

Your Health Limited

Redmount Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Redmount residential care home provides accommodation and personal care for up to 40 older people who may be living with a dementia. At the time of our inspection there were 21 people living at the home. The service offers both long stay and short stay respite care.

This inspection took place on the 19 and 26 May 2016, and was unannounced. The inspection team consisted of two adult social care inspectors. The service was previously inspected on the 29 May and 3 June 2015, when we found improvements had been made, but further improvements were still needed in relation to medicine administration and some areas of record keeping. Following that inspection the provider sent us an action plan telling us how they were going to meet this regulation. At this inspection in May 2016, we found that improvements had been made.

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 2008 and associated Regulations about how the service is run.

People said they felt safe and well cared for at Redmount their comments included "I do feel safe" "the staff are very kind and would do anything for you" "they call the doctor right away" "I'm very happy here". Relatives told us the staff were brilliant, people are safe and well looked after. One relative said "I wouldn't change a thing I'm perfectly happy with the care of [person name]. One health care professional said the staff were very caring and compassionate and people were safe and well looked after. We saw people were happy to be in the company of staff and were relaxed when staff were present.

People told us they were happy living at the home, staff treated them with respect and maintained their dignity. Throughout our inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. People and relatives told us they were involved in identifying their needs and developing the care provided. People's care plans were informative, detailed and designed to help ensure people received personalised care. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them.

People who used the service told us they knew how and were able to raise concerns and there were systems to help ensure people were protected from all forms of abuse. Staff had received training in safeguarding vulnerable adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and whom they would report concerns to.

People told us there were sufficient staff on duty to meet their needs one person said there was always someone around and they have time to "sit and talk". The registered manager used a dependency assessment tool to review staffing levels which was based on people's changing needs and adjusted the rota

accordingly.

People were encouraged to take an active part in the running of the home. We saw that two people had recently been appointed to the home's interview panel of future employees. Recruitment procedures were robust and records demonstrated the registered manager had carried out checks to help ensure that staff employed were suitable to work with vulnerable people.

People received their prescribed medicines on time, in a safe way, and given the time and encouragement to take their medicines at their pace. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. We saw from records, changes of directions had been appropriately documented and double signed on MARs and recorded in people's care plans. Staff had received training in the safe administration of medicines.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had detailed risk assessments, which covered a range of issues in relation to people's needs. Accidents and incidents were recorded and reviewed by the registered manager who collated the information to look for any trends that might indicate a change in people's needs, reviewed staff practice and updated people's risk assessments and care plans accordingly.

People told us the staff knew them well and they were happy with the care and support they received. People said staff responded quickly to their needs and sought help and advice from health care professionals when needed. We saw the home engaged proactively with health and social care agencies and acted on their recommendations and guidance to improve people's wellbeing and people had access to a range of health care services.

People told us staff received lots of training; one person said "they have it every week". People were supported by staff who were knowledgeable about each person's individual care needs and provided care and support in line with people's wishes. New staff undertook a detailed induction programme which followed the Skills for Care framework, including the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Individual training records showed staff received regular training, support and supervision. The home had appointed Dignity and End of Life Champions and several staff including the registered manager had become Dementia Friends which is an initiative run by the Alzheimer's society.

Staff demonstrated a clear understanding of the principles of the mental capacity Act 2005 (MCA) in their practice. People told us they were involved in all aspects of their care and support. We saw staff sought people's consent throughout our inspection and made every effort to help people make choices and decisions.

People told us they enjoyed the meals provided by the home. Their comments included, "the food is gorgeous," "I enjoy the food here," and "there's always plenty of choice." People were freely able to help themselves to snacks and drinks when they wanted, and we saw people who were not able, being offered snacks and drinks throughout the day.

People and staff told us that the home was well managed. The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. There were good systems in place for staff to communicate any changes in people's health or care needs through handover meetings. Regular staff and head of department meetings enabled staff to discuss ideas about improving the service.

People who used the service told us they were encouraged to share their views and were able to speak to the manager when they needed to. Resident's meeting were held regularly and we saw people were able to discuss all aspects of the home and the care provided, where people had raised concerns or suggested new approaches these had been adopted.

The registered manager carried monthly audits to review health and safety practices such as fire safety, equipment checks, medicine audits and analysis of accidents and incidents.

