report

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Date of inspection visit:
21 February 2017
22 February 2017

Date of publication:
25 April 2017

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 unannounced inspection took place on 21 and 22 February 2017.

Wolborough Court provides accommodation and care for up to 25 people. People living at the home are older people, some of whom were living with dementia or a physical disability. On the day of the inspection, 23 people were living at the home.

The home 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 and associated Regulations about how the service is run.

People told us they were happy living at Wolborough Court. People at the home reacted positively to the registered manager and the culture within the home supported a warm and friendly atmosphere. People received support from staff that treated them well and prioritised their needs. People were relaxed and comfortable around staff and staff understood the need to maintain people's dignity. People were supported to maintain good relationships with people that were important to them.

People felt safe living at the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured people received the support they required to keep them safe and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Staff had the relevant knowledge and skills to support people. Staff received regular supervision and appraisal meetings to monitor their performance and professional development. Staff used feedback from these meetings to improve their practice. Staff received on-going training to enable them meet people's needs.

Care plans described the support people required and explained people's preferences and routines. People were given choices about how and where they spent their time and this was respected by staff. People were actively involved in decisions about their care and support needs.

People's care plans included risk assessments of activities associated with their personal care and support routines. The risk assessments provided information for staff that enabled them to support people safely but without restricting their independence.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights. There were people at Wolborough

Court who were being cared for under Deprivation of Liberty Safeguards.

People enjoyed the food and were supported to maintain a healthy diet. They could choose what they ate and their preferences and requirements were known and met by staff.

People were supported to take their medicines in a safe and timely manner by competent staff. Medicines were stored, recorded and disposed of safely and appropriately.

There was a complaints procedure in place and people were supported and empowered to make a complaint if they wished to. Complaints were investigated and appropriate actions were taken.

The provider and registered manager had ensured there were effective systems for governance, quality assurance and ensuring safe care for people. They demonstrated good leadership, and there was a clear ethos for the service, which was understood and put into practice by the staff. Systems for quality assurance included seeking the views of people living at the home, their relatives and staff about what could be improved and what was working well for them. This was done through questionnaires and regular meetings. Information for people was displayed in the home and included leaflets about people's rights and standards people should expect.

People lived in a safe environment. Rooms were decorated to individual taste and people could choose what items to keep there.

Records were well maintained, and notifications had been sent to CQC or other agencies as required by law.

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 home was safe.

Risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

People received the medicines they required in a safe way.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

There were sufficient numbers of suitably qualified staff to meet the needs of people who lived at the home.

Is the service effective?

Good ●

The home was effective.

People's consent to care had been obtained where possible and the requirements under the MCA were being followed.

People were happy with the food available and had access to healthcare services.

People received support from staff who had received regular training and support.

Is the service caring?

Good ●

The home was caring.

People told us the staff team were kind and caring and we observed staff members treating people in a caring and considerate manner.

People's privacy and dignity were respected.

People were supported and encouraged to make choices about their care and support on a daily basis

Is the service responsive?

Good ●

The home was responsive.

People's assessment and review of their needs occurred regularly and included people important in their care and support.

People's care plans focused on them as individuals and were in line with their preferences.

People and their relatives knew how to make a complaint.

People had a variety of activities for them to take part in.

Is the service well-led?

Good ●

The home was well-led.

People and staff spoke positively about the management of the home.

Staff understood their roles and responsibilities and were supported by the registered manager. They knew how to whistle blow if they needed to and could give suggestions for improvements to the home.

The registered manager was aware of their responsibilities and had carried out regular quality checks of the service.

People were consulted and involved in the running of the home; their views were sought and acted upon.

Wolborough 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 21 and 22 February 2017 and was carried out by one adult social care inspector.

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 as well as other information we held about the home before the inspection visit such as statutory notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the local authority Quality and Improvement Team and health care professionals. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people to help us understand the experience of people who lived there. During the inspection we spoke with nine people living at the home. We also spoke with four relatives who were visiting. We spoke with four members of staff, the chef and the laundry assistant. In addition, we spoke with the registered manager and deputy manager who were supported by two senior managers. We were joined by the registered provider on the second day of the inspection.

