Dovecote View Limited

Dovecote View Chichester

Inspection report

Claypit Lane
Westhampnett
Chichester
West Sussex
PO18 0NT

Tel: 01243779080

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Dovecote View is registered to provide support and accommodation for up to 29 people. It provides a service to people which includes older people, people living with a physical disability, sensory impairment and some people living with dementia. It also provides respite and day care. Accommodation is provided over two floors and the home is set in its own grounds and is situated in Westhampnet, West Sussex.

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.

People and relatives said they felt safe and secure and had no concerns about safety at the home. Staff understood local safeguarding procedures. Staff knew what action to take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People received their medicines safely.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely.

Staff received regular training and there were opportunities for them to study for additional qualifications. Staff were supported by the management through supervision and appraisal. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found the registered manager understood when an application should be made and how to submit one.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences and people were able to bring in personal items to decorate their rooms.

People were supported by kind and caring staff who understood their job role. Staff took time to engage with people, providing reassurance and support. People had developed relationships with staff and told us the staff were kind, caring and that they treated them respectfully. Staff understood how to care for people in a sensitive way.

People were involved as much as possible in planning their care. The provider had introduced a computer based care planning system and this provided information about people's support needs. The registered

manager and staff were flexible and responsive to people's individual preferences and ensured people were supported in accordance with their needs and abilities. People were encouraged to maintain their independence and to participate in activities that interested them. People were supported to express their religious beliefs and to maintain their cultural or religious needs

The service was well led. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. The registered manager and deputy manager monitored the delivery of care.

A system of audits were in place to measure and monitor the quality of the service provided and this helped to ensure care was delivered consistently. Suggestions on improvements to the service were welcomed and people's feedback was encouraged.

There was a clear complaints policy and people knew how to make a complaint if necessary.

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.

Potential risks were identified and managed. Risk assessments were in place to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who were appropriately trained.

Is the service effective?

Good

The service was effective.

Staff received training to provide effective care and support. The staff were knowledgeable about their roles and understood how to provide appropriate support to meet people's needs.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards (DoLS) was understood by the registered manager and staff.

People had access to a choice of meals and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. People spoke highly of the staff at Dovecote View.

People felt involved in making decisions relating to their care and were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were responded to in line with the provider's policy.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The provider and registered manager carried out a range of audits to ensure the effective running of the service.

Dovecote View Chichester

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 inspection took place on 8 August 2016. The inspection was carried out 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 any improvements they plan to make. We also looked at statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people and how people were supported in the communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at plans of care, risk assessments, incident records and medicines records for four people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, quality feedback surveys and records relating to the management of the service such as audits and policies.

During our inspection, we spoke with 12 people who used the service and three relatives. We also spoke with the registered manager, the cook, two domestic staff members and four care staff.

The service was last inspected in July 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People were safe at the home and told us they felt safe and had no concerns. One person told us "I am well looked after, staff are always around to help". Relatives said they were happy with the care and support provided. One relative said "I am very happy, the staff are so good, it gives me peace of mind to know (named person) is safe and well looked after".

The registered manager had an up to date copy of the West Sussex safeguarding procedures to inform staff on how to report any concerns. She understood her responsibilities in this area to report any suspected abuse. There were notices and contact details regarding safeguarding procedures on the notice board. Staff told us they were aware and understood the different types of potential abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

Risks to people and the service were managed so that people were protected. In order to help keep people safe there were risk assessments in people's care plans. These identified any risks and also provided staff with information on how the risk could be minimised. There were also environmental risks assessments in place, such as from Legionella or fire. There were emergency plans in place so that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building which had recently been updated and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

We viewed staff recruitment files for three staff members. Recruitment records contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with staff who confirmed this and told us their recruitment had been thorough.

The registered manager told us there was a team leader and four care staff on duty between 8am and 8pm. Between 8pm and 8am there were two members of care staff on duty who were awake throughout the night. In addition the registered manager worked flexibly alongside care staff to provide additional support as required. The provider also employed domestic, laundry and kitchen staff, a maintenance person and an activities co-ordinator who all worked flexibly to meet people's needs and ensured the care staff could focus on people's care. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us staffing levels were based on people's needs. They said they did not use agency staff as the permanent staff would complete overtime to cover any additional care hours which may be needed and for sickness and annual leave. Our observations and comments from people relatives and staff confirmed there were sufficient staff on duty to meet people's needs.

Peoples' medicines were managed and administered safely. The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines. Storage arrangements for medicines were

secure. The provider had introduced a computer based medicines procedure. This contained records of all medicines and people's medicine administration records were stored on a computer. We spoke with the registered manager who explained how the system worked. The system detailed what medicines were required for each person at different times of the day. Each person had their own record and once medicines were administered the staff member would record this on the computer. If anyone failed to receive their medicines the computer system would alert staff to this fact. There was also a clear protocol for when to administer medicines to be taken on an 'as required basis'. Staff recorded why the medicine was given. This meant that medicines were managed so that people received them safely and as prescribed.