Records were stored securely, well organised, clear, and up to date.

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.

People said that they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were knowledgeable about people's care and support needs.

Staff received regular training to carry out their roles and received regular support and supervision.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

People were supported to make decisions about their care by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People received person-centred care from staff who treated people with dignity, respect and compassion.

People were supported by staff who were knowledgeable about their needs, likes, interests and preferences.

People were supported and encouraged to be as independent as possible.

People were supported to make choices and decisions about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's needs and support was being provided in a flexible way that suited them.

People were encouraged to take part in activities that interested them.

People were supported to raise concerns or complaints and people were confident that the registered manager would act upon them.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and the staff said the service was well-led. They found the registered manager approachable.

Staff enjoyed their work and told us the management were always available for guidance and support.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements.

Redmount Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. During the inspection, we spoke and met with 12 people who used the service. We looked at the care of five people in detail to check they were receiving their care as planned. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us, but we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at the care records for five people and how the service managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three staff, how the service reviewed the quality of the care and support it provided, as well as records relating to the management of the service. We spoke with six members of staff and the registered manager. We looked around the service and grounds which included some bedrooms (with people's permission). We also spoke with four relatives of people currently supported by the service. Following the inspection, we sought and received feedback from three health and social care professionals who had regular contact with the service.

Is the service safe?

Our findings

At our inspection on the 29 May and 3 June 2015, we found improvements were needed in the way changes to medicines were recorded on peoples Medicine Administration Records (MARs). At this inspection we found improvements had been made.

People received their prescribed medicines on time, in a safe way, and were given the time and encouragement to take their medicines at their pace. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. The service used a monitored dosage system (MDS) provided by a local pharmacy on a monthly cycle. When medicines arrived at the service the MARs showed that they had been counted into stock and staff had signed to say the right numbers had been received. Medicine stock levels were monitored to ensure that they only had the required levels necessary each month. The service had appropriate arrangements in place to dispose of unused medicines, which were returned to the pharmacy. Medication administration records contained a picture of the person, clearly identified people's allergies and protocols for 'as required' medicines (PRN). Staff told us they had received training in the safe administration of medicines. We saw from these records where changes to prescriptions had been made these had been appropriately documented. This meant there was an effective audit trail to ensure medicines were being given as prescribed.

People said they felt safe and well cared for at Redmount, their comments included "I do feel safe" "the staff are very kind and would do anything for you" "they call the doctor right away" "I'm very happy here". Relatives told us that the staff were brilliant and people were safe and well looked after. One relative said "I wouldn't change a thing, I'm perfectly happy with the care of [person's name]. One health care professional said the staff were very caring and compassionate and people were safe and well looked after. We saw people were happy to be in the company of staff and were relaxed when staff were present.

There were systems to help ensure people were protected from all forms of abuse. Staff had received training in safeguarding vulnerable adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse were displayed in the staff office along with telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the registered manager. They knew which external agencies should be contacted should they need to do so.

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. One person said, "I never have difficulty getting hold of them". Another person told us "there is always someone around and they have time to sit and talk". One relative told us "there always seems to be plenty of staff when I visit and they have time to sit and talk to people which is important." The registered manager told us they used a dependency assessment tool to review staffing levels which was based on people's changing needs and adjusted the rota accordingly. Records demonstrated that staffing levels had been adjusted where they had been identified. During the inspection,

we saw that people using the main lounge received assistance when they need it and staff quickly responded to people's call bells.

Recruitment procedures were robust and records demonstrated the registered manager had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks).

Risks to people's health and safety had been assessed and regularly reviewed. Each person had detailed risk assessments, which covered a range of issues in relation to people's needs. For example, risks associated with skin breakdown, malnutrition, falls and mobility had been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk, as well as action staff should take in order to minimise these risks. We saw that one person's mobility assessment indicated that the person was no longer able to move around independently and needed staff assistance. Information was given to staff about how to provide this support safely and what equipment they should use. Another person's skin integrity had been assessed at being at increased risk. This person had a specialist pressure relieving mattress in place and staff had been instructed to support them to change position every two hours, which we saw happening.

Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency. These plans gave clear guidance to staff and others about the level of reassurance and assistance each person required. This meant people's safety was protected during the evacuation of the building in the event of fire or other emergency. First aid boxes were accessible and staff had been trained in first aid.

All accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate a change in a person's needs. Reviewed staff practice and updated people's risk assessments and care plans to ensure that any risks identified were minimised. This information was sent to the company's head office as part of the weekly managers reporting schedule. We saw from meeting minutes that this information was discussed with the staff team to ensure any lessons learnt and action taken to minimise risks were shared.

People were kept safe as the registered manager and staff carried out a range of health and safety checks on a weekly, monthly, and quarterly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting and equipment. We saw that risk assessments were reviewed regularly in accordance with company policy.

Is the service effective?

Our findings

At our inspection on the 29 May and 3 June 2015, we found improvements were needed in the way the home recorded people's weight and food & fluid intake. At this inspection we found significant improvements had been made.

People told us they enjoyed the meals provided by the home. Their comments included, "the food is gorgeous," "I enjoy the food here," and "there's always plenty of choice." One relative told us "there is a good variety of food available the chef always asked [person name] what they liked and if they didn't have it they went out and brought it especially for them". People were able to choose where they had their meals and we saw people were able to have their meals in the dining room, their bedrooms and in the conservatory if they wished. Meals looked appetising, and each table had a menu. People, who did not wish to have the main meal, could choose alternative meals. One person told us they were a fussy eater and were always able to choose something else if they didn't like the choice on the menu. It was clear that meal times were a social occasion, enjoyed by all as we heard people laughing and chatting. Throughout the inspection, we observed staff offering people choices during meal times and tea, coffee, soft drinks and wine were freely available. People were freely able to help themselves to snacks and drinks when they wanted. We saw people who were not able to help themselves being offered snacks and drinks throughout the day. Light bites were available in both lounges and dining room which included fruit, crisps and biscuits. People were able to order soup, yoghurt and cheese & biscuits from the kitchen when they liked. People said this was great idea as they were able to help themselves to something to eat and drink when they wanted.

The chef had been provided with detailed guidance on people's preferences, nutritional needs and allergies which were reviewed and updated regularly. Where people required soft or pureed diets, because of their health needs, each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. People's individual care records contained food and fluid intake charts, nutrition, hydration and swallowing assessments, likes and dislikes, allergies, risk assessments and weight management records. We saw that these records contained up to date and accurate information. This meant there was a range of safeguards in place to promote people's dietary support needs.

People told us the staff responded quickly to their needs and sought help and advice from health care professionals. One person told us they "Spoke to [person's name] this morning and they phoned the doctor straight away and they're coming out to see me this afternoon, they're very good here". We saw the home engaged proactively with health and social care agencies and acted on their recommendations and guidance to improve people's wellbeing. People had access to a range of health care services and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People's care plans included details of their appointments with health care professionals and healthcare professionals confirmed that staff made referrals quickly when people's needs changed.

People told us staff received lots of training; one person said "They have it every week". Staff told us they received training to ensure they knew how to effectively meet people's needs. New staff undertook a detailed induction programme which followed the Skills for Care framework, including the Care Certificate.

This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Individual training records showed staff received regular training in various topics including, dementia care, safe medicine practices, first aid, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), infection control, pressure area care, moving and handling, and nutrition. Staff were supported to develop their skills and were given the opportunity to take on increased responsibility. We saw that the home had appointed one member of staff as their Dignity Champion and a further two staff members had been appointed as End of Life Champions. Several other staff including the registered manager had become Dementia Friends which is an initiative run by the Alzheimer's society.

Staff told us they received regular individual and group supervision where they were able to discuss people's care needs, identify any concerns and plan their training and development support. Group supervisions were also used to discuss care topics in detail, such as positive risk taking, infection control or pressure area care. The registered manager assessed staffs' knowledge by observing staff practices and recording what they found. Records contained information on what had been observed, what the staff member did well, what had not gone so well and any action that needed to be taken to address any concerns

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. Most people who lived in Redmount were living with dementia, which affected their ability to make some decisions. Staff told us they had received training and demonstrated a clear understanding of the principles of the MCA in their practice. People told us they were involved in all aspects of their care and support, attended regular review meetings and had access to their records. We saw staff sought people's consent and made every effort to help people make choices and decisions.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the registered manager told us that a number of DoLS applications had been made and they were awaiting the local authority to carry out the assessments. The home had a keypad system in operation which meant that people could only leave the home if accompanied. However not everyone living at the home had been assessed as unsafe to leave. These people were given the keypad number to the front door, ensuring that their legal rights were protected and they were not deprived of their liberty.