We looked at the care plans, records and daily notes for four people with a range of needs, and sampled other care plans for specific information. We looked at policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at three staff files to check that the home were operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe and well cared for living at Wolborough Court. One person said, "I like living here it feels quite safe." Another person said, "I definitely feel safe." Relatives told us they did not have any concerns about people's safety. One relative said, "I am happy [name] is here as I know there is someone here caring for him. We can now go away and not worry." Another relative told us "They feel safe and secure at Wolborough Court." We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from abuse and avoidable harm by staff who knew their responsibilities to deal with this in line with the provider's policy and procedures. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with knew how to recognise and report signs that may indicate a person was at risk of abuse. One staff member told us, "If I witnessed anything I would speak to the manager. If it wasn't dealt with I would speak to CQC." Another staff member said, "I would report anything I wasn't happy with to the manager, but I have never seen anything."

People's care plans had risk assessments of activities associated with their care routines. For example, supporting people with their mobility, personal care, nutrition and minimise risks related to skin integrity. Where people required pressure relieving equipment to maintain their skin integrity, such as pressure relieving cushions and mattresses, the registered manager ensured equipment was available. Care plans showed staff checked people's skin integrity regularly. Risk assessments provided information to staff on how to support people safely and protect them from harm or injury. We saw staff support people safely to stand and transfer from armchair to wheelchair using the identified equipment. Risk assessments were reviewed regularly or if a change had occurred in a person's circumstances to ensure staff had up to date information.

The registered manager monitored and analysed accidents and incidents and ensured staff took appropriate action to reduce the risk of a recurrence. For example, where a person was identified as at increased risk of falling they had carried out an assessment. As part of the risk reduction plan, they had placed a sensor mat near the person's chair. This alerted staff if the person got up to walk. Staff could then ensure the person had their frame or assist them to walk safely to where they wanted to go. We also saw that there were other risk assessments in place such as, personal evacuation plans for assisting people to evacuate the building in an emergency. This meant the provider had assessed risks to people and put measures in place to reduce them where possible.

Suitable recruitment procedures and required checks were undertaken before new staff began to work at the home. Checks included proof of identity, references and Disclosure and Barring Service [DBS] checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These checks helped to ensure staff were suitable to work with people at the home.

People told us they thought there was sufficient staff on duty to support people safely. One person said,

"There is always someone walking around." Another person told us, "I think there is enough staff, when you ask for help you don't have to wait long." During our inspection, we spent time observing staff interacting with people who lived at the home. We found there were enough staff around to meet people's needs and people did not have to wait long for assistance. When people used the call bell system, staff responded in a timely manner.

People received their medicines as prescribed. We observed people being given their medicines by staff and saw staff stayed with people whilst they took their medicines. Staff gave encouragement and offered people a drink to ensure medicines were swallowed. Staff signed medicine records once they had confirmed the medicine had been taken. We looked at the medicine administration records (MARs) for people and saw that medicines correlated with the MAR and there were no missed signatures indicating that a medicine was not given.

We looked at systems used to store and dispose of people's medicines and found staff were doing this safely. A medicine fridge was available for medicines that needed to be stored at a low temperature such as eye drops and insulin. All staff who gave medicines were trained and had their competency assessed before they were able to do so.

Some people living at the home received 'as required' (PRN) medicines. As required medicines are medicines that are prescribed to people and given when needed. This could include medicines that helped people when they become anxious or require pain relief. We saw staff were provided with information and guidance about PRN medicines in people's care plans.

The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

During the inspection, we observed that the home maintained a high standard of cleanliness. We saw the premises were very clean and steps had been taken to minimise the spread of infection. There were aprons and gloves available for staff to use. Relatives and people we spoke with confirmed the home was always clean and well maintained by the provider.

Is the service effective?

Our findings

People spoken with told us they were happy with the staff and felt staff had the skills and knowledge to provide the care and support they required. One person said, "They look after me well." Another said, "It's very nice, they help me when I need help." One visitor commented, "She has improved since being here and gets looked after properly."

Training records showed staff had completed an induction programme as well as mandatory training in line with the provider's policy. Training included health and safety, fire safety, manual handling, food hygiene, infection control and safeguarding adults. Staff told us when they started at the home they spent time shadowing another staff member before being permitted to work unsupervised. The registered manager explained how the induction and training was linked to the Care Certificate. The Care Certificate is the minimum standards that should be covered as part of induction training for care workers.