All staff who were authorised to administer medicines had completed training and competency assessments to ensure medicines were administered safely. One member of staff told us "It's much better than the old system of recording on medicine administration charts. It took a little while to get used to but now it works really well". We asked the registered manager what would happen if the computer system failed and they said they had paper records so that people would always receive their prescribed medicines. She told us she was very pleased with how the new system was working and said the system enabled her to check and audit medicines easily.

Good

Is the service effective?

Our findings

People said staff met their needs and they were well cared for. One person said, "I am well looked after here, the staff are all very good". Another person said, "I have lived here about three years and everything is fine for me, I have no complaints". Relatives said their loved ones were well cared for. One relative said, "It's a great place, everyone is so friendly and the care is really good". Another said, "All the staff are very good, I feel lucky to have found Dovecote View". People told us the food was good and there was always enough to eat and they could see the GP whenever they needed to.

Training was provided to staff through two training organisations by means of distance learning or face to face sessions. Distance learning required staff to complete a workbook followed by a question paper which was sent to the training organisation for marking. If a successful pass mark was achieved staff were awarded a certificate. If staff did not reach the required standard they were expected to re take the training. We saw that training included emergency first aid, moving and handling, safeguarding, food safety, the Mental Capacity Act, infection control, health and safety, care planning, common health conditions, medicines, equality and diversity, understanding dementia and privacy and dignity. The provider had an online system to manage training. The registered manager showed us how the system generated alerts when training was due. On the system it was clear when training was due to expire. Staff said the training was good and that if they asked for any specific training this would be provided for them.

The registered manager said that all new staff members would be expected to complete an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. The registered manager told us any new staff would be enrolled on the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. She explained that new recruits who had not previously worked in care would be expected to complete the Care Certificate.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 21 care staff. Records showed that two people had signed up to undertake additional qualifications in the near future. Fifteen people had already completed qualifications such as National Vocational Qualifications (NVQ) or Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff also completed training at a local college. The registered manager said, she and the deputy manager regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

Staff received regular supervision every four to six weeks and records were up to date. The registered manager told us that each staff member received regular supervision and staff also had an annual appraisal. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk

with the registered manager or deputy manager. Staff said communication was good with everyone and that everyone worked together as a team.

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. We asked staff about issues of consent and their understanding of the MCA. Staff understood the basic principle that people should be assumed to have capacity unless it had been assessed otherwise. The registered manager and staff had a good understanding of the implications of the MCA. People's care plans included capacity assessments.

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 and staff understood their role and the procedures to follow under this legislation. The registered manager said that at present there were two people who were subject to DoLS and these had been approved by the local authority DoLS team.

The registered manager told us that although some people were living with dementia, people were able to make day to day choices and decisions for themselves. We observed staff explaining to people what they were doing and gaining their consent before providing support. People told us that they were able to make their own decisions. One person said "They know what help I need but they always explain what they are doing, they talk to me and ask me if everything is OK". This meant that people were able to exercise as much choice as possible in their day to day lives.

People told us the food was good and they were supported to have sufficient to eat and drink. A relative told us, "The food is very good, there's always plenty to eat and drink". We spoke to the cook who told us breakfast was normally cereals and toast with bacon and eggs available if people wanted it, they said people could choose what to eat. Lunch was the main meal of the day and there was a two week rolling menu which was changed seasonally. There were two choices for main course and dessert and these reflected people's own preferences and choices. The cook said if the choices were not to someone's liking then additional meals could be made such as jacket potato, omelettes or salad. Supper was a snack type meal such as soup, egg on toast or sandwiches. The cook told us that there was always a range of food in the fridge so that staff could make a snack or sandwich for people at any time if they wanted this. Each person's health needs/allergies and special needs were catered for. The cook had a list for those people who required fortified meals together with people who had specific needs such as pureed diets and those who were diabetic. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

We observed the lunch time meal and this was a social occasion. Staff were attentive to people's needs. As meals were served staff explained to people what the dish was and asked if the person would like assistance in cutting up the food. People who required assistance were supported by staff and we saw that people were appropriately supported, given sufficient time to eat and were not rushed.

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. The registered manager said people were registered with different medical practices in the local area. People had access to a range of healthcare professionals and these were

arranged through GP referals. Visits from professionals were recorded in people's care notes, along with any advice or guidance given.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. Comments from people included, "All the staff are very good, they are very attentive", "The girls are always kind and gentle "and, "I am very happy, everyone is kind and treat me very well, I am very content". People were seen to be well looked after and staff were kind and caring when providing support. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said, "The staff are all kind and caring. Everyone is treated with dignity and respect".