Is the service caring?

Our findings

People told us they were happy living at the home. One person said, "I'm very happy living here, it's a lovely home and staff are always available when I need them, even at night". Another person told us "I feel well and truly looked after, staff are popping in to see me all day long". There was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people with kindness and compassion. Staff told us "I love working here." Another staff member told us "I love my job it's amazing". Relatives told us "the staff are really good here and they have a good rapport with [person name]. Another relative told us the "the care was previously inconsistent but since [registered manager] came the care has been A1 you can't fault [registered manager] they have made a real difference." Health care professionals spoke very highly of the home, staff and registered manager. One health care professional told us the staff had a real compassion for people and their relatives.

People told us staff treated them with respect, maintained their dignity and were mindful of their need for space and privacy. The home had appointed a Dignity Champion who had taken on the role of a mentor to other staff, and raised awareness of the importance of respecting and supporting people's dignity. During the inspection, we saw that staff had time to sit with people and showed a genuine interest in people and their lives. Staff knocked on people's doors and waited before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Staff were sensitive to people's needs and provided reassurance. Staff gently encouraged people to be as independent as possible and allowed people time to complete care tasks themselves. People's care plans were clear about what each person could do for themselves and how staff should provide support. People told us staff respected this and they didn't feel rushed. We observed staff supporting people actively to make choices.

People and relatives told us they were involved in making decisions about their care and said staff continually asked how they would like to be supported. People felt their views were listened to and respected. We saw from people's care records their views had been sought as their needs had changed. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For example we saw staff asking people where they would like to have their lunch as well as offering choice with food and drinks. Staff told us one person liked to listen to classical music in bed and we saw this was happening. People, who were able to tell us about their experiences, were positive about the care and support they received. One person told us "I don't ever want to live anywhere else and I wouldn't change a thing"

The registered manager told us they were passionate about providing the best possible care for people to remain at the service at the end of their lives. Staff received end of life care training, and told us people's relatives were welcome to stay at the home and a bed was always available for them. This meant relatives could spend time with their loved ones in their final days. The service had received numerous letters of thanks from relatives. We looked at a sample of those received this year and the comments were very complementary. One relative had written, 'thank you all so much for the love and care you showed (person

name) you will never know how much we appreciate it'.

Is the service responsive?

Our findings

People and relatives told us they were involved in identifying their needs and developing the care provided. The registered manager told us they carried out an Initial assessment of each person's needs before and after they moved into the home. This meant that people had choice in how their care was delivered and helped ensure that people received care and support, which was personalised.

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Care plans provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. Where people's care plans identified they needed support to manage long-term health conditions, staff had sought professional advice and guidance which had been incorporated into the person's plan of care. For example, one person's care plan provided guidance for staff on how to help the person to manage their diabetes. Their care plan provided staff with information on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take.

People told us they were involved in their care planning and reviews and asked how they felt about the care they received. One person told us they were involved in writing their care plan. They said "it took all morning and I was asked how I wanted my care provided". Each person's care plan included information on the level of support the person normally required with specific tasks and had been regularly reviewed and updated to ensure they accurately reflected the person's current care needs. Where a person's needs had changed this was documented during the review process and additional guidance provided for staff on how to meet the person's changing care needs. People were supported by staff that had a good understanding of their needs and were skilled in delivering individualised care and support. Relatives told us that the staff actively encouraged their involvement in people's care reviews and kept them fully informed of any changes in people's needs. Staff spoke about people knowledgeable and demonstrated a detailed understanding of people's needs and preferences.

Where people had specific needs relating to living with dementia guidance had been provided for staff in how best to support people. For example, one person was known to become distressed and anxious. The home had sought professional guidance and developed a plan for staff to follow to support this person's well-being and minimise the impact this might have. Staff were able to describe how they supported this person during these times.