The staff told us they had regular training and felt supported by the management team and senior staff. One staff member told us, "The training I've had has helped me a lot." Another said, "The training is excellent. It's good to keep your minds open and stimulated." In addition to induction training, staff had undertaken training in areas which included challenging behaviour, dementia awareness, end of life care, first aid and medicines. Where more specialised training had been required in order to meet the needs of the people living in the home, this had been provided. For example, catheter care or pressure ulcer prevention. Staff training needs were regularly reviewed and discussed with them during handover, supervisions and appraisals.

Documentation showed staff received regular supervision as well as annual appraisals. Staff we spoke with were happy with the support they were given and one said, "I have supervision regularly and it is helpful." Team meetings were also held regularly and minutes were made available to staff after the meeting.

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 registered manager and staff understood the principles of MCA and told us people they supported were presumed to have the mental capacity to make decisions unless there were indications that it was not the case. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. Staff had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person, who was at risk of falling, had a best interests decision made with their family to have an alarm mat placed near their chair alerting staff when they got up. This meeting had been recorded.

People told us they were able to make choices and were included in any decisions about how they were supported. We observed staff asking people what they wanted in terms of their support, for example, what they would like to eat and drink and if they needed assistance with personal care. Care records had relevant consent forms, which were signed by the person or their representative, to agree the support provided.

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). The registered manager had made the appropriate DoLS applications to the local authority. Some people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

People were satisfied with the quality and amount of food they had been offered. We received comments that included, "It's nice food, not bad at all. I like everything", "The food is good and there are choices" and "It's all home cooking." A relative commented, "The food is good, all fresh veg. They give them something else if it's something they don't like."

We observed lunchtime and saw the interactions between staff and people were positive. Menus showed that people had a choice of healthy and nutritious meals, which were freshly prepared. Staff offered a choice of drinks to people throughout the day and checked people had enough to eat and drink. Where people chose to spend time in their rooms, drinks were available in jugs for them.

Staff had a good understanding of people's individual dietary requirements and how those needs were met. For example, staff were aware of those people who required a softened diet and how food and drink should be prepared to ensure the person's safety. Recommendations from health care professionals such as Speech and Language Therapy (SALT) were followed to ensure people had their meals and drinks in a way they could manage.

We saw nutritional assessments had been completed when people may be at risk of not taking enough food and drinks. Where specific diets and high calorie meals and drinks were required, we saw these were provided. Where a risk assessment stated a person needed to be assisted with their food or prompted to eat, this was carried out. The staff provided assistance to people to enable them to eat and drink in a dignified manner. People's weights were being monitored and where there was a concern over a person's level of nutrition or hydration, people had been referred to their GP and dietician. This showed people's nutritional needs were being met.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, district nurses, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. A visiting GP told us they had every confidence in the care at Wolborough Court. Relatives told us if any issues arose with their family member's health, the staff ensured it was appropriately dealt with and they would be fully involved and kept up to date. One relative told us, "They are spot on with caring for [name's] dressings. [Registered manager's name] sorts out any health issues."

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. There were grab rails and handrails around the home to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home. We saw signage and pictures on lifts, toilets and bathroom doors, to assist people with dementia to orientate

around the home. This helped to maintain people's independence. We saw that people's bedrooms were personalised with family photographs, ornaments and small items of furniture. There were areas on each floor for people to relax and communal areas were comfortably decorated.

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had good knowledge of each person and spoke about people in a compassionate, caring way. People we spoke with were very positive about the staff. Comments included, "It's very nice, it's like a 'home', the staff are brilliant,"

"The staff are lovely and helpful" and "The staff? - everybody loves them." A visiting health professional told us, "They seem quite helpful and very caring, friendly and approachable."

Relatives were also very happy with the care their loved ones were receiving. Comments included, "It's wonderful. I can't speak highly enough. Top marks for everything", "I can't fault it, everyone is so nice. To me it seems like they go the extra mile" and "This home is so far ahead of the rest." Some relatives we spoke with told us about their first impressions, "I just knew it was right as soon as I came through the front door. Mum often says 'It's a nice hotel, isn't it? They do look after me well', so I know she's happy here" and "As soon as we walked in we said 'this is nice'. First impressions, it was lovely."