The registered manager said that staff were constantly reminded that if the care and support provided was not good enough for their own families then it was not good enough for anyone living at Dovecote view. She said that staff had attended training on compassion awareness at a local hospice and said this was really appreciated by staff who told her they had learnt a great deal from this training.

We saw that staff took time to explain to people what they were doing and communicated with them in a way that people could understand. Staff used people's preferred form of address, showing them kindness, patience and respect. Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. We observed that people were dressed appropriately for the time of year and everyone was well groomed. People's rooms were decorated in line with their personal preferences and people were able to bring in personal items to decorate their rooms.

One member of staff said "Personal care is always carried out in private in people's own rooms" They explained that they made sure the bedroom door was closed and always checked with people before carrying out any care tasks. Another staff member said "Dignity and respect is so important to people, they would like to do things for themselves but this is not always possible so we support them discretly".

People were confident and comfortable with the staff who supported them. We observed that staff spent time listening to people and responding to their questions, we saw staff engaging with people and chatting as they went about their duties. Throughout our visit staff showed people kindness, patience and respect. There was a good rapport between staff and people. We observed there was a relaxed atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately. We observed people moving around the home independently, some used walking frames and although staff were on hand to offer support if required, they offered encouragement and support and allowed people to go at their own pace

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

There was information on the notice board in the entrance to the home about local help and advice groups,

including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us she would support people to access an appropriate service if people wanted this support.

Good

Is the service responsive?

Our findings

People were well looked after. People told us they liked living at Dovecote View. One person said, "They (staff) look after me very well, they know what I like and don't like and help me whenever I need it". Another person said, "I am quite independent but I know there's someone to help if I need any assistance". Relatives said staff kept them updated on any issues they needed to be aware of. One relative said, "The staff are very good, they know (named family member) very well and know his little ways and what he does and does not like".

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. Staff supported people to send cards and some people spoke to relatives on the phone each day.

Not all people knew they had a plan of care but understood that there were records kept about them. One person said "I know they have to keep records so they can prove what they do". The registered manager told us that people and their relatives were involved in planning their care as much as possible. People told us that they were quite happy with the care they received. We were told staff always involved them in decisions relating to their daily care and how they wished to spend their time.

The provider had introduced a computer based care planning system. Each person had an individual care plan which was person centred. People's care needs were documented so that staff knew how people wished to be supported. People had care plans for the following: communication, skin care, mobility, continence, personal care needs, eating and drinking, pain management, social, cultural and spiritual needs, sleep and resting and personal safety. On the front page of the care plan each person had a summary of their care needs, which could be expanded to give staff more detailed information. For example the summary for one person on sleep and resting said, '(Person) likes commode by bed at night and prefers not to be disturbed at night'. The more detailed plan went on to explain '(Person) gets themselves ready for bed between 6pm and 7pm. Likes a hot drink around 7pm, likes commode by bed, prefers light to be turned off to aid sleep and does not wish to be disturbed during the night and likes bedroom door to be closed'. This meant that staff had the information they needed to provide support to people in the way they preferred.

Staff told us that they were unsure about the new care planning system at first but now they had got used to it they felt it was much better than the old paper system. Staff told us they accessed people's care plans by use of a laptop computer or via a computer tablet. Each member of staff had their own log-in and password to access the system. The registered manager said there were two laptops and eight tablets available for staff to use. We saw that a paper copy of each person's care plan was kept in the emergency file so that information was still available for staff should the home need to be evacuated. The registered manager said she also had access to all the computer records through her mobile phone and this was password protected to prevent any unauthorised access.

Care plans were regularly reviewed and when a person's needs had changed the care plan was updated to

reflect this. For example, the care plan for one person dated May 2016 stated the person may need a soft diet and staff were instructed to monitor this person's food intake. We saw that the care plan for June 2016 had been amended as a result of input from a Speech and Language Therapist (SALT). The care plan now stated the person needed a fork mashed diet with meat to be pureed. This information was also passed to the cook. This meant that the care plan reflected the person's needs at a particular time. Staff told us that the care plans reflected the current support people needed.

Staff told us they were kept up to date about people's well-being and about changes in their care needs at the handover which was carried out before commencing their shift. The handover was conducted by a senior care staff member. The handover gave an update to staff on any person whose needs had changed. We observed the handover at 2pm and this gave staff the information they needed about how people had been throughout the morning shift and what additional information they needed to be aware of. Staff told us that the handover was really valuable in getting to know people's current care needs. The handover and updated care plans ensured staff provided care that reflected people's current needs.

We observed that staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in with activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they understood people's needs. During the course of the inspection we observed that when people requested assistance by using their call bells, these were responded to swiftly by care staff.