The home had employed a life style co-ordinator who was responsible for the home's activity programme and developing social interactions. This person also produced the home's monthly newsletter which highlighted recent events, informed people of changes to the home and let them know about upcoming events. We saw from the May 2016 edition that the home had developed links with the local community and hosted a variety of events which included the "Biscuit Band Project". This was a musical session which brought together young and old as well as local professional musicians, playing old and original music together with lots of laughter and great singing. The newsletter also features recent trips out for example to the Living Coasts in Torquay, as well as welcoming new staff and the arrival "Piet" and "Bella" the homes

new budgies.

People were encouraged to personalise their bedrooms with things that were meaningful for them. For example photographs of family members, treasured pictures from their childhood and favourite ornaments or pieces of furniture.

People were encouraged to take an active part in the running of the home. We saw that two people had recently been appointed to the homes interview panel of future employees. One person told us they took this responsibility very seriously.

People and their relatives felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. One person told us they knew who to contact should they have a complaint and explained that the registered manager came around each week to see them personally. Another said, "I have no complaints, they are all lovely." Relatives told us they had no concerns. One relative said they felt "comfortable speaking to the manager" and were confident they would listen and deal with any concerns. We saw the home's complaint procedure was displayed in the main hallway and lounge. This clearly informed people how and who to make a complaint to and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the homes complaint file and saw that where people had raised concerns these had been investigated in line with their policy and procedures. Records showed complaints had been resolved to the complainants' satisfaction.

Is the service well-led?

Our findings

At our previous inspection in April and June 2015 we identified the quality assurance systems in place had not been effective in identifying whether people received enough to eat and drink. At this inspection we found that improvements had been made.

People, relatives, staff and healthcare professionals spoke highly of the registered manager and told us the service was well managed. Comments included, "they are always available for me to talk to", and "They are very thorough and set a high standard", they "act on advice and support offered", "I am able to speak with them about anything", "I'm happy with the care [person name] receives and I have confidence in the manager", "they are always professional and act on suggestions".

People and staff told us the home was well managed. The management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. The registered manager and staff had a clear understanding of the values and vision for the service which they told us was not just about providing good care but about improving people's quality of life. This was especially true when it came to people's social interactions and keeping their community links. For example, people were still able to attend luncheon clubs and able to have their friends and relatives over for tea. The staff described a culture of openness and transparency where people and staff, were able to provide feedback and raise concerns. Staff and relatives described the registered manager as very open, honest and approachable. Relatives told us they were very visible within in the home and had an excellent working knowledge of people who lived there. Staff were positive about the support they received and told us they felt valued.

There were good systems in place for staff to communicate any changes in people's health or care needs through handover meetings. These meeting facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Regular staff and head of department meetings enabled staff to discuss ideas about improving the service. Staff told us they felt able to make suggestions and request training. The registered manager used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified. The registered manager carried monthly audits to review health and safety practices such as fire safety, equipment checks, medicine audits and analysis of accidents and incidents. Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the registered manager was able to locate them promptly. Minutes of meetings were freely available to people staff and residents.

People who used the service told us they were encouraged to share their views and were able to speak to the manager when they needed to. Resident's meeting were held regularly and we saw people were able to discuss all aspects of the home and the care provided, topics included, food, people's rooms, communal areas and activities. We saw were people had raised concerns or suggested new approaches these had been adopted. For example, one person suggested they would like a key worker, which would prevent them from having to say things repeatedly and we saw this was being trialled. In addition the registered manager carried out a weekly walk around report. They spoke to each person and asked if there was anything they

wanted or needed. We saw from these reports that where issues had been identified, action had been taken. The registered manager produced an annual quality assurance analysis document which identified what people had said about the service, and what had changed as a result, which was freely available to people, relatives and staff. We reviewed the most recent of these and saw that the home had made a number of changes as direct result of people's feedback. For example, staffing had been adjusted in the evening as this had been identified as a busy period and further hot options had been added to the tea time menu.

A representative of the registered provider visited the service on a regular basis and produced a report of their visit. During our inspection the provider's health and safety manager was carrying out a spot check of the home's health, safety and maintenance records. We spoke with them about the registered manager's concerns regarding the call bell system which had been identified at our last inspection. In that the call bell system did not have a different tone in the event of an emergency this meant there was no way of distinguishing between urgent and non-urgent calls. They told us that this work had now been agreed and they were in the process of getting quotes to update the system.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.