The atmosphere in the home was warm and welcoming. During our inspection, we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people were happy to approach staff and enjoyed staff spending time with them talking with them or being tactile such as holding their hand to offer reassurance. People responded positively to staff by smiling and engaging in conversation. Staff supported people in a caring way; they spoke to people at eye level, listened to people and checked their own understanding by repeating back to the person what they wanted. We saw one person who became upset; staff sat with this person and spoke kindly offering reassurance. We observed the person responded positively and became less anxious.

People we spoke with told us they were involved in choices about their care. One person told us, "I make my own choices, what I wear, when I get up and go to bed and I go to my room when I want." We saw one person tell staff they did not want to take part in an activity. We saw staff listened to them and respected their decision. Another person told us they enjoyed spending time in their room and staff respected this. Throughout the day we saw people being offered different choices such as which room they would like to spend their time in, where they would like to sit, what they would like to eat and drink and whether they wanted to engage in any group activity.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to enable them by passing them the flannel to wash their face. When staff assisted people they explained what they were doing first and reassured people.

We saw staff respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "I always make sure the curtains are closed and the door is shut and when I am assisting with personal care, I make sure people are covered with a towel." Another told us, "I always knock on the door before going into people's rooms, and ask their permission

before helping them."

People and their relatives told us visitors could visit at any time, there were no restrictions and were made to feel welcome. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency.

The home had received feedback and a number of thank you cards from relatives. We saw positive comments from relatives giving feedback. These included, "I couldn't be happier with my Dad's care at Wolborough Court", "All the staff are very friendly, caring and courteous" and "As soon as you walk in you feel the happy atmosphere of the home." The registered manager told us they fed back compliments to the staff team during staff meetings.

People's end of life needs were planned with them. Records detailed how people would like their end of life needs to be met. People were encouraged to think about this early in life so their desires about how they wanted their end of life to be could be documented. The home was working closely with a local hospice to develop a new care plan to ensure that people at the end of their lives had all of their needs met. Each care plan was personalised to the individual. People were cared for by staff trained to support people and their families at this time.

Is the service responsive?

Our findings

People received care and support, which was personalised to their individual needs and wishes. People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person moved into the home. Each person had a care and support plan that was personal to the individual and this gave information to staff about people's needs. This included, what they could do for themselves, what support was required from staff, their preferred name, likes and dislikes, what was important to them, life history and how they communicated. For example, one person's care plan told staff that they could wash themselves with support but would need staffs' help with shaving. Guidance was provided for staff, which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. This was particularly important for people who had communication difficulties. For example, one person's care plan contained detailed information about how staff could help them on days they were feeling tearful and what their interests and hobbies were so that they could engage them in conversation that was meaningful for them.

Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, where one person had been assessed by the speech and language therapists as requiring their food to be pureed, their care plan had been updated, a risk assessment had been created and kitchen and care staff had been informed. This ensured any changes to people's needs were used to update their care and communicated to staff.

People and their relatives contributed to the assessment and planning of their care where they were able. Relatives told us, "I am quite involved. They always let me know what is going on" and "I can see the files. If I ask a question they will always get it out." This meant people and those important to them were able to contribute to the assessment and planning of their care.

People were supported to participate in activities they enjoyed and that had an impact on their quality of life. One person told us, "I enjoy the activities, I like the singing most." Another person told us, "I like being in my room now. I'm quite content in here. I have a lovely room with my music and my painting. The staff come in hourly and have a chat with me." One relative told us, "There is always something going on, they celebrate every occasion. For Valentine's day there were heart shaped balloons and cakes with hearts on them. They celebrate people's birthday's; they made mum a lovely birthday cake".

A programme of different group activities such as arts and crafts, music and singing, quizzes, church visits, board games and exercise were planned several times a week, and staff involved people in one to one and group activities each day. One person told us, "I enjoy the activities, I like the singing most." The home had two lounge rooms, one that was set up as an activity room with various games, quiz books, art equipment and a selection of books. Games and books were placed on side tables around the main lounge for people to use when they wanted. There was a large dining area and was pleasantly decorated throughout. People had access, from the lounge, to an enclosed patio area with sunshades and seating.

We saw work from the activities people were involved with displayed around the home, and people were

pleased to tell us about these. One person told us about how they each made a woollen 'pom pom' that was now part of a colourful sheep wall art display in the hall. During our visit, we saw people participating in a game with balloons as well as individual activities with staff such as spending time reading the paper, word searches and manicures. The registered manager ensured that large print newspapers and television guides were available for people to use.