Dovecote View employed an activities co-ordinator who organised activities for people. We saw there was a range of activities provided for people. A monthly newsletter was produced and this detailed what activities were taking place throughout the month and activities included quiz, games, TV and radio, tea and cakes on the patio, coffee afternoons, flower arranging, gardening, arts and crafts, exercise and walks, cake decorating, manicures, summer BBQ and a range of trips out in a mini bus to attractions. On the afternoon of our visit we saw people taking part in an interactive talk facilitated by a visiting speaker who engaged people with a talk, video and music from the 1960s. Staff went round and informed people that the talk was about to start so people could choose whether to be involved or not. We saw that a large group of people came down to the main lounge to take part in this activity and we observed good interactions from people attending. The registered manager told us there were seasonal events organised such as summer, Christmas and Easter events with local organisations. People were supported to express their religious beliefs and to maintain their cultural or religious needs. We saw a Church service was organised to take place on Sunday 14 August .

The service routinely listened and learned from people's experiences, concerns and complaints. People and relatives told us they were confident any concerns would be dealt with appropriately. The provider's complaints policy was displayed in the home. People told us they had not made any complaints. A relative told us, "I would know how to complain if I needed to" Another relative told us, "I would speak with the manager or a member of staff, I am sure things would get sorted out." The registered manager told us that complaints were logged and dealt with appropriately. She showed us the complaints log which was kept on the computer system and this showed that complaints were dealt with in line with the provider's policy and procedures. The registered manager was also able to show us a range of compliments that had been recived from satisfied people and relatives regarding their time spent at the Dovecote View.

Good

Is the service well-led?

Our findings

People said the home was well run. Comments from people included: "I never have any problems and I'm sure that's because the home is well run". "Communication is very good, you can speak with anyone and if you ask for anything its done straight away". "I am very happy, there is nothing I would change". And "I like living here and would recommend this to my friends". Relatives also commented on the good communication between the manager and staff and one person said "If I ever have any questions I get a straight answer. Everyone is good and there is always someone around to talk to if I have any problems,"

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

We saw the provider had a Vision, Mission and Values statement displayed in the entrance lobby. This was to provide high quality care and support for people. To support staff to devlop their knowledge and skills and to provide them with ongoing supervision and support. Staff told us they fully supported this statement and said this reflected the care and support provided to people and staff.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager and deputy manager were approachable and had good communication skills and that they worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. She said that she and her deputy regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved.

The manager was knowledgeable about the people in the service and she walked around the home each day and spent time with them. This enabled her to check how people were supported and to monitor staff and their delivery of care. The registered manager said she spoke with people and staff to discuss any issues they may have. People told us that the manager was nice and easy to get on with and was around if they wanted to speak to her. Staff also confirmed that the registered manager spent time offering support and said that she was approachable and they were able to talk with her if they had any issues.

In order to ensure her own personal knowledge and skills were up to date the registered manager told us she had attended learning events and kept up to date with current practice. She did this through reading journals, care publications and the CQC website. She had her own training log which showed what traning she had completed and said she was always on the look out for any additional training which would help

her to improve the service for people. The registered manager said that any learning she attained was passed to staff so they in turn could benefit. She was aware of the local authority managers forum, where managers from other care homes in the area met to discuss common issues. However she said she had not yet been able to attend due to other commitments but intended to go to these meetings to discuss issues and share best practice. The showed the registered manager was committed to improving the service that people received by ensuring her own personal knowledge and skills were up to date through continuing professional development.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the previous staff meetings and the minutes contained information about who had attended and gave information about the topics discussed. There was also action points to take forward together with information on who was responsible for taking this action. However there was no information about any outcomes from previous meetings. This meant it was not possible to evidence that the action point from the previous meeting had been addressed. The registered manager told us that in future minutes would provide information from the previous meetings to show staff that appropriate action had been taken for any point raised.

The provider had a policy and procedure for quality assurance. The registered manager carried out a range of audits to monitor the quality of service provision. Checks and audits that took place included; health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents, audits of activities and audits of concerns, complaints or incidents. The registered manager said that an investigation of an incident had identified that there had been a delay in calling for a GP visit for a person who was unwell. The registered manager had identified this shortfall and all staff had been instructed to ensure early interventions took place so that if staff were in any doubt they should call for assistance.

Questionnaires were sent to people and their representatives to ask them their views on how the provider was meeting people's needs. We saw completed questionaires and these showed the majority of people rated the home as good or excellent. Relatives we spoke to confirmed that the home was open to their views. The provider had also registered the home with an on line company where anyone could comment on the quality of the service provided at the home. People could complete an on line form and write their own review of the service provided. The company verified all responses were genuine before allowing them to be displayed on the website. The registered manager said that to date 16 reviews had been submitted with an average score of 9.6 out of 10.

Records were kept securely. All care records for people were held in individual files which were stored in the care office. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.