

Roundham Court

Roundham Court

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

Roundham Court provides accommodation and personal care for up to 35 older people who may be living with a dementia or physical disability. At the time of the inspection there were 34 people living at the home. The home offers both long stay and short stay respite care. Roundham Court does not provide nursing care. Where needed this is provided by the community nursing team.

This inspection took place on the 16 & 17 November 2016; the first day of the inspection was unannounced. One adult social care inspector carried out this inspection. Roundham Court was previously inspected in April 2014, when it was found to be compliant with the regulations relevant at that time.

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 Roundham Court, their comments included "I do feel safe," "I'm very happy here" and "I would recommend it to anyone." Relatives told us they did not have any concerns about people's safety.

People were protected from abuse and harm. Staff received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. There was a comprehensive staff-training programme in place. These included safeguarding, first aid, pressure area care, infection control, and moving handling. Some staff had received additional training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

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. People told us they were involved in their care and support, attended regular reviews, 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). The home had a keypad system in operation to keep safe those people who would be at risk should they leave the home unaccompanied. Those people who were safe to leave without staff support were given the keypad number to the front door, ensuring that their legal rights were protected and they were not deprived of their liberty.

People told us they were happy living at Roundham Court, 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. Care plans were reviewed regularly and updated as people's needs and wishes changed. Risks to people's health and safety had been assessed and regularly reviewed. Each person had a number of detailed risk assessments, which covered a range of issues in relation to their needs, which included personal emergency evacuation plan (PEEP).

People received their prescribed medicines when they needed them and in a safe way. 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. Staff had received training in the safe administration of medicines.

People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, film afternoons, card games and quizzes.

People told us they enjoyed the meals provided by the home. Comments included, "the food is excellent", "well cooked," and "very nice." One person said, "There is always plenty of choice and if I don't fancy something I just pop into the kitchen and tell the chef, their very good."

People, relatives, and staff spoke highly of the registered manager, and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback and raise concerns.

The provider used a variety of quality management systems to monitor the services provided at Roundham Court, which included a range of audits and spot checks. These included checks of; environment, medicines management, care records, incidents, weights, pressure care and people's wellbeing. These checks were regularly completed and monitored to help ensure and maintain the effectiveness and quality of the care provided.

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

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 were safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety were appropriately assessed and well managed.

People received their medicines as prescribed and medicines were managed safely.

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

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

Is the service effective?

Good ●

The service was effective.

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

People were cared for by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

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.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who promoted their independence and respected their dignity.

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

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Concerns and complaints were managed well. People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was a programme of activities and social events meaning people were well occupied and stimulated.

Is the service well-led?

Good ●

The service was well-led.

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

The management team were approachable and people felt their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the home.

High staff morale led to a happy and vibrant place for people to live.

Records were well maintained, up to date and accurate.

Roundham 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 inspection took place on the 16 & 17 November 2016; the first day of the inspection was unannounced. One adult social care inspector carried out this inspection. Roundham Court was previously inspected in April 2014, when it was found to be compliant with the regulations relevant at that time. Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the home is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection, we spoke with six people individually and met with most people who used the service. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. However, 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 to check they were receiving their care as planned and how the home managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three staff. We reviewed the quality of the care and support the home provided, as well as records relating to the management of the home. We spoke with five members of staff, a volunteer, the registered manager, two senior managers and the registered provider. We looked around the home, including some people's bedrooms with their permission, as well as the grounds. We also spoke with seven relatives of people currently supported by the home. Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

Is the service safe?

Our findings

People said they felt safe and well cared for at Roundham Court, their comments included "I do feel safe," "I'm very happy here" and "I would recommend it to anyone." Relatives told us they did not have any concerns about people's safety. One relative said "People are safe and well looked after here, the staff and manager are very dedicated and really care about people they support." A visiting healthcare professional said people always appeared to be happy and well cared for. We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from the risk of abuse and harm. Staff had received training in safeguarding 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 or harm, were displayed in the staff office and main hallway. This contained 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. Staff knew which external agencies should be contacted should they need to do so. Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure that staff employed, were suitable to work with people who use care and support services. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks).

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 have a bell in my room and if I need anything they always come" A relative said, "there is always plenty of staff, they are always willing to help and never walk past people." On the day of the inspection, there were four care staff on duty, which were supported by a senior care worker. The registered manager and a number of ancillary staff such as housekeepers, chef, kitchen and laundry assistants were also on duty. The registered manager told us staffing levels were determined according to people's needs and adjusted the rota accordingly. Staff confirmed that when people's care needs increased, for instance, if they were unwell, staffing levels were increased to ensure people's care needs were met safely. During the night, two waking night staff supported people.