The home had items placed around for sensory stimulus that people could pick up, touch and use that would evoke memories such as, an old fashion dial telephone and fiddle muff comforters with buttons and fasteners. We saw one person, who was living with dementia, had a hobby horse with them. We asked staff about this and were told the person really loved horses. A member of staff made the hobby horse for them to help engage and interact with them. A multisensory approach to interacting is particularly important when someone is living with dementia. This is because smells, interesting sounds and tactile objects can all catch people's attention in a way that other activities, such as making conversation or reading, may not any more. This meant people were supported to engage in a range of meaningful activities to meet their needs and preferences.

We saw staff supported people to pursue their own individual interests. For example, one person wanted to go swimming. The registered manager arranged for support to help them to do this. Another person was helped to celebrate a wedding anniversary and hold their party at the home.

The home had links with the community such as Sea Scout groups, visits by children from local schools, teenagers from the Princes Trust and visits from local churches from all denominations.

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the main entrance and complaints made were recorded and addressed in line with the policy. The registered manager encouraged people and staff to share their views and concerns with them in order to enable them to take action immediately. People told us they felt comfortable raising concerns with the registered manager or any other member of the senior management team were confident they would listen and take action. One person told us, "I made a complaint about my relative's laundry. I spoke to [manager's name] and it was immediately seen to and we've had no issues since". The registered manager told us that because of this complaint, the laundry systems were reviewed and improved and each person's laundry was given individual attention.

Is the service well-led?

Our findings

There was strong and supportive leadership at Wolborough Court. The leadership of the home comprised of the registered manager and deputy manager. The registered providers and senior management team regularly visited the home and provided additional support and leadership to staff. Staff told us the management team led by example to ensure staff provided people with a high standard of care.

People at the home knew the registered manager and staff told us the manager spent time talking to people and making sure they were happy. One person said, "I know who the manager is. She comes round and has a chat with everyone" Staff commented they had confidence in the management and felt the home was well led. Staff felt confident to speak with the registered manager if they had suggestions for improvement or concerns. One member of staff said, "The manager is very supportive and listens to what we say."

The culture within the home was nurturing, caring and encouraged transparency. The home had a warm and friendly environment which was welcoming to the people that lived there and the people that visited. Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team to meet people's needs. One said, "We are managed well and we support each other" another said, "We are a great team." There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on. One told us "I think the leadership is excellent. I have a really good relationship with [manager's name] and all of the manager's. I find them very approachable."

Staff were encouraged to share their views and provide feedback in order to improve the service. Regular staff meetings took place in which staff were asked for their views. Staff were also asked to complete surveys regularly and any feedback provided was reviewed and acted on where appropriate.

Wolborough Court is owned and run by the Devon Care Group. The provider's ethos and philosophy of care was to provide the best possible standards of care. This enabled people to live their lives to their full potential ensuring they were shown respect and dignity in an atmosphere of security and comfort, in a caring and happy home. Staff had a clear understanding of these values and told us they strongly believed in people's right to make their own decisions and live their life as they chose.

People benefited from a high standard of care because Wolborough Court had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits and checks, action plans were created and action was taken by the provider and registered manager when areas requiring improvement were highlighted. This supported the home in providing a quality of care that considered people's health, welfare and safety at all times.

People, their relatives and healthcare professionals were encouraged to give feedback. Yearly surveys were sent out to people and their relatives. Once these surveys had been completed and returned, they were

analysed and action plans were created to respond to any issues raised. The results of the 2016 survey showed a very high level of satisfaction. People were also asked for their views in the form of residents meetings. The registered manager spoke with people on an individual basis to ensure they captured the views of people who did not want to attend residents meetings. We also saw suggestion boxes around the home inviting people to raise ideas, suggestions or concerns. This was checked regularly by the manager. Information for people was displayed in the home and included leaflets about people's rights and standards people should expect.

Records were stored securely and staff had easy access to the information they required. People's care records were organised and staff ensured that daily updates on each person's well-being were recorded. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time.

The home had notified the Care Quality Commission of all significant events such as deaths and serious injuries, which had occurred in line with their legal responsibilities.