People received their prescribed medicines when they needed them and in a safe way. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. There were safe systems in place to monitor the receipt and stock of medicines held by the home. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct. Medicines that required refrigeration were kept securely at the appropriate temperature.

We looked at how the home managed people's topical medicines or creams. We found each person had clear guidance and body maps indicating which creams should be used when and where and staff had signed to confirm they had been applied. Where people were prescribed medicines to be given "as needed,"

such as for the management of pain, there was no guidance provided for staff as to when this should be used. We raised this with the registered manager who told us they would address our concerns. On the second day of the inspection, we found the registered manager had reviewed all Medication Administration Records (MARs) and provided guidance for staff where needed.

Risks to people's health and safety had been assessed and regularly reviewed. People's care plans contained detailed risk assessments and management plans, which covered a range of issues in relation to people's needs. For example, risks associated with skin care, poor nutrition and mobility had all 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 and action, staff should take in order to minimise these risks. For instance, one person's mobility assessment identified this person was at increased risk of falling as their mobility had significantly deteriorated. The registered manager had updated the person's risk assessment and provided guidance to staff on how to assist this person to transfer safely with the use of equipment. We observed this person being safely supported to move from a wheelchair to armchair with the support of two staff and appropriate equipment. Staff were mindful of the person's safety, well-being, and offered support and reassurance to the person throughout.

People were kept safe as the registered manager and staff carried out a range of health and safety checks on a weekly and monthly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting, equipment, and infection control. Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use.

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 and to ensure the physical environment in the home was safe. 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. Staff were trained in first aid and first aid boxes were easily accessible around the home.

Is the service effective?

Our findings

People and their relatives spoke positively about the care and support they received at Roundham Court. People told us they were well cared for, and had confidence in the staff supporting them. Comments included, "I am very happy here", "The staff know just how I like things to be done", "The staff are really kind and supportive." One person's relative said, "The staff are excellent." Another said, "I have peace of mind knowing [person name] is truly looked after."

People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People's care plan contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For instance, one person's records showed that staff had called the emergency services when the person had been experiencing chest pain. Another person's records showed that staff had sought guidance from the community nursing team where they had concerns about the condition of the person's skin integrity. External healthcare professional told us staff made appropriate referrals and were confident any recommendations would be acted upon appropriately.

Staff received regular supervision and annual appraisals with a named supervisor. Supervisors assessed staffs' knowledge by observing staff practice and recording what they found. Supervision gave staff the opportunity to discuss how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us they found this style of supervision very useful as it gave them the opportunity to discuss and identify any gaps in their knowledge. One staff member said, "Yes we have regular supervision but we are able to talk to the registered manager about issues at any time if we need to."

People were supported by staff that were knowledgeable about their needs and wishes and had the skills to support them. There was a comprehensive staff-training programme in place and the home's training matrix indicated when updates were needed. Records showed staff had undertaken a comprehensive induction and received regular training in a variety of topics. These included, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, first aid, pressure area care, moving and transferring, and fire safety. Some staff had received additional training such as, medicine administration, managing challenging behaviour, catheter care and dementia.

The registered manager and staff showed a good understanding of the Mental Capacity Act (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. One member of staff told us how they recognised that sometimes people struggled to make their own decisions about day-to-day care. They explained how they offered simple choices for people to assist them with their decision-making. Another said "Some people lack capacity but we can't simply assume this, they should be able to make their own choices."

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. Some of the people who lived at Roundham Court were living with dementia, which affected their ability to make some decisions. People told us they were involved in their care, attended regular reviews 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. The home had a keypad system in operation, which prevented people who would be unsafe from leaving the home without support. 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. At the time of our inspection, the registered manager told us that a number of DoLS applications had been made to the local authority. Due to the large number of applications being processed by the local authority, no authorisations had been approved.

People told us they enjoyed the meals provided by the home. Comments included, "the food is excellent", "well cooked," and "very nice." People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. One person said, "There is always plenty of choice and if I don't fancy something I just pop into the kitchen and tell the chef, and they will make me something different."

We observed the lunchtime meal; tables were set with tablecloths, cutlery and serviettes. People sat in small groups and staff sat with people providing assistance where necessary. Where people needed assistance, this was provided in an unhurried manner. Meals times were relaxed social occasions where people and staff engaged in conversation, and light-hearted banter while enjoying their meals. Where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

The chef had been provided with detailed guidance on people's preferences, nutritional needs, and allergies. In addition, we saw there was a list of people's dietary requirements in the kitchen and the home used a coloured tray system to prompt/remind staff of people's individual needs. For instance, red trays indicated that people required assistance with their meals and blue trays indicated that people required monitoring and prompting. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available. People and staff told us that food and drinks were also available during the evening and night. One person said, "If I want something to drink or eat during the night all I have to do is ask and the staff will bring it up my room."

Is the service caring?

Our findings

People told us they were happy living at Roundham Court. One person said, "I love it here, the staff are wonderful." Another person said, "The staff are so kind and caring, especially [name of staff], they will do any for you." Relatives told us they were happy with the care and support people received from staff. One relative said, "It is a lovely home you can see for yourself, people are safe and well looked after."

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and affection. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Throughout the inspection, staff had the time to sit and spend quality time with people and showed a genuine interest in their lives. People responded well to staff and we observed a lot of smiles, laughter and affection between staff and people they supported. People told us they were happy with the care and support they received and said staff were nice, kind, and caring. One person said, "I have found that they listen to me. I am very pleased with the care, everybody is kind, caring and respectful" Staff told us they enjoyed working at the home. Staff comments included, 'we have a good team', 'everyone that works here really cares' and 'the manager is fantastic'.

People's care plans were clear about what each person could do for themselves and how staff should provide support. People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up and go to bed.

People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy. We saw staff knocked on people's doors and waited for a response before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. For instance, when one person requested help with their personal care staff approached the person sensitively and promptly, and supported the person in a calm and relaxed manner. People told us that staff encouraged them to remain as independent as possible, and when they needed extra support this was provided in a considerate way, which did not make them feel rushed. Staff said it is important we support people the way they want to be supported.

People were involved in making decisions about their care and support. They told us they made choices every day about what they wanted to do and how they spent their time. One person said, "We can spend our days as we choose. I like to sit in the lounge because there is always something going on and look at the marvellous view, we are so spoilt." People felt their views were listened to and respected. Records showed people's 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 instance, we heard staff asking people's permission before offering care and support and if people said no this was respected. Staff returned to people a few minutes later to see if they were ready to be assisted.

Pets and animals were welcomed into the home. The management team and staff recognised the importance of pets and the companionship animals can bring to people. On both days of the inspection, the registered manager brought along their dog (Lulu) to see people. People spent time stroking and petting Lulu, which they enjoyed.

People's bedrooms were personalised, decorated to their taste and furnished with things that were meaningful to them. For instance, photographs of family members, treasured pictures from their childhood, favourite ornaments, or pieces of furniture.

Relatives and visitors were free to visit at any time and told us they were always made to feel welcome. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in communal areas or the person's own bedroom.

Is the service responsive?

Our findings

People and relatives, were involved in identifying their needs and developing the care provided. The registered manager carried out an initial assessment of each person's needs before and after they moved into the home. This formed the basis of a care plan, which was further developed with the person and their relatives, after the person moved in and staff had got to know them. For example, the home had supported one person to maintain their independence upon moving into the home, which was very important to them. The home had arranged for a shed to be provided within the grounds with an electric hook-up. This enabled the person to continue to use and charge their mobility scooter once they had moved in.

People's care plans were informative, and designed to help ensure people received personalised care that met their needs and wishes. Care plans provided staff with detailed information on people's likes, dislikes, personal preferences, personal care needs and medical history. One person said, "The staff know me really well and this gives me peace of mind." A relative told us, "They asked me all about Mum's life history, what's important to her and her likes and dislikes."

Staff spoke compassionately about people and demonstrated a good understanding of people's needs and preferences. For instance, staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. Staff told us how one person preferred to spend most of the time in their room watching television or reading their paper but they really enjoyed joining in with certain activities, such as singing. On the second day of the inspection, the home had arranged musical entertainment. Staff encouraged and supported this person to take part, which they enjoyed.

Some 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 instance, one person's care plan provided guidance for staff on how to help the person to manage intermittent seizures. Records showed the registered manager had consulted the person's GP and 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.

Where people had specific needs relating to living with dementia, guidance had been provided for staff in how best to support people. For instance, one person was known to become distressed and anxious. The home had sought guidance from the older person's mental health team 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.

People told us they were actively involved in planning and developing their care and support. Everyone we spoke with said they were aware of their care plan and had been asked how they felt about the care and support they received. People were given the opportunity to sign their care plans if they wished. One person told us a staff member had sat with them and after they had signed to say, they had read it.

Each person's care plan included information on the level of support the person required and had been regularly reviewed to ensure they accurately reflected the person's current care needs. When a person's needs had changed, these were documented during the review process and additional guidance provided for staff on how to meet the person's changing care needs. For example, one person had recently been referred to their GP and prescribed a nutritional supplement to promote weight gain. Staff had also referred this person to a dietician who had provided specific advice regarding the person's daily protein, calorie and fluid intake. Records showed this information had been used to update the person's plan of care, and staff had monitored this person's nutritional intake using food and fluid charts. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes.

People were supported to follow their interests and take part in social activities. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. For instance, one person who had recently stayed at the home had spoken fondly of their time living in Paignton and playing for the local Rugby Club. Staff arranged for this person to attend one of the clubs matches, after which they had been invited as the clubs VIP guest where they were able to meet the chairperson and players. Another person had a keen interest in angling. Staff supported the person to join a local sea-angling club, which they attended every Sunday.

People spoke very highly of the level of activity and entertainment provided. One person said, "There is always something going on." The home produced a weekly activities programme, which was displayed on the homes notice board and informed people about upcoming events. We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, film afternoons, card games and quizzes. Activities were designed to encourage social interaction, provide mental stimulation and promote people's well-being. In addition, the home hosted a variety of events such as coffee mornings and raffles where people raised money for local charities.

People with skills or hobbies were encouraged to share their interests with others. For example, the home had recently started a knit and chat club, which took place every Wednesday. People and staff told us how much they enjoyed this, as they were able to do something they loved and learn new skills. People who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. People we spoke with were confident their concerns would be taken seriously. One person said they would speak to the manager or staff if they were unhappy. Another said, "I'm confident that if I ever had to raise any concerns they would be dealt with." Staff told us the management team were approachable and they would be able to express any concerns or views.

People told us they were provided with a copy of the home's complaint procedure when they moved in and we saw a copy was displayed within the main hallway. This clearly informed people how and who to make a complaint and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the home's complaint file and saw that where people had raised concerns these had been investigated in line with the home's policy and procedures and concluded satisfactorily.

Is the service well-led?

Our findings

People and their relatives told us the home was well managed and described the management team as open, honest and approachable. All of the people and relatives we spoke with during this inspection said they would recommend the home to others. One person said, "I would definitely recommended it here, I love it." A relative said, "It's always clean, friendly, the foods good and from a caring point of view you couldn't fault it." Many of staff had worked at the home for several years, had a real sense of pride in their work and spoke passionately about providing good quality care. Staff were positive about the support they received and told us they felt valued.

Roundham Court is owned and run by the Devon Care Group. The management team had a clear vision for the home, which they told us was to provide the best possible standards of care, so that each one of their residents can live their lives to the full. Staff had a clear understanding of the values and vision for the home and told us they strongly believed in people's right to make their own decisions and live their life as they chose.

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 systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Regular staff meetings enabled staff to discuss ideas about improving the home. Staff were encouraged to make suggestions and felt listened to. The management team used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified.

People were provided with a copy of the home's service user guide and statement of purpose when they moved to Roundham Court so they were clear about the service provided. An easy read version was also available which helped ensure it was accessible to everyone. The reception area contained useful information for people and relatives, for instance, copies of the homes complaint procedure, compliments, information about what people should expect from a good care home and copies of the homes annual resident's survey results.

People told us they were encouraged to share their views and were able to speak to the registered or senior managers when they needed to. Residents meeting were held regularly, which relatives were invited to attend. We looked at the minutes of these meetings; records showed people were encouraged to share their feedback about all aspects of the home. For example, menus, activities, and cleanliness. The registered manager used these meeting to keep people informed of forthcoming events and discuss any planned changes to the home.

A senior manager told us they encouraged people and their relatives to provide feedback about the care and support they received. The registered manager annually sought people's views by asking people, relatives, and external professionals to rate various aspects of the home. For example, management,

staffing, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive. The home also encouraged people and their relatives to rate the home via an independent website www.carehome.co.uk. We reviewed comments on this website and found that people had rated the management of the home as excellent. One person wrote, "The quality of care that mum received was exceptional. The staff without exception were friendly patient and caring."

The provider used a variety of quality management systems to monitor the services provided at Roundham Court, which included a range of audits and spot checks. These included checks of; environment, medicines management, care records, incidents, weights, pressure care and people's wellbeing. These checks were regularly completed and monitored to help ensure and maintain the effectiveness and quality of the care provided. Where areas of improvement had been identified, an action plan with timescales was produced. For example, records identified were people's bedrooms needed new carpets or in need of redecoration and the manager had signed to say this work had been completed.

The senior management team provided the registered manager with one to one supervision, monitored their practice and offered advice and guidance when needed. The registered manager told us they kept their knowledge of care management and legislation up to date by using the internet and attending training sessions. They were aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

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